

Equality, Good Relations and Human Rights SCREENING TEMPLATE

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

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
(1.1) Name of the policy/proposal	Cessation of Belfast Health and Social Care Trust (BHSCT) Haematology Service Supporting the Western Health and Social Care Trust (WHSCT) for patients in BT74, BT75, BT78, BT92, BT93 and BT94 regarding local haematology service provision.						
(1.2) Status of policy/proposal <i>(please underline)</i>	<u>New</u>		Existing			Revised	
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	<u>Surgery & Specialist Services</u>	Specialist Hospitals & Women's Health	Children's Community Services	Adult Social & Primary Care
(1.4) Description of the policy/ proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns /	<p>This equality screening refers to the proposal for WHSCT to reprovide local support to a WHSCT catchment area in terms of local Haematology Services such that there is a cessation of support to WHSCT from BHSCT in the delivery of selective consultative haematology services from 1st November 2023.</p> <p>Overview of Haematology Services</p> <p>Haematology involves the diagnosis and treatment of patients who have disorders of the blood and bone marrow. Haematological tests can help diagnose anaemia, infection, haemophilia,</p>						

changes to how services will be delivered etc.

blood-clotting disorders, and leukaemia. Common blood disorders include anaemia, bleeding disorders such as haemophilia, blood clots, and blood cancers such as leukaemia, lymphoma, and myeloma. Symptoms of haematology conditions vary according to the type of blood disorder a person has, but most include general feelings of being unwell with no apparent cause, unexplained exhaustion, and unexplained weight loss. Treatments vary depending on the type and severity of the condition but will often include chemotherapy or radiation therapy.

Haematology is a clinical specialty encompassing the diagnosis, treatment and follow-up of patients who have blood or bleeding disorders. This includes malignant conditions such as Lymphoma, Myeloma and Leukaemia and benign disorders such as Haemophilia, Thalassemia and Immune Thrombocytopenic Purpura.

Haematological disorders are associated with a high risk of mortality and morbidity and patients can experience debilitating symptoms as a result of their condition such as chronic pain, fatigue and reduction in functional mobility. Further, many haematology patients are particularly susceptible to the contraction of infections due to the fact that their immune system is compromised (either as a result of their particular condition and/or the provision of certain treatments).

Due to the complexity of these conditions, patients diagnosed with haematological disorders (either malignant or benign) require close observation and support from specialist hospital teams in order to monitor their condition and provide appropriate care. Many patients require life-long follow-up and regular interactions with hospital services.

Haematology services are currently provided by all five HSC trusts, with specialist provision located in Belfast. Local clinical haematology provision includes diagnosis, treatment and follow up care for patients with a variety of blood disease diagnosed with lymphoma, myeloma, leukaemia, myelodysplastic disorders and non-cancerous (e.g. abnormal blood counts, bleeding and clotting disorders). Services also provide an emergency on call service for patients presenting with acute leukaemia, transfusion, haemostatic and other blood disorders. In addition to providing a local service for the population of Belfast, the specialist team also provides the following:

- A regional service for patients with lymphoma and myeloma who are undergoing autologous stem cell transplantation to include assessment, inpatient care and

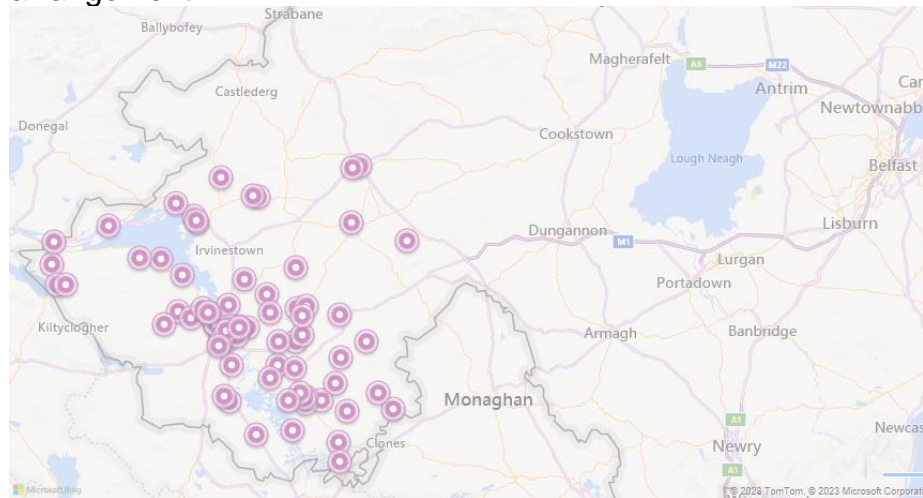
follow-up.

