



**Western Health
and Social Care Trust**

**Temporary Suspension of Emergency
General Surgery Services in South West
Acute Hospital, Enniskillen
Equality Impact Assessment**

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

Consultation Dates: 17 January 2023 to 11 April 2023

Alternative formats

This document is available in alternative formats including: large font, braille, Easyread, electronic version etc. It can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English.

Polish: Aby wyjść naprzeciw potrzebom osób, które nie mówią biegle po angielsku, ten Plan Działania może być udostępniony w językach mniejszości etnicznych na życzenie.

Lithuanian: Šis veiksmų Planas pareikalavus gali būti pateiktas tautiniu mažumu kalbomis, kad atitiktų sklandžiai nemokančių anglų kalbos poreikius.

Portuguese: O Plano de Ação está disponível, à pedido, em outras línguas, para atender às necessidades das pessoas que não são fluentes na língua Inglesa.

Tetum: Aksaun Planu ida né,se bele fo ou halo iha liafuan etnika minoria sira nian, nebe bele husu, para bele ajuda ba ema sira nebe la hatene koalia lian Inglés.

Latvian: Šis darbības plāns var būt pieejams mazākumtautību valodās pēc pieprasījuma, lai palīdzētu tiem, kam ir nepietiekamas angļu valodas zināšanas.

Russian: Сейчас план проводимой работы может быть доступен так же на языках этнических меньшинств, по просьбе тех, кто не владеет свободно английским языком.

Czech: 'Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.'

Slovak: Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

Chinese- (Cantonese):這行動計劃草案將會根據需求被翻譯成各種小數族 裔語言去迎合那些英語不流利的人士的需要。

Contact the Equality Team on equality.admin@westerntrust.hscni.net or telephone 028 7186 5127

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Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Western Health and Social Care Trust to assess the impact of the Temporary Suspension of Emergency General Surgery Services at South West Acute Hospital (SWAH), Enniskillen.

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.

The EQIA should be read alongside the Trusts Public Consultation document on the Temporary suspension of Emergency General Surgery Services South West Acute Hospital (SWAH), Enniskillen. This document and others associated with this process are available on the Trust website: <https://westerntrust.hscni.net/swah-egsconsultation/>

It is usual that a Consultation would occur prior to a change to service. However, for reasons of public health and patient safety the Western Trust has had to suspend Emergency General Surgery Services at SWAH from 5 December 2022. The reasons for this decision are further outlined on page 9 of this document.

Statutory Context – Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. The Trust's Equality Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 of the Northern Ireland Act.

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 proposal. 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 (ECNI) 'Guide to the Statutory Duties', which it expands upon in its publication 'Practical Guidance on Equality Impact Assessment'. The primary function of an EQIA is to determine the extent of any differential impact of the proposal on the 9 sections 75 categories and to determine if the differential impact is an adverse impact. An EQIA can assist in decision making and improve policy making by adding to the evidence base available.

Human Rights

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 make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process and in taking forward this proposal.

Overview of the Western Trust

The Western Health and Social Care Trust was established on 1 April 2007. The Trust's catchment area extends over 4842 km² and serves a population of approximately 300,000, increasing to approximately 410,000 when the population of the Northern Health and Social Care Trust is taken into account for which the Trust provides a sub-regional service for ophthalmology, trauma and orthopaedic, urology and oral surgery. The Trust provides a wide range of health and social care services from a number of hospitals, community facilities and people's own homes across a geography which has a mix of highly urbanised and extensive rural communities. This, alongside high levels of multiple deprivation and related health inequalities in some areas of the Trust geography, creates significant challenges for service delivery for the Trust as a health and social care provider and for service users accessing services.

Our services

We deliver services to our population from:

- 7 Hospitals
- 11 health centres and clinics
- 8 children's homes
- 30 day centres
- 8 residential homes and 1 hostel
- 6 training centres
- 12 administration hubs
- As well as directly into thousands of people's homes.

Each year we handle approximately:

- 100,000 inpatient and day case admissions
- 20,000 operations
- 220,000 outpatient appointment
- 120,000 emergency department attendances
- 300,000 imaging tests
- 20,000 renal dialyses
- 4,000 births

Each year we provide support to people in our communities through approximately:

- 1,800 residential and nursing home placements
- Domiciliary care services to 4,500 people in their home
- £4.5 million annual spend on community equipment
- 245,000 Community allied health professional contacts (e.g. physiotherapy, occupational therapy)
- 17,000 social work contacts
- 390,000 community nursing and health visitor contacts
- 7,000 mental health assessment referrals

Our Changing Population Needs

- Our older population is growing with a 27% increase predicted in those aged 65-84 years and a 39% increase in the 85+ age groups by 2028.
- In contrast, the under 16 population is decreasing but there are increasing numbers of looked after children
- 1 in 4 people live in poverty.
- 5 of the top 10 most deprived areas in N.I. are in the Western Trust.
- 10 of the top 20 areas with poorest access to services are in Fermanagh and Omagh.
- 60.5% of hospital admissions in the Western Trust are in the level 1 and 2 deprivation categories, i.e. most deprived, the highest proportion in Northern Ireland.

