

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Proposal to permanently close the Minor Injuries Unit (MIU) at Whiteabbey Hospital

(1.2) Is this a new, existing or revised policy/proposal?

Whiteabbey MIU was closed temporarily on 1 December 2014. The Trust now proposes to permanently close Whiteabbey MIU.

(1.3) What is it trying to achieve (intended aims/outcomes)?

It is a requirement that Health and Social Care Trusts break-even at the end of each year (the financial year is April to March). The Northern Ireland Assembly Executive publicly announced in early October 2014 that £60m of additional funding would be allocated to health and social care in that year. While this additional allocation to health and social care was welcomed, the amount allocated to the Northern Trust fell short of that required to meet the Trust's projected deficit which meant that the Trust was required to deliver a further £6.9m of reduced spending by 31 March 2015. The challenge was significant given that at that stage there were 5 months remaining of the financial year.

As part of the contingency measures required the Trust consider which services could be temporarily adjusted to ensure that front line emergency services could be protected. Alongside this, demand for services continues to rise as there is a

growing and ageing population. There are also the unavoidable increase energy costs and costs of goods and services that enable us to deliver care and treatment.

The Northern Trust Contingency Plan was announced publicly on Thursday 30 October 2014, being shared with staff who were working within the facilities directly affected. The Plan identified a number of proposals that it considered would contribute to achieving the required savings in-year. When developing its proposals the Trust approached this challenging task by adopting the following principles.

- Maintaining front line services that protect life and deal with immediate potential harm to health and well-being
- Ensuring the continued provision of services that respond to emergencies and imminent risk
- Fulfilling statutory functions that support the most vulnerable children, adults and older people.

In addition the Trust sought to minimise and manage the impact on non-emergency services by seeking savings from non-front line services. However it is important to acknowledge that many of these services, while considered as non-front line, are vital to Doctors, Nurses, Social Workers and others to deliver their care and treatment. These support services include medical records and medical secretaries, finance staff who pay all Trust staff salaries and wages, personnel staff who recruit new staff and provide training and support for existing staff, drivers of non-emergency transport, telephonists, electricians and many others.

One of the few areas that can facilitate a reduction in spending in-year is the reduced use of temporary, bank and agency staff. In developing the Contingency Plan proposals, the Trust recognised that reducing its reliance on temporary staff, agency and bank staff would allow the Trust to reduce spending at relatively short notice. This approach allows us to protect employees with permanent contracts of employment. This action to reduce temporary staff mainly affected acute hospital services, and some community services, given they have the greater numbers of temporary staff.

One of the Trust's proposals was the temporary closure of the Minor Injuries Unit at Whiteabbey Hospital from 1 December 2014. This contributed to reducing spend during 2014/15 by redirected skilled staff to Antrim Hospital and to other

services at Whiteabbey Hospital.

Having made this temporary closure in December 2014, the Trust has since evaluated the impact of that closure on other services, including Antrim Hospital Emergency Department. The findings of that evaluation have indicated there has been minimal impact in terms of additional numbers of patients attending Antrim Hospital Emergency Department and no indication from other emergency Departments of any impact. Given that this period of temporary closure has identified no significant impact, and the period of temporary closure covered the winter period, the Trust proposes to extend the closure of the Minor Injuries Unit at Whiteabbey on a permanent basis.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

The proposed permanent closure will impact on S75 categories. It is important to note that the Trust's assessment of the impact of the temporary closure of Whiteabbey MIU indicates that there has been no significant impact on the already increasing trend for Antrim ED attendances. In addition the assessment identified no change to the overall activity in relation to 'minor injuries'.

The Trust will also continue to monitor the impact on S75 groups and will take this information into account together with the views of consultees expressed through formal consultation on the proposed permanent closure of the MIU in Armagh.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

The Northern Health and Social Care Trust is responsible for the implementation of this proposal.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other

constraints?)

