

HSC Pathology Blueprint Programme

Equality Impact Assessment (EqIA)

Version 1.0
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A. Background relevant to Equality Impact Assessment

Strategic Context & Background to the Programme

1. In 2006, the report of a review of Northern Ireland Health system's Pathology Services by Dame Ingrid Allen was published by the Department of Health (then DHSSPS). The report recommended far-reaching reform to address significant challenges that these services were facing including ageing laboratory built-infrastructure, ageing information systems, sample transport, staffing and rapid technological growth that could bring greater diagnostic capability, but at significant cost. The Allen recommendations were along similar lines of reform proposed for Pathology services in England by Lord Carter of Coles (2006), which recommended driving economies of scale through consolidation. Although some reform took place, many of the proposals proved difficult to implement since laboratories are required on all acute hospital sites and pathology services were, and are, managed within five separate Health and Social Care (HSC) Trusts.
2. In 2009, the Department of Health (DoH) established the NI Pathology Network to bring together stakeholders of HSC Pathology Services to drive consistency and appropriate standardisation and address the challenges pathology services still faced. The Network has been able to make some progress within its remit of developing and informing regional strategic developments and policy. However, this remit does not extend to operational service delivery. HSC Trusts and the Northern Ireland Blood Transfusion Service (NIBTS) are statutorily responsible for pathology service operational delivery.
3. In 2016, the DoH published "Systems not Structures", a report produced by an expert, clinically led panel chaired by Professor Rafael Bengoa to inform debate on the best configuration of HSC services in NI. The report identified Pathology Services as one of the HSC services in most need of reform. It was informed by work undertaken through the NI Pathology Network that showed that many of the challenges outlined years before continued to exist. The issues recognised in "Systems not Structures" reflected the experience of the Pathology Network, that the current pathology management structures, whilst effective in themselves, could more effectively address challenges collectively for the region if there was appropriate regional operational management in place to enable that.
4. In the same year, the DoH published "Health & Wellbeing 2026: Delivering Together" (2016) which included an objective to conduct a public consultation on three proposals to modernise HSC Pathology Services. One of the proposals was to establish a regional pathology management structure. The other proposals were to modernise pathology information systems, and to consolidate non-urgent pathology testing onto fewer locations, similar to the approach being adopted in England following the review of NHS Pathology Services by Lord Carter of Coles (2006, 2008). The proposals, along with an Equality Screening exercise ([Annex C](#)), were published for a 12-week Public Consultation by the then Minister for Health, Michelle O'Neill, in November 2016.
5. Following the public consultation, a two-stage report of the consultation responses was considered by the DoH alongside emerging evidence of the experiences and learning from pathology transformation initiatives in NHS England initiated by the Carter Review. The Royal College of Pathologists "Consolidation Articles" (2017) identified a number of important factors for successful transformation, including integrated pathology IT systems, ability to manage a network of labs budgets as a single budget, and the staff as a single staff body. In addition, the Department conducted

a Project Assessment Review (PAR) of the HSC Pathology Services Modernisation Initiative to confirm that the proposals remained valid, which they did.