- A regional service for patients who are diagnosed with Acute Myeloid Leukaemia (AML) and those who are undergoing related allogeneic donor transplantation.
- A regional service for patients with inherited blood disorders such as Haemophilia and Thalassemia and are supported by a small, dedicated nursing team.

In 2009 a 'temporary' arrangement was established with the WHSCT such that:

- BHSCT Haematology service accepted new GP referrals for residents in Enniskillen and Omagh (BT74, BT75, BT78, BT92, BT93 and BT94) who required non-specialist care.
- BHSCT provide inpatient consultative haematology service for patients at the South West Acute Hospital (SWAH)
- BHSCT Consultant team provides support to cover the on-call service in the South West area of the WHSCT

Map showing postcode location of outpatients from WHSCT impacted by the 2009 arrangement.



This arrangement was put in place to ensure that patients could continue to access treatment and to avoid delays due to challenges with the recruitment and retention of Consultant

Haematologists in the WHSCT. A significant factor at the time was the fact that there was only one consultant haematologist in WHSCT. This temporary arrangement has now been in place for over a decade, *without review*, despite the recruitment of an additional two full time consultant haematologists in WHSCT.

The support provided by BHSCT has been predominantly outpatient and day case activity with patients attending consultant-led clinics in Belfast to monitor their symptoms and to initiate appropriate treatment. Such treatment can include the administration of chemotherapy, blood products and other supportive therapies and is delivered in the Bridgewater Suite at the Belfast City Hospital (BCH). A small but growing amount of BHSCT support includes inpatient workload. Outpatient and day case support is provided via Bridgewater Suite whilst inpatient care delivered in Wards 6N or 10N in BCH.

In return for providing this support, BHSCT haematology department receives funding for 3 full days of a consultant time = 0.6 of a whole time equivalent (WTE) per annum from the WHSCT. For more than a decade this support has remained static despite increased demand. In addition, there is no funding allocated to cover the supporting infrastructure such as nursing, pharmacy and administration.

Discussions have been held over the years to return the workload to WHSCT but a consensus of opinion and way forward was never reached.

However, with growing staffing pressures, increasing delays in providing regional specialist care and an enhancement in bed capacity not likely until 2028 a detailed review of the arrangement with WHSCT was undertaken by Senior Management at Belfast Trust. Based on the evidence collated, Belfast Trust Haematology Service senior leadership team concluded that the arrangement with WHSCT was/is no longer sustainable.

On 28th July 2023 the Director of Cancer & Specialist Services at Belfast Trust advised the WHSCT Director of Acute Services of the decision to cease this arrangement from 1st October 2023. This date has since been amended to 1st November 2023 to allow time for an implementation plan to be agreed.

Proposal Details

Given the review and audit findings and following discussions with SPPG colleagues from 1st November 2023, Belfast Trust plans to:

- Redirect new referrals from postcodes BT74, BT75, BT78, BT92, BT93 and BT94 back to the WHSCT and
- Cease the on call service provided to the SWAH and
- Cease inpatient consultative haematology service for patients at the South West Acute Hospital

However, Belfast Trust will continue to maintain a service to patients already under its care in order to support the transition and to ensure continuity of care for existing patients.

Rationale for the Proposal

The historical agreement regarding BHSCT undertaking some workload from the South West area of the WHSCT was reviewed and audited. From the review and audit, it was noted that there was an unequivocal case for change. To summarise, the review and audit findings concluded:

- **Demand** has (and will continue to) increase significantly
- High levels of gaps in **staffing** exist and persist.
- Current **funding** does not cover the support provided to WHSCT.
- Challenges in the **provision of commissioned care** exist due to the WHSCT arrangement.
- Resources are being **ineffectively** used.
- Specialist **Patients** are being adversely impacted by the arrangement.