Management, staff and Trade Union co-operation is of utmost importance in the implementation of this proposal and in seeking to minimise the overall impact on service users and staff. The Trust will continue to exercise open communication with all stakeholders involved and is confident that patients will continue to be accommodated at other Trust facilities, primarily the Emergency Department at Antrim Area Hospital.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Main stakeholders:

- Staff working in MIU or providing a service to MIU
- Actual & potential service users
- HSCB and NLCCG
- MLAs & District Councillors
- Voluntary and Community Groups
- Trade Union representatives
- Patient & Client Council
- Professional Organisations
- Service and operational managers
- ED staff
- GPs

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- NI Budget

- DHSSPSNI Budget 2015/16
- Trust's Savings Plan 2014/15
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- ECNI Guide on Section 75 and Budget
- Human Resource Management of Change Framework
- Trust's Equality Scheme
- Consultation Scheme – Personal and Public Involvement Statutory requirements
- Transforming Your Care (TYC)
- Donaldson – The Right Time, the Right Place
- Human Rights Act 1998
- Care Principles from the UN Principles for Older Persons
- UN Convention on the Rights of Persons with Disabilities
- Employment of People with Disabilities
- Equality in the Workplace
- Flexible Working Policy
- Reasonable Adjustment – Guidelines for Managers
- Redeployment and Redundancy Policy

Please note this list is not exhaustive

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

Due to the small numbers of Trust staff affected by this proposal the Trust has taken the decision, in order to protect the identity of individuals that specific information will not be included above. However the data has been considered by Trust staff.

The Trust recognises that this proposal 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 Human Resource Management of Change 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.

This decision only directly impacts on the staff who were located in Whiteabbey MIU. All these staff will continue to be managed in line with the Trust's Management of Change Framework and related policies and in consultation with their Trade Union representatives.

The following table shows the average profile of staff across the Northern Trust

Group	Average profile across facilities	
Gender	Female – 85.5% Male – 14.5%	
Age	16 – 24 years	3.9%
	25 – 34 years	21.6%
	35 - 44 years	25.2%
	45 – 54 years	29.7%
	55 –59 years	11.6%
	60+ years	8.0%
Community Background	Protestant – 54.5% Roman Catholic – 36.8% Other – 8.7%	
Religious belief	Muslim – 0.17% Hindu – 0.20%	



	<p>Sikh – 0.02% Jewish – 0.01% Buddhist – 0.13% Christian – 37.22% None – 7.51% No data held – 54.74</p>
Political Opinion	<p>Broadly Unionist – 15.0% Broadly Nationalist – 6.9% Other - 10.7% Do not wish to answer/not known – 67.5%</p>
Marital Status	<p>Single – 23.7% Married – 64.6% Other – 11.7%</p>
Dependent Status	<p>A child (or children) – 28.9% A dependent older person – 6.3% A person(s) with a disability – 3.7% None of the above – 23.8% No data held – 42.5%</p>
Disability	<p>Declared disability – 3.0%</p>
Ethnicity	<p>White – 83.73% Black African – 0.10% Bangladeshi – 0.00% Black Caribbean – 0.02% Chinese – 0.06% Indian – 1.03% Irish Traveller – 0.02% Pakistani – 0.12% Mixed Ethnic Group – 0.19% Filipino – 0.31% Other – 0.34% Black Other – 0.04% Not Known – 14.06%</p>
Nationality	<p>Polish – 0.29% British – 30.40% Scottish – 0.32% Welsh – 0.03% Irish – 10.29% Lithuanian – 0.03% English – 0.13% Northern Irish – 3.27% Indian – 0.21% Filipino – 0.10% Pakistani – 0.02% No data held – 54.87%</p>
Sexual Orientation	<p>Opposite sex – 53.1% Same sex – 1.3% Same and opposite sex – 0.2%</p>

Do not wish to answer/not known– 45.4%

Patients/clients affected

The following shows the breakdown by Section 75 categories of users of Whiteabbey MIU in 2013/14 where such information is available:

Section 75 Group	Make up of Patients/Clients Affected	Percentage
Gender	Female	49
	Male	51
Religion	Protestant	Not collected
	Roman Catholic	
	Other	
Political Opinion	Broadly Unionist	Not collected
	Broadly Nationalist	
	Other	
	Do Not Wish To Answer/Not Known	
Age	0-15	21.32
	16-24	13.85
	25-44	26.55
	45-64	24.30
	65-84	12.51
	85+	1.47
Marital Status	Single	Not collected
	Married	
	Other	
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	Not collected
	None/Not known	
Disability	Yes	Not collected
	No	
	Not known	
Ethnicity	Black African	Not collected
	Bangladeshi	
	Black Caribbean	
	Chinese	
	Indian	
	Irish Traveller	
	Pakistani	
	Mixed Ethnic	
	Filipino	
	Black Other	
	Asian Other	
	White	
Other		
Sexual Orientation towards:	Opposite Sex	Not collected
	Same Sex	
	Same and Opposite Sex	
	Do Not Wish To Answer/Not known	

The following shows the breakdown of Newtownabbey population compared to the Trust population as a whole.