6. In the absence of an Assembly, the DoH Transformation Implementation Group (TIG) endorsed key policy principles for the transformation of pathology services in 2018:
 - 6.1. Urgent and non-urgent pathology services will continue to be provided on an integrated basis on existing hospital sites.
 - 6.2. The future organisational structure for HSC Pathology Services will be located in a new single regional health services management structure which will include NIBTS.**
 - 6.3. The regional Pathology Information Management System (NIPIMS) Programme will continue to be taken forward subject to business case approval and available funding.
7. Following publication of these principles in 2018, the DoH established the Pathology Transformation Portfolio later the same year. This included three programmes of work:
 - 7.1. NI Pathology Network's programme to drive forward the delivery of pathology transformation;
 - 7.2. Replacing NI Pathology Information Management Systems through the NIPIMS Programme;
 - 7.3. Planning for the establishment of a programme to explore options for establishing a regional pathology management structure.**
8. In early 2020, the Covid 19 Pandemic occurred. The Pathology Network and service focussed on the establishment of a new rapidly deployed covid testing service. The Covid 19 Pandemic underlined the importance of HSC pathology services to the safe, effective functioning of HSC clinical services.
9. In November 2021, the then Health Minister, Robin Swann, published the [DoH's policy on Pathology](#). It sets out the DoH's future vision for HSC Pathology Services and gives four commitments that reflect the policy principles set out by TIG in 2018. The policy commitments are:
 - 9.1. The delivery model for HSC Pathology Services will continue to provide urgent and non-urgent laboratory testing on an integrated basis on the existing hospital sites, subject to further consideration within the context of any future reconfiguration of hospital-based services and associated business case appraisal.
 - 9.2. The future functions for the planning, management, governance, finance and workforce management for HSC Pathology Services will be located in a new, single regional management structure. The Department's working assumption is that this could be in the form of a health service Special Agency, to include NIBTS, subject to business case appraisal of all potential options for the new structure, and available funding for any new investment requirement.**
 - 9.3. The DoH supports the replacement of current laboratory information systems with a single, regional Laboratory Information Management System (LIMS) and a regional Blood Production & Tracking System via the NIPIMS Programme. These systems are a key enabler of modern, world-class Pathology Services. The NIPIMS Programme will continue to be taken forward by the Digital Health and Care NI Strategy Board and HSC Business Services Organisation (BSO) subject to business case approval and available funding* [*both now well underway*].
 - 9.4. The DoH supports the Programme of regional transformation initiatives, currently underway and led by the Pathology Network in partnership with HSC Trusts, which are aimed at addressing existing service challenges and enabling wider service transformation by delivering the following:
 - a regional Pathology Workforce and Training Plan;
 - regional standardisation of laboratory processes to underpin NIPIMS;
 - **the creation of a single management structure;**
 - a regional Quality and Regulatory Framework for HSC Pathology Services; and
 - a long-term Clinical Effectiveness Strategy.

The HSC Pathology Blueprint Programme

10. In January 2022, the HSC Pathology Blueprint Programme was set up by the DoH to explore options for the establishment of a regional HSC pathology services management structure. It is one of three inter-related programmes described in DoH Policy Statement “Modernising HSC Pathology Services” described in the previous section.
11. The Programme aim is to produce a design (or “Blueprint”), in the form of recommendations to the DoH, on the optimum management structure and operating model for HSC Pathology Services incorporating the NIBTS and the functions of the NI Pathology Network.
12. Establishment of the new management structure is subject to approval of a business case, design, and associated deliverables by the DoH.
13. The Programme has now coproduced a design for a regional pathology management structure with stakeholders, ensuring that there was representation from key groups throughout all of the work. This involved the Programme engaging and working collaboratively with stakeholders, using the “Better Business Cases” guidance, to:
 - 13.1. Agree what to include in the design, identify sources of evidence and best practice that could contribute to creating the design, including establishing a Critical Friends Network for the Programme to make sure that the work would benefit from understanding the experiences of other similar programmes of work in the UK and Ireland, as well as learning from transformation undertaken in the HSC.
 - 13.2. Identify potential qualitative and quantitative benefits that could be achieved by having a regional pathology management structure.
 - 13.3. Identify all potential risks associated with creating a regional pathology management structure.
 - 13.4. Identify all potential options for the organisational form that such a structure could take.
 - 13.5. Shortlist the most appropriate options using the Better Business Cases Options Framework and selecting from these the preferred way forward for the design, which was determined through option appraisal as an HSC Pathology Services Special Agency. This option was assessed as being capable of delivering the greatest potential benefit and carrying the least potential risk. Subsequent emerging learning from Pathology Networks in England supports this conclusion.
 - 13.6. Create the Agency design around the preferred way forward in conjunction with stakeholders and consulting widely on it, using feedback to help shape and improve it.
 - 13.7. Identify the resources required to deliver the design.
 - 13.8. Cost all shortlisted options.
 - 13.9. Develop a high-level Outline Transition Plan.
 - 13.10. Conduct three impact assessments:
 - an Equality Impact Assessment to determine any potential impact on Section 75 Groups (this document).
 - a Rural Needs Assessment.
 - a Data Privacy Impact Screening assessment.
14. Throughout the work, the Programme has communicated with stakeholders about the change and key decisions made during the process. In July 2023, the Programme Senior Responsible Owner (SRO) wrote to Chief Executives and Staff to inform them that the design would take the shape of an HSC

