



# Acute Maternity Services Transformation

## Equality Impact Assessment

**Equality Impact Assessment in accordance with Section 75 and Schedule 9 of The  
Northern Ireland Act 1998**

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## Introduction to the consultation

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We are presenting this Equality Impact Assessment (EQIA) for public consultation. It considers the equality and human rights impact of the Trust's shortlisted options for future provision of acute maternity inpatient services.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998. This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

This EQIA stands alongside our consultation document 'Working With you to Transform Acute Maternity Services'. In that document we describe the options including those shortlisted and consult the public on the service transformation itself. Simultaneously we will have a period of consultation about this document, which focuses on the options paper's impact on equality and human rights.

Copies of all our documents are available on our website:

[www.northerntrust.hscni.net](http://www.northerntrust.hscni.net)

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## Why is there an Equality Impact Assessment?

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In summary, the law says we must properly consider the need to promote equality of opportunity between:

- people of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- men and women generally
- people with a disability and people without one, and
- people with dependents and people without dependents.

These are called 'Section 75 groups' because the relevant law is section 75 of the Northern Ireland Act 1998. In addition, without affecting the above duty, we must help promote good relations between people of different religious beliefs, political opinions and racial groups.

We must also prepare Equality Schemes, which among other things must set out our arrangements for assessing the likely impact on the promotion of equality of opportunity of the policies we adopt or propose.

When we publish the results of an EQIA, we must give details of anything that could reduce any adverse impact on equality of opportunity of the policies we propose. We must also give details of alternative policies that might better promote equality of opportunity.

We have followed procedures outlined in the Equality Commission for Northern Ireland's (ECNI) 'Guide to the Statutory Duties', which it expands upon in its publication 'Practical Guidance on Equality Impact Assessment'.

Among the considerations listed by the ECNI in favour of conducting an EQIA are:

- The service change proposed is significant in terms of its strategic importance;
- Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a service change about which there are concerns amongst affected individuals and representatives.

In keeping with paragraph 3.2.11 of its Equality Scheme ....***in making any decision with respect to this options paper, the Trust will take into account any assessment and consultation carried out in relation to this options paper.***

Following consultation a summary report of feedback received will be made available. In compliance with the legislation, when making any final decision the Trust will take into account the feedback received on this EQIA and from any consultation carried out in relation to this.

## About the Trust

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The Northern Health and Social Care Trust (the Trust) was established on 1 April 2007 under the Northern Health and Social Services (Establishment) Order (Northern Ireland) 2006. The Trust Headquarters are located at Bretten Hall, Antrim Area Hospital, 45 Bush Road, Co Antrim, BT41 2PX.

The Health and Personal Social Services (Northern Ireland) Order 1991 Article 10(1) defines the nature and function of the Trust as a major employer and provider of health and social care services. The Trust has a geographical area of 1,733 square miles (2773 square km) making it the largest geographical Trust in Northern Ireland.

The Trust has an annual budget of £809m and employs around 12,000 people. Funding is secured from a range of commissioners, the main commissioner being the Health and Social Care Board.

The Trust provides a wide range of hospital, community and primary care services. Working in collaboration with GPs and other agencies, staff deliver locally based services in Trust premises, in people's own homes and in the community. The Trust purchases some services including domiciliary care, residential and nursing care from independent and community /voluntary agencies.

The Trust provides a range of health and social care services, the majority of which are provided in peoples' own homes. We also provide community based health and social care services including day centres, health centres and residential care, from approximately 150 locations.

We provide acute services from Antrim Area Hospital, Causeway Hospital in Coleraine, the Mid Ulster and Whiteabbey hospitals. Services are also provided from the Braid Valley, Dalriada, Moyle and Robinson hospitals.

Holywell Hospital, a psychiatric hospital based in Antrim, is the base for a wide range of mental health and addiction services.

Delivering safe and effective services which are accessible and responsive to the needs of patients, clients and carers is central to the Trust's role.

The Trust acknowledges its responsibilities when buying services from other providers. The Trust will ensure that the obligations under Section 75 of the Northern Ireland Act 1998 will be reflected in contractual arrangements made with those providers.