Rationale Considered in Detail

Persistent Increasing Demand

The **increase in demand** is due to a growing and ageing population, the introduction of new and more effective treatments. This means that the demand for haematology care, review and intervention is rising significantly.

The **prevalence** of Haematological disorders is increasing. Cancer Research UK (2016) predicts that: “By 2035, it is projected there will be over 14,000 cancer diagnoses each year [in NI] – an increase of 65% among men and 63% among women.”

The Northern Ireland Cancer Registry estimates that there are on average 411 and 176 new cases of Lymphoma and Myeloma diagnosed in the province respectively each year (Based on 2016-2020 incidence data). In addition, there are approximately 258 people diagnosed with Leukaemia in the province per annum.

The Cancer Strategy 2022 – 2032 states that haematology services are provided within all Trusts with specialist level 3 care is provided at Belfast City Hospital (BCH). It notes that “data demonstrates an increase in new referrals to haematology services in Northern Ireland of 42% between 2013 and 2018. The associated day-patient activity has increased by 22.9% over the same time period and inpatient activity has increased by 32%. This regional specialist unit generally runs at 120–130% capacity with outlying patients in the Northern Ireland Cancer Centre”.

Due to the increasing effectiveness of treatments, patients diagnosed with Haematological cancer are **living longer** with their conditions. Data from Cancer Research UK (2016) shows that patients with haematological cancers living in NI have excellent long-term survival rates compared to patients with other types of cancer with many of these patients requiring long term or even lifelong care.

Referral Activity

The referrals and outpatient activity from postcodes in the South West area of WHSCT have increased significantly in recent years. **For Postcodes:** BT74, BT75, BT78, BT92, BT93, BT94 **between 2009 to 2019/20** the following increases can be recorded:

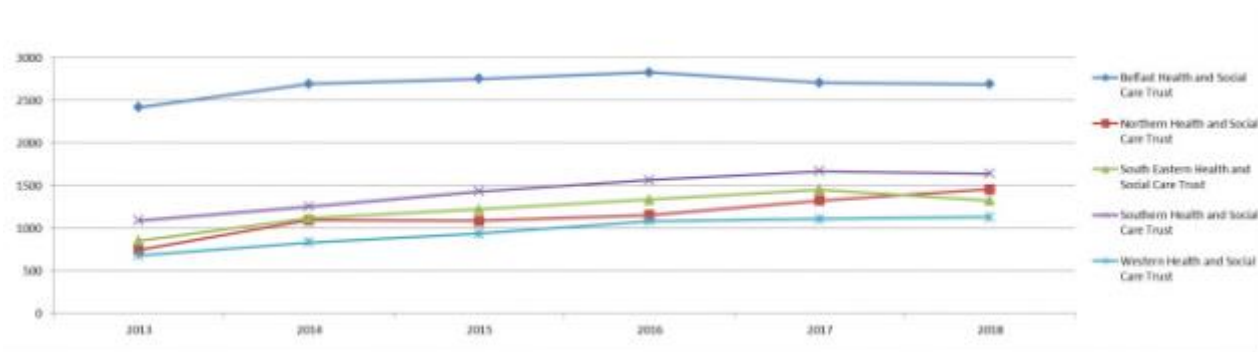
- Haematology **Referral Activity** (excluding Consultant to Consultant referrals) has **increased by 220%**.
- Haematology **Outpatient Activity** has **increased by 149%**.
- Haematology **Inpatient Activity** has **increased by 116.9%**
- **Daycase Activity** increased **by 510%**

NB: Elective cases have remained static.

At the same time BHSCT own commissioned work has increased significantly both from the Belfast area and regionally. BHSCT overall **referral** numbers have increased by 95% from **1672 in 2008/09** to **3262 in 2021/22**.

Regionally **referrals** have increased from **5783 in 2013** to **8239 in 2018**, an increase of **42%**.