Deprivation

Despite high levels of deprivation, the population of the Western Trust shows equivalent or better health outcomes than the Northern Ireland average, except for:

- Respiratory conditions, i.e. asthma and chronic obstructive pulmonary disease (COPD).
- Mental health is considerably worse than the NI average, particularly due to anxiety and depression.
- More people are likely to suffer pain and discomfort than for Northern Ireland as a whole.
- There is a higher number of children in need as a proportion of our population.

The Trust works within a diverse society and we want to improve how we support the differing needs of those people and families who receive our services and of the staff who provide these services. We are committed to meeting our roles and responsibilities in the promotion of equality of opportunity, good relations and diversity in the services we offer and within the workforce that provides these services.

Within the Trust, we will provide services and employ staff regardless of their age, dependent status, disability, gender, marital/civil partnership status, political opinion, race, religious belief and sexual orientation. We respect diversity and believe that by knowing our public and staff better we can provide better services.

The Western Trust wants to support people on their life journey and help our staff to provide appropriate care when required. We believe that this will be achieved by working in partnership with patients, service users, carers, families, staff, communities and other agencies to co-design and co-produce our services.

We want to safeguard and support the most vulnerable in society to achieve this we work in partnership to ensure that the health and social wellbeing of our community is nurtured. It is important to see the whole person, not just treat different conditions. We want to work together to develop and expand specific pathways of care which are designed around people and their needs.

General Surgery Services in South West Acute Hospital

The General Surgery service commissioned at SWAH has funding for 6.5 consultants, but this staffing has not been sustained at any time in recent years despite repeated rounds of recruitment.

The Trust initiated a project in September 2021 in order to work towards a sustainable Emergency General Surgery service. This was in response to challenges to the delivery of a safe and sustainable Emergency General Surgery service, and address the particular challenge in maintaining 24/7 rotas to meet professionally mandated standards of care. It was expected at the conclusion of the Trust review, the Trust would proceed to consult on a planned change to the provision of Emergency General Surgery across the Western Trust area.

This position changed at the beginning of October 2022 when the Trust experienced a number of critical staffing changes, which meant that the 24/7 rota for Emergency General Surgery at SWAH could not be sustained after 18th December 2022. This resulted in an unplanned and temporary change to Emergency General Surgery services at the South West Acute Hospital from 5th December 2022.

The Trust has developed a contingency plan with pathways in place to provide safe emergency treatment of general surgery patients at Altnagelvin Hospital, Craigavon Hospital and Sligo General Hospital. In planning for the change, we estimated based on regional dashboard information, that approximately 5 patients per day could be affected by the temporary suspension of Emergency General Surgery at SWAH. From 5 December 2022 to 6 January 2023 a total of 72 patients were admitted to Altnagelvin hospital with a surgical presentation, who may have previously been admitted to a surgical ward at SWAH. This equates to 2.1 patients per day. The Western Trust have put in place monitoring arrangements with DoH to more accurately assess the impact of this change.

Information to date has not indicated a significant impact on Craigavon Hospital (12/1/23).

Services not affected by the temporary suspension of Emergency General Surgery at South West Acute Hospital

It is important to note that this unplanned temporary change will not affect the Acute status of the hospital and all other services at the hospital remain. This includes:

- Obstetric and Gynaecology Services including Maternity Services
- Acute Medicine and Care of Elderly
- Outpatient services including General Surgery
- Elective Surgery
- Critical Care and the Intensive Care Unit
- The Emergency Department (ED) will continue to receive and treat patients
- Paediatrics and Cardiology services will continue unaffected

Why the Western Trust made the decision to temporarily suspend Emergency General Surgery:

Insufficient consultant General Surgeons to safely staff the out of hour's rota

In August 2020, the Trust issued an 'Early Alert' on the sustainability of the SWAH Emergency General Surgery out of hour's rota to the Department of Health (DoH). An Early Alert is the reporting of an incident or an event by the Trust's Chief Executive and/or a Director, which may require immediate attention by the Minister, Chief Professional Officers or Policy Leads and/or requires urgent regional action by the DoH. This Early Alert identified the staffing challenges being experienced by the Emergency General Surgery service at SWAH, and the fragility of that service. Following escalation to DoH on 28 August 2020, a regional summit was held to explore potential solutions to support SWAH's Emergency General Surgery rota. No long term solutions were identified.