Special Agency that delivers all HSC pathology services, the NIBTS, as well as the functions of the Northern Ireland Pathology Network. It advised that:

- 14.1. In line with the Programme's planning assumptions and principles, it is envisaged by the DoH that all staff directly affected by this development will remain HSC employees. For the majority, this will be within the new Agency, with some clinical practitioners (consultant scientists and medical staff) potentially remaining HSC Trust employees depending on the future arrangements agreed with these groups.
- 14.2. It is expected that the NIBTS will be incorporated into this new Agency in its entirety, avoiding the need for the creation of an additional HSC arm's length body. The existing NIBTS governance costs will, therefore, contribute to those of a new Pathology Special Agency.

Annex A includes a copy of this correspondence.

Decision on whether to Proceed with an HSC Pathology Agency, informed by EqIA.

15. The design, a business case, the impact assessments and an outline transition plan have recently been submitted to the DoH and Minister for Health for consideration on whether to proceed with the "Transition Phase" of the Programme (also called "Phase 2"). During Phase 2, detailed design of the operating arrangements for a future Pathology Special Agency would be undertaken and a detailed plan for transitioning from the current management arrangements to a Pathology Agency would be developed. If a decision is made to move into Phase 2, it is expected that this would be made by the Minister around the middle of 2025.
16. Phase 2 is likely to take around two years to complete. At the end of that period, an updated business case would be submitted to the DoH to secure funds to establish a Pathology Agency. It is envisaged that, if it goes ahead, the Agency would not be established before April 2028.
17. **The Minister's decision will be informed by a 13-week public consultation on this EqIA, that the DoH will publish. The EqIA Consultation and Feedback Form is available on the Consultation page of the Department's website [at this link](#). For information, Annex B of this report lists the questions asked as part of the public consultation.** During the consultation period, it is anticipated that feedback will be received from the public in relation to what this report says about the likely impacts on section 75 groups of the policy change, establishing an HSC Pathology Special Agency.
18. The draft high-level design for the Agency and the draft Outline Transition Plan are available for review [at this link](#).
19. All feedback from the EqIA consultation will be collated to determine any potential impacts that have not been identified or properly understood in the EqIA, and whether any changes might be required to the design or transition plan to address these. Feedback and any recommendations will be considered by the DoH and Minister alongside the EqIA, the business case, proposed design, Outline Transition Plan and other impact assessments.
20. It is anticipated that if the consultation process and the Minister's recommendations are that changes to the design are made on the basis of this consultation, these would be made in Phase 2. This would involve engagement with any impacted groups to ensure that any changes required appropriately address the concerns raised.

Programme Assessment of the potential impact of establishing a regional pathology management structure on groups identified in Section 75 legislation.

Process followed by the Programme to conduct its assessment.

21. Having established in July 2023 that the design would be developed in the form of a Pathology Agency, the Programme documented how the establishment of an Agency might impact a range of different stakeholders, foremost of which was the Pathology Staff, and those who use Pathology services (those who request pathology tests for HSC service users).
22. In order to determine this, the Programme has consulted with stakeholders to identify any potential impacts on staff in general, and with regards to the groups in Section 75 legislation, as well as in respect of rural needs and data privacy. The feedback received is presented in this report (EqIA), the Rural Needs Assessment, a Data Privacy Impact Screening, and has been considered and is reflected in the design as it has developed.
23. In February 2024, the programme ran two stakeholder workshops to begin to assess the potential impact of the project on Section 75 groups, on rural needs and data privacy. With regards to potential equality impacts, the workshops provided an early indication that there did not appear to be any likely major impact on staff, including any Section 75 groups. The Programme committed to ongoing investigation of this as the design developed through Phase 1 to ensuring that any potential impacts were identified and considered throughout the design process.
24. In March 2024, the outcome of these workshops was shared with Programme Workstreams who were developing the design to ensure that the design took appropriate account of feedback received.
25. In June 2024, the draft design was published online for stakeholders to review and provide feedback on the Programme via an online feedback form. During June 2024, the Programme Team also met with stakeholders, in-person and virtually, to present elements of the design and secure their feedback. At these events, stakeholders were asked to think about any potential impacts be they equality, rural needs or data privacy. Their comments helped to shape the ongoing design and assessment of potential impacts.
26. The Programme also gathered information about the profile of the workforce that could be impacted by the project, including Pathology and Corporate staff. A high-level summary of this is set out in later sections of this report. This information helped to consider whether there might be particular impacts on any Section 75 group.
27. All of this engagement with stakeholders and data gathering has informed this Equality Impact Assessment.