Section 75 Group	Trust's Area Population Profile	Total Trust Percentage	Newtownabbey Percentage
Gender (NINIS Area Profile)	Female	51.00	51.90
	Male	49.00	48.10
Religion (NINIS Area Profile)	Protestant	59.58	67.76
	Roman Catholic	33.61	22.56
	Other	6.81	9.68
Political Opinion	Not collected		
Age (June 2013) NINIS – Table KS102NI	0-15	20.60	20.38
	16-24	11.72	12.42
	25-44	26.13	27.18
	45-64	25.49	24.61
	65-84	14.19	13.57
	85+	1.87	1.77
Marital Status NINIS – Table KS103NI	Single	33.28	33.20
	Married	50.94	50.12
	Other	15.78	16.68
Dependent Status NINIS – Table KS105NI	Households with dependent children.	33.97 (based on 177,914 households)	33.57 (based on 33,971 households)
Disability (NINIS Area Profile)	Persons with a limiting long term illness	19.65	19.60
Ethnicity NINIS – Table KS201NI	Black African	0.08	0.10
	Bangladeshi	0.01	0.01
	Black Caribbean	0.01	0.01
	Chinese	0.31	0.59
	Indian	0.28	0.52
	Irish Traveller	0.04	0.01
	Pakistani	0.06	0.13
	Mixed Ethnic Group	0.28	0.36
	Black Other	0.02	0.02
	Asian Other	0.17	0.26
	White	98.66	97.90
	Other	0.08	0.09
Sexual Orientation towards:	Estimated 10% of population is LGB equates to estimated 181,086 of the NI population and 46,672 of the Northern Trust Area population and 8,556 of the Newtownabbey District Council population i.e. possibly 1 in 10 in terms of clientele/service users – data source Rainbow Project July 2008.		

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Please note the table below includes the needs and experiences of health and social care staff as a whole, in relation to S75 categories. The Trust will be mindful of these needs and experiences during consultation with affected staff.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	The profile of service users is 51% male / 49% female compared to 48% male / 52% female in the Newtownabbey area.	The Trust is aware that women may have dependency and caring responsibilities. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework.
Age	The profile of service users is slightly younger than the profile of residents of the Newtownabbey area, with 35% of service users under the age of 25 compared to 32% of Newtownabbey residents. The over 65 population is projected to increase from 63,688 to 80,521, indicating a growth of 26.4% over a 10 year period. The Trust acknowledges that this proposal will have a greater impact on older people.	There is no evidence to suggest that there would be any adverse impact on any individuals because of their age. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.
Religion	The profile of residents of the Newtownabbey area is 68% Protestant / 23% Roman Catholic / 10% Other, which is a higher proportion of Protestant and Other and a lower proportion of Roman Catholic than the Trust as a whole.	The Trust is of the view that there is no evidence to suggest that this proposal will have an adverse impact on staff on the grounds of religious belief. The Trust will consider mitigating

		measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework
Political Opinion	The makeup of Newtownabbey Borough Council is: <ul style="list-style-type: none"> • Alliance 5 • DUP 11 • Independent 1 • SDLP 1 • Sinn Fein 2 • UUP 5 	There is no evidence to suggest that there would be any adverse impact on any individuals because of their political opinion.
Marital Status	The profile of residents of the Newtownabbey area is 33% single / 50% married / 17% other, which is very similar to the Trust population as a whole.	The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. Individual and specific circumstances will be considered and where adverse impact is identified, the Trust will consider steps to mitigate its effects.
Dependent Status	34% of households in Newtownabbey have dependent children, which is the same proportion as in the Trust as a whole	As evidenced in research, women still have the main caring responsibility for children, young people and dependant adults. The Trust recognises that any change in place of employment can have an impact on women. The Trust has in place a range of flexible working arrangements in recognition of the number of female employees who may have caring responsibilities. The Trust will consider mitigating measures for staff directly affected in line with the Trust's Human Resource Management of Change Framework
Disability	20% of residents of Newtownabbey have a disability, which is the same proportion as in the Trust as a whole	It is estimated that 20% of the population of Northern Ireland has a recognised disability. The Trust recognises that not all staff may wish to declare a disability. If any of the staff declare themselves as having a disability, reasonable adjustments will be considered in line with related employment policies and the Trust's Human Resource Management of Change Framework
Ethnicity	The profile of residents of the Newtownabbey area is 98% white,	The Trust considers that there is no evidence to suggest that this proposal