From 2014 - 2021, the Trust had six rounds of recruitment resulting in five general surgery consultant appointments. In July 2021, the Trust commenced a further recruitment process and the process concluded in January 2022. No appointment was made from this recruitment process. During the period February 2019 until October 2021 the consultant general surgery team in SWAH has been reduced, as although 4 consultants were recruited during that period, six substantive consultants have left.

The Emergency General Surgery service commissioned at SWAH has funding for 6.5 consultants but this has not been sustained at any time in recent years. Early in October 2022, the Trust was notified of a number of significant changes, which meant that the Emergency General Surgery rota in SWAH would become unsustainable within a relatively short period. The Trust was notified of:

1. A resignation on Monday 3 October 2022 from one substantive consultant who then left the Western Trust on 20 December 2022.
2. A further resignation from another substantive Consultant who will leave the Trust on 3rd February 2023.
3. Notice of a period of planned absence from another substantive consultant who, following a risk assessment, has only been able to work on the green pathway from 21 November 2022.
4. A locum Consultant surgeon is currently in negotiation regarding the extension of their contract. At present they have only committed to working for a further short period.

As of 18 December 2022, the Emergency General Surgery Service at SWAH would have only one substantive Consultant and cannot safely be sustained. This consultant is leaving the Trust in February 2023.

Patient Safety risk

The main priority for the Trust is to provide a safe, sustainable and effective Emergency General Surgery service for patients in the Western Trust area ensuring safe services and the best outcomes for all patients.

A safe Emergency General Surgery rota requires a minimum of 4 substantive surgical consultants, supplemented by locum consultants, to cover the 'in hours' (9am to 5pm)

Emergency General Surgery theatre sessions and provide a safe out of hours on call rota. It is also required to supervise junior and middle grade staff and provide ongoing high level patient care.

A safe and sustainable service cannot be provided with less than 4 substantive consultants as this results in an over reliance on a high number of locum staff, which creates safety risks for patients.

How the Western Trust is reducing risk for patients

Our Patient Pathways

The Western Trust established a Project Board in October 2022 to engage with stakeholders to review and decide on safe patient pathways in light of the growing risk to the service. This team includes representatives from:

- Northern Ireland Ambulance Service (NIAS)
- Southern Trust,
- the local GP representatives
- Regional Trauma Network
- Service users/carer representatives

Working with the partners outlined above, the Project Board developed contingency arrangements to maintain patient safety. The Trust has developed these as patient pathways which are set out below:

- **Upper Gastrointestinal Bleeding (this refers to bleeding from the oesophagus, stomach or duodenum)**

Patients with any of the following will bypass SWAH Emergency Department to go to Altnagelvin or Craigavon Hospitals based on Paramedic assessment and location they are in:-

- Vomiting fresh clots of blood.
- 3 or more recent episodes of coffee ground vomiting.
- Acute onset Melena (refers to black stools as a result of bleeding)
- Any GI Bleeding with signs of hypovolemic shock (this is an emergency condition caused by severe blood loss meaning the heart is unable to pump enough blood supply to the body)

- **Acute Scrotal or hernia Pain**

Patients with acute scrotal or hernia pain will bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in – with the exception of those aged 5 and under who will transfer to Royal Belfast Hospital for Sick Children, in Belfast.

- **Abdominal Pain**

Any patient over 55 years of age complaining of abdominal pain will bypass SWAH to Altnagelvin or Craigavon based on Paramedic assessment and location they are in.

- **Trauma Management**

All non-major accidents will continue to present to SWAH. The major trauma triage tool used by Northern Ireland Ambulance Service (NIAS) has been amended to reflect

that those critically unwell or with penetrating trauma, are not brought to SWAH ED and are taken to Altnagelvin, Sligo or Craigavon based on Paramedic assessment and the location they are in.

- **Patients with post operational complications (14 days or less)**

In order to ensure continuity of care, it will be important that patients return to the site where they had their operation, which is where their Consultant is based.

- **Children with Head Injuries**

Children who sustain a minor head injury and require admission for a short period of time will be admitted to SWAH under the care of the paediatric medical team as is the practice in other District General Hospitals. Those with associated trauma or an isolated major head Injury will need discussion with the neurosurgical team in Belfast after a CT scan (scan of the patients head).

- **Colorectal Surgery**

All patients requiring colorectal surgery during the period of the temporary changes to service will have their surgery in Altnagelvin Hospital.