Impacts of the Programme.

28. The main group impacted by the change to regional management is the Laboratory Service staff. Pathology services will remain on the same locations and staff in the same roles and locations. It is not anticipated that patients or those who request pathology tests for patients will be impacted as a result of transitioning to a regional pathology Agency, since there is no change planned to the way patients, or those who request pathology tests, interact with pathology services.
29. The Programme Frequently Asked Questions (FAQ) document details the potential impacts of an HSC Pathology Services Special Agency, including on different groups of staff. The Programme is also publishing key principles for HSC staff relevant to the work. These will be available on the Programme webpage, [via this link](#).

B. Reason for Equality Impact Assessment

Please delete as applicable:

- Proposed new programme/ activity
- ~~Proposed change to an existing programme/ activity~~
- ~~Undertaking a review of an existing programme/ activity~~
- ~~Other (please state):~~

C. Person responsible for the programme/ activity

Senior Responsible Owner: Professor Sir Michael McBride,
Job title: Chief Medical Officer, Northern Ireland HSC
Department: Department of Health

D. Evidencing Impact

This section includes information available about the people who will be involved in and/or impacted by the programme (e.g. demographic info, scoping of need etc).

It includes quantitative and qualitative data and information.

Quantitative Data

The Programme wanted to understand the profile of Pathology and Corporate services staff with respect to the Section 75 groups.

Data in the tables below was gathered from HSC Trusts and NIBTS and relates to the staff involved in the delivery of Pathology services, as well as staff employed in the corporate functions that provide support to Pathology services including, but not limited to, Human Resources, Finance and Estates.

The data below is the information obtained from HSC Trusts and NIBTS in the first table of each section, aggregated to regional level, with the Census Data from 2021 below it, for comparison.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>										
Gender	All Trusts/NIBTS	Trusts/NIBTS	Female	Male	Not assigned						
	Totals	1821	1119	702	0						
			61.4%	38.6%	0.0%						
Census Data 2021											
		Category	Male		Female						
		CENSUS 2021	49.19%		50.81%						
(NISRA Census 2021 Male/NISRA Census 2021 Female)											
Age	Organisation	Trusts/NIBTS	16-24	25-34	35-44	45-54	55-59	60-64	65 and over	Not assigned	
	Totals	1821	64	496	508	409	178	100	66	0	
			3.5%	27.2%	27.9%	22.5%	9.8%	5.5%	3.6%	0.0%	
Census data 2021											
		Age Band	2021 Census population			Percentage of population					
		0-14	365,213			19.19%					
		15-39	594,300			31.23%					
		40-64	617,100			32.42%					
		65-84	287,200			15.09%					
		85+	39,400			2.07%					
(NISRA Census 2021 Age)											
Religion	Organisation	Trusts/NIBTS	Protestant	Catholic	Perceived Neither	Other	Not assigned				
	Totals	1821	560	917	270	66	0				
			30.7%	50.4%	15.3%	3.6%	0.0%				
Census data 2021											
The most recent Census data (2021) states that:											
<ul style="list-style-type: none"> • 43.50% (827,500) stated that they were Protestant or brought up as Protestant. • 45.70% (869,800) of the population were either Catholic or brought up as Catholic. • 1.50% (28,500) of the population belonged to or had been brought up in other religions and Philosophies. • 9.32% (177,400) neither belonged to, nor had been brought up in a religion. 											
(NISRA Census 2021 Religion)											