The Trust also has the power to exercise statutory functions which embrace all the activities undertaken by the Trust including the recruitment/employment of its staff, financial arrangements, contracted-out services and staff training, maintenance of its property and the delivery and development of services, including the purchase of equipment and facilities needed to do this.

The Trust carries out its business in the following ways:-

- undertake assessments of needs
- developing strategies to address those needs
- setting and monitoring quality and performance standards
- carrying out reviews of service areas
- resource allocation and financial management
- setting service agreements with purchasers of care
- human resource management in relation to its staff, and
- corporate and clinical governance, i.e. ensuring safe practices.

## Current Maternity Service provision

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The Northern Trust operates two consultant-led maternity units, at Antrim and Causeway Hospitals, with community midwifery services to their respective catchment populations. This client group also includes the provision of antenatal and postnatal care to a significant number of women and babies who reside within the NHSCT geographical area but who chose to birth outside the Trust (37% of all births in 2021). In addition, antenatal clinic services are provided for non-resident women who are registered with a GP within NHSCT localities.

As there is no neonatal care on the Causeway site, births are risk-stratified in order to minimise the requirement for new-born infant transfers. This means that any pregnant woman or person who is assessed to be at an increased risk of pregnancy or birth related concerns, will be advised to have their maternity care provided on the Antrim site. Specialist clinics such as a joint endocrine/ obstetric clinic for women with diabetes in pregnancy, a high BMI and a twin clinic are located on the Antrim site and provide specialist pathways in line with best practice guidance. We also work with our colleagues in the tertiary centre at the Royal Jubilee Maternity Service for some of the more specialised regional services including Fetal Medicine, HIV, cardiac, epilepsy and fertility services.

Outpatient antenatal clinics operate in both the acute Causeway and Antrim hospitals as well as in the peripheral hospital sites, including Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre and within a number of GP surgeries.

A Fetal Maternal Assessment Unit (FMAU) is available in both the Causeway and Antrim hospitals and provides access 24 hour per day, 7 day per week for both scheduled and unscheduled care for pregnant and postnatal women from 18 weeks gestation and over until 6 weeks post-partum. The Fetal Maternal Assessment Unit is an emergency point of contact for assessment of women in labour or for urgent or immediate concerns regarding the wellbeing of the woman or baby, during pregnancy or in the postnatal period. It provides 24/7 telephone access for urgent advice and decision-making.

Models of maternity care available in the NHSCT include midwifery-led care, consultant-led care and shared care (care provided by community midwives and the hospital), domino care (care in pregnancy and birth provided by community midwives) and Continuity of Midwifery Care (CoMC). Choice of place of birth includes the consultant-led unit on Antrim or Causeway sites and Homebirth.



## Objectives and criteria used to identify the shortlisted options for consideration

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The objectives of this service review, reflected in the criteria used for shortlisting options, include consideration of:

**Safety and quality;** provide maternity and neonatal services that are safe, secure and effective and ensure quality assessment, treatment and care for all women, babies and families, in alignment with Trust and Regional Strategic direction

**Deliverability and sustainability;** ensuring maternity services are deliverable, sustainable and fit for the future

**Resources;** Optimise the available resources to support the delivery of care and treatment which is the safest, most effective and women centred, within available resources by developing and supporting our workforce and meeting the challenge of recruiting and retaining staff with the right skills and expertise. Consider the impact on other specialties and the impact on the wider health and social care system including other HSC Trusts and the Northern Ireland Ambulance Service (NIAS) in delivering the service model

**Implementation;** ensure timely implementation of a model which can achieve changes quickly for reasons of safety, considering any resource investment, capacity, service requirements and capital works.

**Accessibility;** provide an accessible maternity service for patients across the Northern Trust area.

The 'Considering the Options' paper outlines the need for the reconfiguration of the two acute hospitals: Antrim maternity hospital and Causeway maternity hospital and details the strategic context for this along with the case for change and a detailed benefits appraisal. The shortlisted options are also detailed in the considering the options paper included as part of the consultation documents.