- **Obstetrics (Obs) and Gynaecology Care (Gynae) (this is used to describe a wide range of care to women, including fertility, reproduction and post-menopausal concerns including bleeding)**

These services will remain. Patients under the care of the Obs & Gynae team will have early assessment for possible complications during pregnancy. This will ensure that patients are cared for in the most appropriate clinical setting.

- **General Day Case Surgeries**

General Surgery patients who have not sufficiently recovered from their day procedure in Omagh Hospital and Primary Care Complex (OHPCC) and SWAH will now be admitted to Altnagelvin Hospital with the exception of Gynae who will still be managed at SWAH.

Safe transfer of patients

- **Northern Ireland Ambulance Service (NIAS)**

Our Patient Pathways are a key safety aspect to support the temporary change in emergency General Surgery Services at SWAH. The Trust has negotiated with NIAS, the Southern Trust and Sligo University Hospital to ensure that patients are managed in the Acute setting which best meets their clinical needs.

- **Private Ambulance Transfer**

The Trust has negotiated private ambulance capacity that consists of three ambulances, seven days per week, with the following rotas that may be subject to change:

- 1 x Ambulance available 10:00am - 23:30pm
- 2 x Ambulances available 11:30am - 13:30pm
- 3 x Ambulances available 13:30pm - 19:00pm
- 2 x Ambulances available 19:00pm - 00:00am

- **Hospital Emergency Medical Service (HEMS Helicopter)**

HEMS team will provide transfer from SWAH ED to Royal Victoria Hospital ED as the major trauma centre. This will be dependent on the clinical assessment and other conditions such as timing of request and weather.

Increased capacity at Altnagelvin Hospital

Emergency patients who would normally receive their treatment at SWAH may need to be seen and treated at Altnagelvin Hospital.

The Trust is developing and expanding the Ambulatory Care pathways in Altnagelvin and SWAH (Ambulatory Care to take patients who would traditionally have been for hospital admission, rapidly assess them, treat them and get them home on the same day without the need for hospital stay). This will free up theatre and inpatient bed capacity. The Trust is continuing to take steps to improve the flow of unscheduled care patients through our hospital system.

Hospital beds will be reserved within Altnagelvin Hospital. This will ensure patients that have already been assessed at SWAH Emergency Department do not have to wait for a bed on arrival at Altnagelvin, and move direct to ward admission.

A “Discharge Lounge” has been established at Altnagelvin to improve patient flow over the winter period. The Discharge Lounge will be an area where patients who are ready to go home can wait until their transport arrives allowing beds to be released to patients waiting in the Emergency Department for admission.

Engagement with our staff

Regular weekly meetings have been established with senior staff available, to meet with staff and discuss any concerns or issues they might have regarding the position at the hospital. There is a Director on site regularly to support and respond to any issues that staff may have.

Weekly meetings take place with Trade Unions and staff impacted by the change. This allows staff to “drop in” and discuss any concerns they might have. We will facilitate individual and group engagement sessions and feedback with staff groups. Information including FAQs have been posted on the Trust Intranet.

Current position on the recruitment of Emergency General Surgeons

The Trust completed a recent recruitment drive for four full time Consultant General Surgeons, who, while based in Altnagelvin, will be required to work at hospitals across the Trust. This change in recruitment has been made to maximise the number of potential applicants who are willing to work in General Surgery in the Western Trust. Unfortunately based on previous experience we do not believe that further advertisements for positions in SWAH General Surgery only, will be successful.

This recruitment exercise was advertised with a closing date of 18th November 2022. The posts were advertised on the British Medical Journal Careers Website, which has international reach. The Trust also advertised the posts across all of its Social Media Platforms.

Whilst a number of applications were received for these posts, none of the candidates met the shortlisting criteria. The Trust is aware that a number of doctors will complete

their surgical training in August 2023 and therefore plan to re-advertise the posts in early 2023. The Trust is optimistic that it will be successful in securing appointments in this round of recruitment.

Meeting General Surgery standards

In June 2022, the then Minister for Health, launched the ***Review of General Surgery in Northern Ireland, Standards and Way Forward*** (referred to here as the “*Regional Review*”). [Review of General Surgery in Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/review-of-general-surgery-in-northern-ireland)

This Regional Review formally introduced standards which Hospitals will be required to meet to continue providing emergency and planned (elective) surgery and set expectations for Trusts in the delivery of general surgery into the future. This was based on an evidence base including Guidance from the Royal Colleges, Association of Surgeons of Great Britain and Ireland, other expert organisations and regulatory bodies.