Political Opinion	Organ-isation	Trusts/NIBTS	Broadly Nationalist	Broadly Unionist	Other	I do not wish to answer	Not assigned		
	Totals	1821	128	154	159	1265	merged		
			7.0%	8.5%	8.7%	69.5%			
<p>Population level published by the Northern Ireland Life and Times Survey (2021) suggests that of the NI population:</p> <ul style="list-style-type: none"> • 32% consider themselves to be a Unionist. • 26% consider themselves to be a Nationalist. • 38% consider themselves to be Neither Unionist nor Nationalist. • Other/ don't know - 4%. 									
Marital Status	Organ-isation	Trusts/NIBTS	Married / civil partnership	Divorced	Single	Separated	Widow/er	Unknown	Not assigned (other)
	Totals	1821	829	97	503	4	5	97	286
			45.5%	5.3%	27.6%	0.2%	0.3%	5.3%	15.7%
<p>Census data 2021</p> <p>The most recent Census data (2021) states that the population aged 16 and over:</p> <ul style="list-style-type: none"> • 45.80% (693,200) stated that they married or in a civil partnership. • 38.10% (576,700) stated they were single. • 6.40% (96,400) stated they were widowed. • 6.00% (91,000) stated they were divorced. • 3.80% (57,300) stated they were separated. <p>(NISRA Census 2021 Marital Status)</p>									
Dependent Status	Organisation	Trusts/NIBTS	Yes – Have dependents		No – do not have any dependents		Not assigned		
	Totals	1821	315		500		1006		
			17.3%		27.5%		55.2%		
<p>Census data 2021</p> <p>The most recent Census data (2021) states that:</p> <ul style="list-style-type: none"> • 87.6% (1,567,345) of the usually resident population provide unpaid care to family members, friends, neighbours, or others because of long-term physical or mental ill-health/disabilities or problems related to old age. • 3.84% (68,691) provided 50 hours care or more. • 29.21% (224,539) of households contained dependent children. • There are 198,335 lone parent families, with 84,964 dependent children in family. Of the 198,335 lone parents, 11,706 are males and 186,629 are female. <p>(NISRA Census 2021 Unpaid Care/NISRA Census 2021 Dependent Children)</p>									

Disability	Organisation	Trusts/NIBTS	No	Yes	Not assigned
	Totals	1821	573	50	1198
			31.5%	2.7%	65.8%

Population level Official Statistics for disability in Northern Ireland show:

- 40% longstanding illness (30% limiting and 10% non-limiting illness) ([Health Survey Northern Ireland First Results 2021/22](#))

Census data 2021

Different types of disability were explored in the last Census:

1,050,500 regard themselves as having a disability or long-term health problem which has an impact on their day-to-day activities, including:

- Deafness or partial hearing loss – **5.8% (109,500)**
- Blindness or partial sight loss – **1.8% (34,000)**
- Communication difficulty – **1.9% (35,400)**
- Mobility or dexterity difficulty – **12.4% (235,700)**
- A learning, intellectual, social, or behavioural difficulty – **0.9% (16,900)**
- An emotional, psychological, or mental health condition – **8.7% (165,100)**
- Long-term pain or discomfort – **11.6% (220,300)**
- Shortness of breath or difficulty breathing – **10.3% (195,800)**
- Frequent confusion or memory loss – **2% (37,800)**

([NISRA Census 2021 Chronic Conditions](#))

With regards to the 2.7% that have stated a disability, we do not have a full breakdown of the nature of those disabilities but will ensure that, through planning and design, during the next phase of the Programme that all disabilities will continue to be facilitated.

Ethnicity	Orga n- isatio n	Trusts/NIB TS	Whit e	Black Africa n	India n	Chines e	Pakista ni	Irish Travell er	Mixe d Ethni c Grou p	Oth er	Not assign ed
	Total s	1821	1168	3	4	2	2	1	32	119	490
			64.1 %	0.2%	0.2%	0.1%	0.1%	0.1%	1.8%	6.5%	26.9%

Census data 2021

Category	CENSUS 2021
White	1,837,575 96.55%
Irish Traveller	2,609 0.14%
Roma	1,529 0.08%
Indian	9,881 0.52%
Chinese	9,495 0.5%
Filipino	4,451 0.23%
Pakistani	1,596 0.08%
Arab	1,817 0.10%
Other Asian	5,244 0.28%
Black African	8,069 0.42%
Black Other	2,963 0.16%
Mixed	14,382 0.76%
Other Ethnicities	3,568 0.19%

([NISRA Census 2021 Ethnicity](#))