They are Options 3 and 4 from the benefits appraisal:

**Option 3. Consultant-led births move to Antrim site which would provide intrapartum care for an additional 600-700 births per annum. Development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery-led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services on Causeway site.**

The deliverability of Option 3 will be subject to the outcome of the Coroner's recommendation for a comprehensive review by the DoH of staff numbers, training and policies within FMUs.

**Option 4. Move all births to Antrim site which would provide intrapartum care for an additional additional 900 births per annum. Retain and enhance early**

**pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.**

In options 3 and 4, the Trust will also explore the possibility of providing an interim MLU in Antrim Area Hospital pending the development of the new purpose-built Women and Children's Unit.

Access to high quality antenatal and postnatal services are critical for women living in our communities. These proposals preserve and enhance the range of scheduled antenatal and postnatal care in Causeway Hospital. The only change in terms of access is that around 600-900 women will make a single additional journey to the centre of their choice to give birth to their babies and, if there is an urgent concern during the pregnancy, then women will need to attend Antrim FMAU.

## Data on each Section 75 equality group

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In line with the ECNI Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA.

We gathered data for six populations, namely:

- From Northern Ireland Neighbourhood Information Service (NINIS), NHSCCT birth trends analysis for 1999-2019, NHSCCT births to mothers from outside NI, NHSCCT births to teenage mothers, NHSCCT births to unmarried mothers
- From Northern Ireland Statistics and Research Agency (NISRA), retrospective female population numbers for NHSCCT detailed by age group from 2008 to 2020
- From NISRA, projected adult female population for Northern Ireland as a region to 2030
- From NISRA, projected births for Northern Ireland as a region to 2030
- Analysis of the resident population of NHSCCT into Section 75 categories to determine who may need inpatient maternity services in future
- Analysis of the staff group of acute inpatient maternity services in Causeway hospital into Section 75 categories with comparator to all staff group of NHSCCT

Therefore in preparing this EQIA, we took into account data and research findings from a range of sources. Statistical information was available from NISRA and NINIS (including Census information from 2011, the most recent census for which detailed analysis is available).

## NHSCT Births Trend Analysis

**Table 1: NHSCT Births Trend analysis 2005-19**

Year	Births	Birth rate per 1,000 female population aged 15-44 years	Male Births	Female Births	Births to Teenage Mothers	Births to Teenage Mothers (%)	Births to Mothers from Outside Northern Ireland	Births to Mothers from Outside Northern Ireland (%)	Births to Unmarried Mothers	Births to Unmarried Mothers (%)
2019	5384	61	2800	2584	156	3	815	15.1	2219	41
2018	5292	60	2663	2629	153	3	762	14.4	2233	42
2017	5535	62	2846	2689	164	3	798	14.4	2253	41
2016	5740	64	2939	2801	178	3	849	14.8	2338	41
2015	5763	63	2971	2792	165	3	868	15.1	2329	40
2014	5879	64	3057	2822	191	3	880	15.0	2396	41
2013	5869	63	3002	2867	237	4	909	15.5	2319	40
2012	5959	64	3088	2871	258	4	900	15.1	2339	39
2011	6048	66	3062	2986	252	4	941	15.6	2378	39
2010	6110	66	3159	2951	284	5	911	14.9	2275	37
2009	5947	64	3035	2912	310	5	873	14.7	2124	36
2008	6347	68	3256	3092	344	5	994	15.7	2326	37
2007	6021	66	3043	2978	295	5	869	14.4	2016	33
2006	5781	63	2924	2857	328	6	790	13.7	1997	35
2005	5623	62	2898	2725	299	5	690	12.3	1840	33

Source:

NINIS - Births, administrative geographies

## NHSCT population trend analysis of females aged 15-44 years

**Table 2: NHSCT population trend analysis of females aged 15-44 years**

age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
15-19	15639	15755	15629	15535	15537	15183	15043	14821	14502	14106	14000	13783	13808
20-24	15259	15178	15095	14900	14707	14740	14742	14547	14242	14043	13692	13693	13234
25-29	15067	15254	15190	14991	14821	14784	14714	14664	14639	14651	14648	14506	14303
30-34	14939	14947	15015	15283	15364	15400	15387	15192	14992	15055	15129	15102	15018
35-39	17288	16967	16536	15999	15447	15064	14992	15077	15362	15537	15672	15704	15516
40-44	17735	17695	17594	17624	17648	17340	16955	16505	15972	15471	15141	15151	15316
TOTAL	97935	97805	97069	96343	95536	94524	93847	92821	91725	90880	90300	89958	89215