The Standards will apply to all hospitals and the Regional Review states that Trusts will need to reconfigure to meet the standards. There are 2 hospitals who currently meet the Standards (Royal Victoria and Ulster Hospitals) and 3 have a small gap to meet the standards (Altnagelvin, Craigavon and Antrim Hospitals). SWAH is 1 of 3 hospitals in NI that require fundamental changes to meet the standards (SWAH, Causeway and Daisy Hill hospitals). The Standards are built around 6 areas:



There are significant gaps in 2 areas of the Standards currently at SWAH. These are detailed below:

Workforce

SWAH has an acute shortage of substantive General Surgical Consultants. From February 2023 there will be no substantive Consultants working on the SWAH site due to planned absence and resignations. A minimum of 4 substantive General Surgical Consultants, supplemented by locum consultants, are required for a stable rota. This would allow for annual leave, study leave and provide adequate ongoing clinical supervision for junior doctors. SWAH currently has 4 middle grade doctors operating at ST3 level and above as required providing emergency care including out of hours cover, a similarly substantive and stable team at this level would be needed. Currently 50% of these staff are locums.

In order to ensure that the most senior posts are attractive and that staff can be retained, it is expected that the Trust would be required to re-establish the service in a way that takes account of the requirements set out in the Standards.

Clinical interdependencies

There are key areas where SWAH does not currently meet the requirements of the standard for other services being on the hospital site. These would be required to be developed as full 24/7 services at SWAH in order to meet the Standard:

Radiology

There is one Consultant Radiologist with Interventional skills which does not provide sufficient resilience to provide 7 day or a minimum 5 day access to this service. Radiology services has experienced difficulties recruiting in SWAH and has been reliant on locum doctors to support their service.

Endocrinology

Currently there are 2 Diabetes and Endocrinology Consultants in SWAH, who provide inpatient support to their Acute Colleagues 5 days per week.

Renal Medicine

Currently there is renal support from an outreach Consultant from Altnagelvin Hospital one day per week. The pathway for patients who require renal intervention is through the renal team based in Altnagelvin. In order to create a sustainable renal on call service based in SWAH 6 consultants would be required.

Bleeding Rota

Currently SWAH has 2 Gastroenterology Consultants who support the medical on call rota. In order to deliver on the standards laid out in the regional review at least 6 would be required to support an on call arrangement across 7 days of the week and 24 hours per day

The fundamental requirement of the Standards is that hospitals admitting emergency general surgery patients must have access to timely assessment and review from these clinical specialities. Currently, SWAH relies on small numbers of Consultant staff providing radiology, cardiology and diabetic care, and has no renal clinical presence. There is a significant gap in meeting the required Standards, and considerable investment would be required to establish a range of new 24/7 services and associated clinical teams at the hospital, to support emergency surgery.

The fundamental requirement of the Standards is that hospitals admitting Emergency General Surgery patients must have access to timely assessment and review from these clinical specialities. Currently, SWAH relies on small numbers of Consultant staff providing radiology, cardiology and diabetic care and has no renal clinical presence. There is a significant gap in meeting the required Standards and considerable investment would be required to establish a range of new 24/7 services and associated clinical teams at the hospital, to support emergency surgery.

Circumstances for re-instating Emergency General Surgery in SWAH

People are understandably concerned about when the Emergency General Surgery Service can be re-instated and what needs to be in place for that to happen. The Trust cannot give a date for this as it is dependent on:

Compliant rota: The emergency General Surgery Service must have a compliant rota which means that 24/7, every shift will have a consultant general surgeon on the rota and available to attend the site in an emergency. We believe that we will need a minimum of 4 consultants employed on a substantive contract and that we would combine these with locum staff to reach the required level.

Regional Standards: The General Surgery service at SWAH is required to meet the Regional Standards for General Surgery published by Minister Swann in June 2022. Three hospitals (Causeway, Daisy Hill and South West Acute hospitals) require fundamental change in order to meet these standards.

Trusts have been asked to consider service reconfiguration as a result of the Standards and are expected to collaborate with the new General Surgery Network which will have clinical leaders from across Northern Ireland closely engaged and the Elective Care Management Team, established by Minister Swann and chaired by DoH.

The opportunity for the Western Trust to change services at SWAH or Altnagelvin Hospital in order to meet the standards is likely to be limited given the workforce and networking challenges across sites, larger reconfiguration may therefore be required.

The consultation exercise enables the Trust to be transparent about the issues which are relevant to the re-instatement of this service. The Trust's Project Board will oversee the steps required.

How the Western Trust will monitor the impact of the temporary change

The Project Board supports the existing hospital governance processes by providing oversight of these temporary arrangements. Following the changes from the 5th December 2022 the Trust initiated daily safety huddles with Health and Social Care partners. The purpose of these daily meetings was to outline and identify any safety concerns and recommend amendments.

Alongside this, the Trust has been engaged with the DoH Strategic Planning and Performance Group (SPPG) and have developed a data set which will help us see the impacts associated with this temporary change.