Sexual Orientation	Organisation	Trusts/NIBTS	Opposite sex	Both sexes	Same sex	I do not wish to answer	Not assigned
	Totals	1821	810	3	13	995	merged
			44.5%	0.2%	0.7%	54.6%	

Census data 2021

Category	Both Sexes	Do not wish to answer	Not assigned	Opposite sex	Same sex	Not stated
CENSUS 2021	0.75% 11,306	4.58% 69,307	0.17% 2,597	90.04% 1,363,859	1.17% 17,713	3.30% 49,961

[\(NISRA Census 2021 Sexual Orientation\)](#)

Qualitative Data

There have been multiple engagement events to develop the draft design for a Pathology Special Agency, during which the Programme asked stakeholders about the potential impacts of the design. Feedback from stakeholders has helped the Programme Team to complete this Equality Impact Assessment, as well as a Rural Needs Assessment and a Data Privacy Impact Screening.

The process is documented in more detail [elsewhere in this document](#). In summary, it involved:

- Two virtual regional stakeholder workshops focusing on the potential equality impacts were held in February 2024
- Feedback from these workshops was shared with Programme Design Workstreams and Design Team in February and March 2024, who took account of stakeholder feedback in developing the design.
- Consultation was undertaken on the draft design over the month of June 2024. Feedback from the consultation has been used to help further shape the design and this EQIA.
- The Programme also obtained advice from Business Services Organisation (BSO) Equality Team to help them plan for the completion of this EQIA form in a manner compliant with the requirements of the exercise.

Potential Impacts Detected

Through this process, the main impact detected in general (which is considered for each Section 75 group in the next section) is that for some staff there may be a requirement to engage more with staff from other localities by participating in regional meetings (in person or via MS Teams) or via email. These staff are:

- Staff involved in delivery of functions related to business planning, support service or transformation; and
- Senior staff already required to engage outside their locality e.g. through NI Pathology Network meetings.

This is anticipated to mean change for a very small number of staff, and the change is most likely to mean the use of MS Teams rather than frequent travel to other locations. For these groups, any requirement to take part in regional meetings, either using MS Teams or by travelling in person where preferred by the staff member, or where absolutely necessary for the needs of the business, would be supported by the use of

remote technologies such as MS Teams to minimise or negate any need to travel in person, or support to travel in person in line with HSC norms and policies. Any such development would be supported by the provision of appropriate training, where required.

Detailed mapping to identify the exact staff impacted in these groups will take place at the beginning of Phase 2 if it goes ahead, to allow them to take part in and influence design.

Any requirement to travel more is only likely for senior staff who need to attend meetings at HQ in person, where necessary. This may have an impact on section 75 groups as follows:

- **Political opinion** – if required to travel to locations in an area of different political background to their own.
- **Dependent status** – if required to travel at times that impacts ability to care for dependents.
- **Disability** – if required to travel to locations that are inaccessible or present any other challenge with respect to an individual's disability, including method of transport or the need for assistance to travel or utilising virtual meeting technology.
- **Ethnicity** – if required to travel to locations where they feel or experience they may have any issues relating to their ethnicity.

The Agency would develop policy, and put in place appropriate measures, to mitigate against any negative impact that any members of these groups might experience as a result of this business need. These measures and policies would be designed in conjunction with representatives from these groups, and other stakeholders, during detailed design in Phase 2 of the Programme.

For some, it could be the case that an increased requirement for use of MS Teams and similar technologies may encounter a lack of experience and thus low confidence in using these technologies. The Blueprint programme would mitigate this by ensuring that all staff receive the appropriate training and support in the use of such systems. It will also require the new Agency to develop and implement policies to cover responsibilities surrounding remote working to ensure that expectations are clear. The Programme has noted that the use of technology to facilitate remote working is already the norm for the vast majority of NI Pathology Network meetings and no difficulties relevant to section 75 groups have been reported to the Programme in respect of this way of working. This indicates that this may have a minor impact, if any, for senior staff.

Some staff voiced concern that they may lose or stop being part of established personal networks of trust with the users of the service within the workplace.