Source: NISRA

## Projected adult female population (NI total)

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**Table 3: Projected adult female population (NI total)**

Age group	2021	2025	2030	Percentage change 2021-30
15-19	55,725	62,360	63,919	+15.7%
20-44	301,387	294,523	289,179	-4.9%
45-64	251,762	253,913	252,162	+2.3%
65-79	126,392	135,892	151,650	+26.2%
80+	50,947	56,894	65,019	+33.8%

Source -

[https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18\\_Bulletin.pdf](https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf)

A projected decline in the number of women in the 20-44 age range will impact on projected future births as set out in the following table.

## Projected Births (NI total)

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**Table 4: Projected Births (NI total)**

Year	Anticipated Births (22,515 in 19/20)
2021-2022	21,988
2023-2024	21,631
2025-2026	21,302
2027-2028	20,995
2029-2030	20,793

Source -

[https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18\\_Bulletin.pdf](https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf)

## Profile of Northern Health and Social Care Trust Resident Population

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 463,297 from 2011 Census)
Gender	Female 50.99% Male 49.01%  (2011 Census figures)
Age	0 -14 15-39 40-64 65-84 85+ 19.47% 32.98% 32.34% 13.46% 1.74%  (2011 Census figures)
Religion	Protestant Roman Catholic None Not Known 51.89% 30.61% 10.82% 6.68%  (2011 Census figures)
Political Opinion	Not collected
Marital Status (2011 census)	Single Married Not Known 33.28% 54.62% 12.1% (2011 Census figures)
Dependent Status (based on 177,914 households, census 2011)	Households with dependent children 33.98% (2011 Census figures)
Disability (based on 177,914 households, census 2011)	Household with one or more persons with a limiting long term illness 38.79% (2011 Census figures)
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual  <i>Source: 2012 report by Disability Action &amp; Rainbow Project</i>

## Profile of staff working in acute maternity inpatient service in Causeway hospitals

The table below details the profile of all maternity staff by Section 75 group in the Causeway Hospital.

This profile is compared below with the profile of all Trust staff to identify any potential adverse impact on particular groups.

Section 75 Group		Total Trust Workforce Profile as at 1 Jan 22	%	B9V210 CWH Delivery Profile as at 1 Jan 22	%
Gender	Female	12564	85.01	69	100
	Male	2216	14.99	0	0
Community Background	Protestant / Neither	8939	60.48	28	40.58
	Roman Catholic	5441	39.52	41	59.42
Religious Belief	Buddhist / Jewish / Sikh	11	0.07	0	0
	Christian	4436	30.01	17	24.64
	Hindu	28	0.19	0	0
	Muslim	14	0.09	0	0
	None / Other / Unknown	10291	69.63	52	75.46
Political Opinion	Broadly Unionist / Nationalist or Other	3434	23.23	11	15.95
	Do Not Wish To Answer / Unknown	11346	76.77	58	84.06
Age	16-34	3864	26.15	19	27.54
	35-44	3636	24.60	17	24.64
	45-54	3693	24.99	11	15.94
	55-65+	3587	24.27	22	31.89
Marital Status	Single	4318	29.22	23	33.33
	Married / Other	10180	68.88	46	66.67
	Unknown	282	1.91	0	0
Dependent Status	Yes	3577	24.20	14	20.29
	None / Unknown	11203	75.8	55	79.71
Disability	Yes / Unknown	5832	39.46	34	49.28
	No	8948	60.54	35	50.72
Ethnicity	Black, Asian and Minority Ethnic Group	227	1.54	0	0
	White	9091	61.51	32	46.38
	Other	34	0.23	0	0
	Unknown	5428	36.73	37	53.62
Sexual Orientation towards:	Opposite Sex	6237	42.20	23	33.33
	Same Sex	166	1.12	0	0
	Same and Opposite Sex	20	0.14	0	0
	Do not wish to answer/not known	8357	56.54	46	66.67

*\*It should be noted that the provision of equality information by staff is voluntary. All staff are encouraged to provide/record their equality information at recruitment stage and to update it during the course of their employment. Disclosure rates vary across the equality groups and should be taken into consideration when interpreting the data.*

## Assessment of Impact on Affected Service Users by Section 75 Equality Groups

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With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to current users of acute maternity inpatient services.