	<p>compared to 99% white in the Trust population as a whole.</p> <p>The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area.</p> <p>The Trust will continue to work with users and representative groups to monitor the impact of this temporary closure and ensure that services are accessible to everyone.</p>	<p>will have an adverse impact upon current staff on grounds of racial group.</p>
Sexual Orientation	<p>Estimated 10% of the population is LGBT.</p>	<p>There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.</p>

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The Trust has been and continues to engage with all stakeholders involved in the decision.

When Whiteabbey Minor Injuries Unit was closed on a temporary basis the Trust engaged with staff and they were redeployed to other areas in the Trust to fill positions that may otherwise be filled by temporary staff (or bank/agency/absence cover). The Trust will be meeting with each individual member of staff to identify their preferences for permanent redeployment. All continue to be permanent members of staff. All staff will be kept fully informed and supported during this change process.

We value and respect all of our staff and throughout this process and we aim to speak with staff as soon as was possible when decisions are made known.

The Trust has developed a Communications and Engagement Plan to make sure that all stakeholders are informed of the consultation process and have an opportunity to provide feedback both on the proposal and the screening template.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Minor	Minor	Minor
Age	Minor	Minor	Minor
Religion	Minor	None	Minor
Political Opinion	Minor	None	Minor
Marital Status	Minor	Minor	Minor
Dependent Status	Minor	Minor	Minor
Disability	Minor	Minor	Minor
Ethnicity	Minor	None	Minor
Sexual Orientation	Minor	None	Minor

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Section 75 category	Please provide details
Gender	The Trust will continue to engage with service users and carers to make sure their needs are met. The personal circumstances of each member of staff affected have been considered.
Age	The Trust will continue to engage with service users and carers to make sure their needs are met.

	The personal circumstances of each member of staff affected have been considered.
Religion	<p>All Trust services provide a welcoming environment where people from differing religious backgrounds are cared for together necessary arrangements are made for client to practice his/her religious beliefs.</p> <p>The Trust will continue to engage with service users and carers to make sure their needs are met.</p>
Political Opinion	All Trust services provide a welcoming environment where people from differing political opinion are cared for together.
Marital Status	The personal circumstances of each member of staff affected have been considered.
Dependent Status	The personal circumstances of each member of staff affected have been considered.
Disability	The personal circumstances of each member of staff affected have been considered.
Ethnicity	<p>Any specific cultural needs will be addressed during the consideration of future care options. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. 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.</p> <p>The personal circumstances of each member of staff affected have been considered.</p>
Sexual Orientation	The personal circumstances of each member of staff affected have been considered.

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		None

Political opinion		None
Racial group		None

<i>(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?</i>	
<i>Good relations category</i>	<i>Please provide details</i>
Religious belief	As detailed above proposal will have no adverse impact on the promotion of good relations. The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.”
Political opinion	As above
Racial group	As above

(5) Consideration of Disability Duties

<i>(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?</i>
<p>Proposal will involve ongoing engagement with stakeholders.</p> <p>The Trust will ensure staff receive relevant disability equality training</p>

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

The Trust will continue to engage with service users and staff.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	X
No	

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
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No	X
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(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust will be meeting with each individual member of staff to identify their preferences for permanent redeployment. All continue to be permanent members of staff. All staff will be kept fully informed and supported during this change process.

Since the temporary closure of Whiteabbey MIU in December 2014, the Trust has evaluated the impact on other services, including Antrim Hospital Emergency Department. The findings of that evaluation have indicated there has been minimal impact in terms of additional numbers of patients attending Antrim Hospital Emergency Department and no indication from other emergency Departments of any impact. The Trust will continue to exercise open communication with all stakeholders.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will continue to monitor activity in Antrim Area Hospital to identify any unforeseen impact. The Trust will also take account of information or feedback provided by service users and key stakeholders and via the formal consultation process.

The Trust intends to review this equality screening template at the end of the public consultation phase to ensure it is updated to reflect any feedback from consultees which may impact on the final decision.