These established networks will remain unchanged, and staff will continue to work in the same locations and will be part of the same teams. Where staff are involved in working in HSC Trust groups where they represent pathology services at those groups, the Agency design would want that engagement to continue, if possible, to maintain strong working linkages between HSC Trusts and the Agency. No impact on section 75 groups has been detected in relation to this.

During consultation on the design, the Programme heard how some staff may experience varying degrees of anxiety related to the changes taking place. The programme, through its design, would endeavour to utilise

any resource possible including those already available to staff through their employer, to ensure staff are supported.

The following section considers the different needs, experiences, and priorities of each of the Section 75 categories in relation to this policy or decision and what equality issues emerge from this.

Category	Needs and Experiences
Gender	<p>There is no data to suggest that the needs and experiences of staff differ on the basis of gender in relation to this policy.</p> <p>In pathology, there is a slightly higher percentage of staff that identify as female compared to the census levels. It is not anticipated that any gender would be negatively impacted by this change.</p>
Age	<p>There is no data to suggest that the needs and experiences of staff will differ on the basis of age in relation to this policy.</p> <p>The Census data gives 5 age bands; however, the data obtained for the Programme was able to capture additional bands due to employment ages of staff within HSC Trusts and NIBTS. To compare the average numbers, the demographic does balance, on average, with consensus figures.</p>
Religion	<p>There is no data to suggest that the needs and experiences of staff differ based on religion in relation to this policy.</p>
Political Opinion	<p>There is little data to suggest that the needs and experiences of staff differ based on political opinion. Only one potential need was identified where there may be a requirement to participate in occasional regional meetings. This may include travelling to other HSC locations or attending remotely via MS Teams for a very small number of staff.</p>
Marital Status	<p>There is no data to suggest that the needs and experiences of staff will differ on the basis of marital status in relation to this policy.</p>
Dependent Status	<p>There is little data to suggest that the needs and experiences of staff will differ on the basis of dependents. Only one potential need was identified where there may be a requirement to participate in occasional regional meetings. This may include travelling to other HSC locations or attending remotely via MS Teams for a very small number of staff.</p> <p>Some staff voiced concerns that shift rostering undertaken by a new pathology Agency staff who are not as supportive or sympathetic to their needs as the current rostering staff are, may negatively impact their caring responsibilities. In fact, this impact would not materialise since rostering would continue to be carried out locally by the same staff.</p>
Disability	<p>There is little data to suggest that the needs and experiences of staff will differ on the basis of disability. Only one potential need was identified where there may be a</p>

	<p>requirement to participate in occasional regional meetings. This may include travelling to other HSC locations or attending remotely via MS Teams for a very small number of staff.</p> <p>As can be seen from the quantitative data, over 50% of the population identify as having some form of disability. Many disabilities can be accommodated in the workplace through personalised solutions and, for existing employees, these will already be in place and would continue within the new Agency.</p> <p>There is no new technology being introduced as part of this Programme.</p> <p>Introduction of, and reliance on, digital collaboration tools like MS Teams is already in place and widely used in HSC Trusts and NIBTS. A small number of staff may be required to participate in occasional regional meetings as a result of this change, which may include travelling to other HSC locations or attending remotely via MS Teams. For some staff, this may pose problems if those staff have a disability that impacts their ability to travel to meetings or use such technologies.</p> <p>If it is decided by the Minister to proceed with detailed design and transition to a Pathology Agency, the Programme team will:</p> <ul style="list-style-type: none"> • Consider the needs of people who have a disability and involve them in the design of the new systems and processes within the Agency. • Ensure that solutions are compliant with best practice and standards for appropriate disabilities. • Provide appropriate training during transition and appropriate support for those with a disability. The team will encourage all those with difficulties in working with the technology, irrespective of ability, to come forward so the issue can be identified and resolved through use of accessibility tools or more personalised training. These sessions could be alternative learning such as eLearning, bench videos, FAQs, and revised SoP's (if required) or ad-hoc training sessions as per the requirements of the user. • Provide tools where the risk of not being face to face can be mitigated by recording of the meeting and automated provision of real-time transcriptions. <p>It is likely that if a regional HQ is to be established, it will offer remote working. Of the existing staff, Senior Managers would be most likely required to attend meetings there which may take place either remotely or in person. These staff already attend regional meetings, either in person or using remote access technology like MS Teams. As part of design, relevant considerations will be made for any staff disability requirements in conjunction with relevant staff and others, as required.</p>
Ethnicity	<p>There is little data to suggest that the needs and experiences of staff will differ on the basis of ethnicity. Only one potential need was identified where there may be a requirement to participate in occasional regional meetings. This may include travelling to other HSC locations or attending remotely via MS Teams for a very small number of staff.</p>