### Between men and women generally

Maternity services are a service for women. The words “women” and “woman” used throughout the “considering the options” paper recognises that this reflects the biology and identity of the great majority of those who are childbearing; for the purpose of this EQIA, these terms include girls, and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All those using maternity care and services should receive individualised, respectful care including use of the gender nouns and pronouns they prefer.

The Trust does not anticipate that this proposal will have any adverse or major impact on service users because of their gender. The Trust is committed to ongoing monitoring for any adverse impact.

### Persons of different age

The age profile of service users will be those people of childbearing age, primarily in the 15 to 44 years category. There has been a sustained drop in females aged 15-44 years in the Trust area from 97,935 in 2008 to 89,215 in 2020. The target population for this service has therefore fallen by almost 10% over this time period. This trend is projected to continue in the years to 2030. There also has been a significant drop in teenage mothers (those aged 13 to 19 years) from 5% of births in 2005 to 3% in 2019.

Over the past 30 years there has been a downward trend in birth women for ‘younger’ mothers and upward trend for ‘older’ women.

Overall, fewer women are having children and those that are, are having them later in life and having fewer of them.

The Trust has not identified that any particular age range will experience an adverse impact and is committed to monitoring for any adverse impact.



**Persons with or without a disability**

The Trust will continue to make sure that the needs of each service user are fully assessed and that any special requirements are identified and will be taken fully into account when meeting their future needs.

We have noted that levels of complexity have increased as approximately 1 in 4 women are classified as obese at booking and the percentage of women with diabetes in pregnancy has increased by more than 10%. Specialist pathways and specialist clinics are already in place on the Antrim site covering care for women with diabetes in pregnancy, women with a high BMI and a twin clinic for women with multiple pregnancy. More specialised services are delivered on a regional basis by the Royal Jubilee Maternity Service including Fetal Medicine, HIV, cardiac, epilepsy and fertility services.

We are aware that re-provision of acute maternity inpatient services on the Antrim Area Hospital site will mean that some of the population will have to travel further to access the service. This may present difficulties for people with reduced mobility. The Trust is committed to monitoring for any adverse impact.

**Persons of different marital status**

There has been a sustained rise in the percentage of births attributable to unmarried mothers from 33% in 2005 to 41% in 2019. When compared to the marital status of the NHSCT population as a whole, 33.28% single and 54.62% married, it indicates that people using acute maternity inpatient services are as likely to be unmarried as married. The Trust is committed to monitoring for any adverse impact.

**Persons of different religious belief**

The religious profile of service users across the current inpatient sites is reflective of the religious profile of inpatient services as a whole. All of the Trust's maternity inpatient services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for client to practice his/her religious beliefs. There is no evidence to suggest that this proposal will have any adverse impact on people from any religious grouping. The Trust is committed to monitoring for any adverse impact.

**Persons with/without dependents**

It is anticipated that many of the people who receive acute maternity inpatient services are accompanied by friends and family on a regular basis as birthing partners and/or support. The Trust is also aware of the impact of extra travel times and distance for those who currently accompany people in Causeway Hospital.

The impact of Covid has meant that restrictions have been imposed on this practice with women giving birth without other people being present. The nature of the service means that people are discharged home from inpatient services as soon as possible, within 24 hours in relation to non complicated births, with limited hospital stay. This should minimise impact upon both the mother and associated dependents.

### **Persons of different political opinion**

The Trust does not collect information on political opinion. Proxy information, such as religious affiliation is accepted as a reasonable indication of a person's political opinion. As stated above, all acute maternity inpatient services provide a welcoming environment where everyone can be cared for together. There is no evidence to suggest this proposal will have an impact on the grounds of political opinion.

### **Persons of a different racial group**

While the Trust does not routinely gather this information there is no evidence to suggest that this service reform will have an impact on the grounds of racial background. Any specific cultural needs will be addressed during the consideration of inpatient maternity care options.