The Project Board and hospital safety huddles will continue to escalate urgent matters directly to the relevant senior officer including the Medical Director and Director of Acute Hospital Services. Where required, issues will be recorded and reported through the Trust's Governance Framework which includes reporting of incidents, and review and learning if these arise.

The process outlined above will ensure there is thorough reporting and review of incidents, complaints and other learning sources. It will also ensure issues are identified and actions taken in a timely way to appropriately manage risk.

Establishing an Elective Overnight Stay Centre in SWAH

The Department of Health is working to change how elective services are delivered around Northern Ireland. This is to avoid planned work being affected at times when unscheduled (emergency) pressures are greatest, such as the winter period.

This is expected to help address the large backlog of patients waiting, by making planned treatments and operations happen reliably and ensuring that they are not cancelled due to unscheduled patient pressures. It is expected that more patients can be seen this way.

In November 2022, the Department of Health advised the Trust that SWAH would be an Elective Overnight Stay Centre for Northern Ireland. This means that the planned operating sessions at SWAH will be used for Western Trust and Regional patients, and consultant surgeons and their patients will come to SWAH to be operated on from across Northern Ireland.

This is an exciting new development and planning has started for this change. It is possible that patients could be operated on before the end of the financial year (March 2023). This will mean that there will be consultant general surgeons on or close to site to care for their elective patients, and to offer support to clinical colleagues.

Data on Section 75 equality groups

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 those affected, namely:

- Analysis of the resident population of Western Trust into Section 75 categories to determine who may need emergency surgery services in SWAH
- Analysis of the surgical staff group SWAH by Section 75 category
- The Trust also gathered a profile of Emergency General Surgery delivered in SWAH in previous years in order to anticipate numbers of people who could potentially be affected over the period of the temporary suspension.

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). Staffing information was also available within the Trust from our Workforce Planning Department.

Profile of Western Health and Social Care Trust Resident Population

Section 75 Group	Western Trust Population: 2011 Census figures indicate total population of Western Trust Area is 294,417																
Gender	Male: 146,051 Female: 148,366																
Age	<table> <tbody> <tr> <td>0-4: 20,445</td> <td>5-7: 11,322</td> </tr> <tr> <td>8 – 9: 7,668</td> <td>10 – 14: 21,186</td> </tr> <tr> <td>15: 4,467</td> <td>16 – 17: 9,266</td> </tr> <tr> <td>18 – 19: 8,097</td> <td>20 – 24: 19,865</td> </tr> <tr> <td>25 – 29: 20,097</td> <td>30 – 44: 61,230</td> </tr> <tr> <td>45 – 59: 56,781</td> <td>60 – 64: 15,380</td> </tr> <tr> <td>65 – 74: 22,101</td> <td>75 – 84: 12,301</td> </tr> <tr> <td>85 – 89: 2,878</td> <td>90+: 1,333</td> </tr> </tbody> </table>	0-4: 20,445	5-7: 11,322	8 – 9: 7,668	10 – 14: 21,186	15: 4,467	16 – 17: 9,266	18 – 19: 8,097	20 – 24: 19,865	25 – 29: 20,097	30 – 44: 61,230	45 – 59: 56,781	60 – 64: 15,380	65 – 74: 22,101	75 – 84: 12,301	85 – 89: 2,878	90+: 1,333
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25 – 29: 20,097	30 – 44: 61,230																
45 – 59: 56,781	60 – 64: 15,380																
65 – 74: 22,101	75 – 84: 12,301																
85 – 89: 2,878	90+: 1,333																
Religion	Catholic: 182,996 (62.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)																
Political Opinion	Not collected.																
Marital Status	All usual residents aged 16 and over (229,329) Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487																
Dependent Status	All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204 Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924																
Disability	Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351																

	Long-term health problem or disability: Day-to-day activities not limited: 230,078
Ethnicity	White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)
Sexual Orientations	It is estimated that 6 - 10% of the population identify as LGB. Rainbow Research Source: Report by Disability Action and Rainbow Project (2012)

Profile of current Emergency General Surgery delivered at SWAH

Table 1: General surgery non-elective adult admissions to SWAH

Year	Admissions
2017/18	1906
2018/19	1944
2019/20	1974
2020/21	1494
2021/22	1527
Up To 30 June 2022	351

Source: SPPG Information Dept. dated 6th October 2022.