[Any gaps in evidence to assess the impact of the programme/activity.](#)

No gaps have been detected, however detailed mapping to identify the exact staff impacted in these groups who may be required to collaborate regionally in the context of a Pathology Agency will take place

at the beginning of Phase 2, if that goes ahead. The purpose of that would be to quantify in more detail the estimated number and location of staff, and to allow impacted individuals to take part in and influence design.

E. EqIA Outcome

Having considered:

- the evidence set out in section D in relation to the Section 75 Groups
- the potential impact of the programme in general

the potential impacts on section 75 groups are viewed to be minor and can be effectively mitigated in design for the operating arrangements of a Pathology Agency during detailed design in Phase 2.

It is, therefore, recommended that the Programme continues through to Phase 2 and applies the principles and mitigations set out in section F in development of the detailed design for a Pathology Special Agency.

Summary of impact:

The main impact detected in general is that, for some staff, there may be a requirement to engage more with staff from other localities by participating in regional meetings (in person or via MS Teams) or via email:

- for some groups of staff involved in delivery of functions related to business planning, support services or transformation.
- for senior staff already required to engage outside their locality e.g. through NI Pathology Network meetings.

This may have an impact on section 75 groups in particular:

- **Political opinion** – if required to travel to locations in an area of different political background to their own
- **Dependent status** – if required to travel at times that impact their ability to care for dependents.
- **Disability** – if required to travel to locations that are inaccessible or present any other challenge with respect to an individual's disability, including method of transport or the need for assistance to travel or utilising virtual meeting technology.
- **Ethnicity** – if required to travel to locations where they feel or experience they may have any issues relating to their ethnicity

F. Action and Monitoring

With regards to Section 75 Groups who may experience impact:

Following the mapping exercise¹ planned to take place at the start of Phase 2, if that goes ahead, the Programme will engage directly with impacted staff during Phase 2 to determine and meet their needs and enable them to input and influence the detailed design.

Appropriate support and training in the use of MS Teams or other remote meeting technology for impacted staff who need to use it will be provided if an Agency is to be established and during Phase 2, where required, to facilitate engagement in design.

Appropriate arrangements will be put in place to support and enable people who have a disability to attend meetings in person or remotely, in line with their own needs and business requirements.

With regards to all staff:

Communicate the agreed principles for staff set out by the DoH and evident in the design.

Monitoring

1. During Phase 2, if that goes ahead, the programme plan will include actions to build in the mitigations listed above.
2. The actions will be monitored alongside progress to deliver the programme plan.
3. Any new impacts identified during Phase 2 will be included in an updated version of this assessment and it will be revisited at the end of Phase 2 alongside the business case and decision whether to provide funds to enable the Agency to operate.

G. Date of Next Review

End of Phase 2 of the Programme (anticipated as end of March 2027)

H. Authors

EqIA undertaken by (name and job title):

- Jim Poole, PA Consulting.
- Tanya McMinn, Senior Project Manager, Pathology Blueprint Programme.
- Sarah Buckley, Senior Programme Manager, Pathology Blueprint Programme.
- Data provided by HSC Trusts and NIBTS.
- Qualitative information provided by Programme Stakeholders.

¹ See p17 'Any gaps detected...' section

Annexes

A - Letter from SRO to Chief Executives and Staff – Decision to proceed with the design of a Pathology Special Agency



SRO letter to HSC
CXs PathAgency 14 J

B – Questions included in the online feedback form for responses to EqIA Public Consultation

Please use the feedback form to submit your responses, available via this [link](#)

1. In your opinion, did we identify all of the possible Impacts?

Yes

No

Other

2. If you selected 'Other' for Question 1, please specify below

3. Do you have any examples of other potential impacts?

C – Equality Screening on Proposals for Pathology Modernisation 2016



Equality-Screening-
Modernising-HSC-P.