Data gathered from NINIS indicated that 15.1% of births in 2019 were to mothers from outside Northern Ireland compared to 12.3% in 2005. The trend across this period has been sustained increasing proportions of births to mothers originating from outside Northern Ireland.

The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English.

### **Persons of different sexual orientation**

While no direct information is gathered on sexual orientation, research would indicate that 10% of the population is lesbian, gay or bisexual. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

## **Mitigation of Impact on Current Service Users**

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The Northern Health and Social Care Trust is committed to continually improving the quality of its services. The Trust's options are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

The modernisation of our acute maternity services will ensure that services are person-centred and in the right place, for the right length of time. Our service improvement and modernisation will be based on best practice and we are committed to planning our services in partnership with service users and carers.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for human rights is integral to the implementation of this proposal.

## Assessment of Impact on Current Staff by Section 75 Equality Groups

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The Trust recognises that this service reform may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change Human Resource Framework. Staff's individual and specific circumstances will be considered and, where adverse impact is identified, the Trust will take steps to mitigate its effects.

### **Between men and women generally**

Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff is 85.01% female and 14.99% male. The maternity services workforce at Causeway Hospital sites is 100% female. The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected.

### **Persons of different age**

The age profile of staff working on the Causeway acute maternity services site is largely reflective of the profile of staff as a whole although a higher percentage of maternity staff are in the 55+ age group (31.89%) The Trust is mindful that as people get older they may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.

### **Persons with or without a disability**

There is an overall low percentage of employees in the Northern Trust (2.02%) who have declared a disability. The Trust is mindful that people may be reluctant to declare that they have a disability and is currently working with disabled people and representative groups to ensure staff that have or declare a disability are fully supported. There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability but, for staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines.

**Persons of different marital status**

The marital status of staff working in the Trust as a whole is 61.82% married and 29.22% single which is reflective of the profile at Causeway maternity services. The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married and will consider any mitigating measures for staff directly affected.

**Persons of different religious belief**

The religious profile of all staff across the Trust is 49.98% Protestant and 39.52% Roman Catholic. The current staffing profile indicates 40.58% Protestant and 59.42% Roman Catholic religious profile. While there may be a differential impact, there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of religious belief. The Trust will consider any mitigating measures for staff directly affected.

**Persons with/without dependents**

24.2% of Trust staff have indicated they have caring responsibilities either for a dependant older person, a person with a disability or have dependent children. We are also mindful that the majority of staff is female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers. The Trust is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

**Persons of different political opinion**

The political opinion of Trust staff as a whole is broadly reflective of the political opinion of staff across the two inpatient sites. It is important to note that the majority of staff did not wish to answer this question when surveyed or no data was collected at the time. The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact for current staff on the grounds of political opinion.

## **Persons of a different racial group**

Available figures indicate that the majority of staff members affected are white. This is largely reflective of the overall average for all Trust staff (61.51%). The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

## **Persons of different sexual orientation**

The majority of Trust staff who answered this question on the staff survey have identified they are attracted to people of the opposite sex. It is important to note that the majority of people did not complete the question or indicated that they did not wish to answer this question. There is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of sexual orientation.

## **Mitigation of Impact on Current Staff**

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The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to affected staff. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust has systems in place to support staff through the changes. This includes providing information in a timely way, providing time for training, attending interviews, counselling, trying out posts and accessing Occupational Health Support.

A communication strategy will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns.

The outcome of the "considering the options" paper may impact on staff in terms of relocation to a new work site and redeployment to a different post and a new role. The Trust will work in partnership with Staffside to assess the impact on staff and to put robust mitigating measures in place.

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Human Resource Framework and Recognition Agreements. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

## **Publication of the Results of this Equality Impact Assessment**

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The outcomes of this consultation process will be published and a summary of the feedback received will be posted on the Trust's website and Staffnet (intranet).

## **Monitoring**

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In keeping with the Equality Commission's guidance, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If, as a result of this monitoring, the Trust finds that the impact of this service reform results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

## **Freedom of Information Act 2000 – Confidentiality of Consultations**

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The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