The annual and daily average non-elective (unscheduled) general surgery admissions to SWAH is summarised in Tables 2a and 2b:

Table 2a: Average number of non-elective general surgery admissions (over the period 2017/18 – June 2022):

Non elective patients	16 Years & Above	Under 16 Years	Total
Annual average	1573	178	1752
Per Day	4.3	0.5	4.8

Table 2b: Average number of non-elective general surgery admissions (2019/20 – the pre-pandemic year):

Non elective patients	16 Years & Above	Under 16 Years	Total
Per Day	4.9	0.5	5.4

Profile of staff working in General Surgery in South West Acute Hospital

Section 75 Group	As @ 21/11/2022 potentially 34 staff affected by temporary measure (This also includes bank staff)	
Gender	Female	31
	Male	3
Age	16-24	2
	25-34	12
	35-44	7
	45-54	8
	55-64	5
	65+	0
Religion	Protestant	*
	Roman Catholic	*
	Not Determined/Not Known	*
	Due to small numbers this information cannot be provided as it could identify individuals. This data has been considered and the majority of staff are Roman Catholic	
Political Opinion	Broadly Unionist	3
	Broadly Nationalist	1
	Other	3
	Do not wish to answer/not known	27
Marital Status	Married	17
	Single	14
	Other	3
Dependent Status	Yes	4
	No	9
	Not Known	21
Disability	Yes	0
	No	16
	Not Known	18
Ethnicity	Black African	0
	Bangladeshi	0
	Black Caribbean	0
	Chinese	0
	Indian	0
	Irish Traveller	0
	Pakistani	0
	White	19
	Mixed Ethnic Group	0
	Other	2
	Filipino	0
	Black Other	0
Not Known	13	
Sexual Orientations	Opposite sex	15
	Same sex	0

	Same and Opposite sex	0
	Do not wish to answer/not known	19

The provision of equality information by staff is voluntary. Staff are encouraged to provide/record their equality information at recruitment stage and to update it during the course of their employment however, disclosure rates vary across the groups and this should be taken into account when interpreting the data.

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

The Trust has noted the following in relation to Emergency General Surgery:

Men and women generally

The Trust does not anticipate that this proposal will have an adverse or major impact on service users because of their gender. These services will remain. Patients under the care of the Obs & Gynae team will have early assessment for possible complications during pregnancy. This will ensure that patients are cared for in the most appropriate setting.

Persons of different age

The temporary change could impact on people of any age. The patient pathways identified take account of the needs of younger people. All those requiring emergency surgery should receive individualised, respectful care. 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 ensure that the needs of each service user are fully assessed and that any additional requirements are identified and taken into account when meeting their future needs. All those requiring emergency surgery should receive individualised, respectful care. The alternative care providers and vehicles used for transfer of patients will meet the needs of people with disabilities.

We are aware that the temporary suspension of Emergency General Surgery 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 ensuring that its services are accessible to everyone and provides sign language interpreting for Deaf service users/their families. A remote sign language interpreting service is also available. The Trust is committed to monitoring for any adverse impact.

Persons of different marital status

The Trust does not anticipate that this proposal will have an adverse or major impact on service users because of their marital status. All those requiring emergency surgery should receive individualised, respectful care. The Trust is committed to ongoing monitoring for any adverse impact.

Persons of different religious belief

All of the Trusts services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for service users to practice their religious beliefs. All those requiring emergency surgery should receive individualised, respectful care. The Trust has not

identified that anyone from a religious group will experience an adverse impact and is committed to monitoring for any adverse impact.

Persons with/without dependents

It is estimated that there are currently 220,000 carers in Northern Ireland (a substantial increase from the DHSSPS figure of 185,000 documented in 2006). Many of the people who require emergency surgery will be accompanied by a friend or family member. The Trust is also aware of the impact of extra travel times and distance for those who currently accompany people to the hospital.

It is anticipated that some of the people who would require transfer will have caring responsibilities. The nature of the service means that people are discharged home from inpatient services as soon as possible, with limited hospital stay. This should minimise impact upon both the service user and family. All those requiring emergency surgery should receive individualised, respectful care. The Trust does not anticipate that anyone will experience an adverse impact and is committed to monitoring for any adverse impact.

Persons of different political opinion

The Census 2011 survey did 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 services within Western Trust and the alternative facilities that people may now have to attend as a result of this temporary service change provide a welcoming environment where everyone can be cared for together. All those requiring emergency surgery should receive individualised, respectful care. There is no evidence to suggest this proposal will have an adverse impact on the grounds of political opinion.

Persons of a different racial group

While the Trust does not routinely gather this information on service users, there is no evidence to suggest that this temporary change will have an impact on the grounds of racial background. All those requiring emergency surgery should receive individualised, respectful care. Any specific cultural needs will be addressed. 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 as do the alternative facilities that service users may now attend. Written information provided to service users can also be translated.

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. All those requiring emergency surgery should receive individualised, respectful care. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

The Trust will continue to work with service users, carers and representative groups to monitor impacts and ensure that patients continue to have access to services.

Mitigation of Impact on service users

The Western Trust is committed to continually improving the quality of its services. The Trust wants to deliver the best outcomes for patients who require Emergency General Surgery and our priority is to provide the best care possible through a service that meets quality standards.

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

The Trust values and respects its staff and will keep them informed at every stage of this process. We want to retain our highly trained and highly skilled staff and regular weekly meetings have been established with senior staff available, to meet with staff and discuss any concerns or issues they might have regarding the position at the hospital. There is a Director on site regularly to support and respond to any issues that staff may have.

Weekly meetings take place with Trade Unions and staff impacted by the change. This allows staff to “drop in” and discuss any concerns they might have. We will facilitate individual and group engagement sessions and feedback with staff groups. Information including FAQs have been posted on the Trust Intranet.

The Trust recognises that this service reform may impact on staff in terms of relocation to a new work area. However, unless they request to do so, no staff will move to a different base, all staff will be redeployed within SWAH.

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 affected by this change to service is 91.18% female and 8.82% male. 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 Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of age. 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 Western Trust who have declared that they have a disability. None of the staff affected by this change to service have declared that they have a disability. However the status for 18 staff is not known. The completion of S75 monitoring data by staff is voluntary. The Trust is mindful that people may be reluctant to declare that they have a disability and is currently working 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 however, for staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines. Human Resources and Trade Unions will be involved in every stage of the temporary unplanned change. HR policies are in place within the trust and will be relied upon as we progress through this temporary unplanned change.

Persons of different marital status

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 23% Protestant and 57% Roman Catholic. The religion is currently undetermined for 20% of staff. Whilst figures have not been given for the surgical staff affected by this change, we are aware that the majority are Roman Catholic. 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

12% of Trust the staff affected have indicated they have caring responsibilities either for a dependant older person, a person with a disability or have dependent children. While 23% of the staff have indicated that they do not have caring responsibilities the status is unknown for the remaining 62%. We are also mindful that the majority of staff are 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 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. 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 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

The Trust's Management of Change Human Resource Framework provides a Framework to support strategic developments impacting on the workforce within the Western Trust. It will relate to all employees affected by this proposed change.

The Framework has been developed to ensure that the impact on employees is minimised and that service continuity is maintained. The Framework should assist in a smooth transition to new arrangements during periods of proposed restructuring/reorganisation. This Framework will provide support to managers, Trade Unions and employees in dealing with these changes in order to ensure consistency of approach and to minimise the effects on individual employees and to maximise security of employment. The Framework will ensure that:

- Any disruption to services for patients and clients is minimised during any period of change
- Managers and Trade Unions work together to ensure the implementation of change is fair and equitable
- The change moves at a pace which ensures timely communication, consultation, negotiation and decision-making on the implementation
- Managers ensure that employees affected know how changes will be managed and how this is likely to affect them personally and that they are appropriately supported through the change process

The Trust is committed to managing organisational change, which may culminate in redeployment of staff, in an effective manner in compliance with legislative requirements and good practice principles. The following are the key principles which underpin the management of proposed change:

- Change will be taken forward through the Trust's consultation process and the views of the Trade Unions will be taken into account in managing the change process.
- All reasonable steps should be taken to avoid redundancies in order to ensure that valuable skills and experience are not lost to the service.
- All HR processes applied will be fair and transparent and will seek to match individual abilities with available posts. This process should also be mindful of the need to move quickly and to continue to deliver a high quality service.
- Implementation of vacancy control systems will identify opportunities to facilitate the redeployment of affected staff.
- Where relocation or redeployment is required, all efforts will be made to ensure employees remain as close as is reasonably possible to their current work base,

taking account of work/life balance issues and reasonable adjustments. Staff will however be expected to show flexibility.

- Appropriate training and re-training opportunities will be provided to assist employees who move to new roles and responsibilities.
- The Trust should ensure that those managers and HR representatives who are responsible for managing and advising affected staff have the skills and capability to effectively support staff through a change process.
- Staff affected will be consulted with and supported during any change process, both across groups and at individual level.

A communication strategy ensured that staff were kept fully informed of any proposed action and developments. Staff were also invited to regular communication meetings.

Updates to trade unions will also take place weekly with senior HR representatives. HR meetings with impacted staff also take place on a weekly basis with trade union colleagues present.

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 ensured that its engagement arrangements adhere to best practice principles governing consultation and were meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Human Resource Framework. 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

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

Monitoring

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

If as a result of the monitoring the Trust finds that the impact of the change results in a greater adverse impact than predicted, or if 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

The Western 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 the right to request access to information held by public authorities; the Western 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.