Figure below shows referral by Trust to Belfast Trust for period 2013 – 2018.



This also reflects a **significant increase** in activity for patients who live within the Belfast area both in terms of outpatients, day patients and in patients.

Staffing

Currently the haematology service in Belfast Trust employs 10 WTE substantive consultants in post plus 1.7 WTE locums. There are 4 vacancies with no trainees ready until 2025. There were no interest in the posts following a national recruitment exercise in the BMJ & IMJ (Summer 2023). This shortage in staff significantly impacts SACT services.

Western Trust is no longer a single handed practice and currently have 3 WTE consultants in post.

Funding

Belfast Trust is not commissioned to provide the support to WHSCT and the financial arrangement agreed over a decade ago is inadequate.

The current support provided to the WHSCT is not appropriately funded because it was never meant to be a permanent arrangement. Inadequate consultant time is provided based on discussions over a decade ago and has remained static since 2009. This does not account for growth in the demand for the service or any of the supporting services required.

Effective Use of Resources

Due to the impact of the WHSCT arrangement the provision of regional specialist tertiary care and the timely provision of local routine care by BHSCT is challenging despite these being commissioned services for BHSCT.

From an audit undertaken in 2021/2022 the following **activity by BHSCT for WHSCT patients only** (postcodes BT74, BT75, BT78, BT92, BT93, BT94) was calculated:

- 226 day case admissions (relating to approximately 147 hours of chair time)
- 73 new outpatient appointments
- 893 review appointments related to WHSCT non-specialist workload for BHSCT

As the specialist haematology centre for the region Belfast Trust will always receive a proportion of referrals from other Trusts across. To gauge the impact of the support to WHSCT on BHSCT regional work a Specialist v. District General Hospital (DGH) local audit was undertaken by the Belfast Trust haematology clinical team on the 2021/22 workload in terms of the relevant WHSCT postcodes. The following was noted:

- Of the **75** elective and non elective admissions in 21/22, **33** of these were patients could have been **treated locally** in a DGH.
- The WHSCT patients **used 270 bed days** which equates to an average of **0.9 beds used per day** by WHSCT DGH patients.
- Of the **80 patients admitted** from the South West area of the Western Trust, **61 were DGH patients** who could have had their treatment locally. These 61 patients equated to

approximately **226 day case admissions** and **147 hours** of chair time (patients can often be treated in a chair rather than in a bed).

The current arrangement where routine patients from the Western Trust area are being treated in Belfast Trust beds when they could be treated locally does not represent an effective use of resources and impacts on BHSC's ability to treat those needing specialist care.

Belfast Trust continually reviews how it is providing haematology services and in a DoH document 'Oncology Haematology Stabilisation Plan: October 2020 Belfast Trust Identified 3 service improvement projects aimed at reducing pressure on clinics and inpatient beds and enhancing the patient experience of care. The changes proposed aimed at facilitating a more efficient, effective and sustainable model of care for haematology resulted in

- an advanced nurse practitioner and speciality doctor being recruited,
- more provision of supportive treatments in the community,
- the recruitment of band 4 navigators for use in clinics to support the scheduling and organisation of clinics *and with further funding BHSC hopes to be able to*
- pilot an ambulatory model to reduce bed-days in the specialist regional treatment ward enabling earlier admission for stem cell transplant and complex chemotherapy patients.

However, despite these efforts by Belfast Trust to improve services significant capacity issues remain.

Impact on Patients

The current situation adversely affects patients in terms of those who are not being admitted to specialist treatment wards and those local patients requiring routine treatment in a timely manner. In 2022, the Trust raised 4 Serious Adverse Incidents (SAIs) with 1 to date in 2023 - a key aspect of the SAIs has been the lack of ability to admit patients in a timely way to the specialist treatment ward.

In addition, the current service provision adversely impacts those patients who live in the Western Trust catchment areas – mainly Enniskillen and Omagh. These patients have poor experiences and have to make a long journey to Belfast for assessment and treatment which could be delivered closer to their home. *A sample* of such individual experiences include:

- A 62 year old male from Enniskillen required oral treatment with regular blood checks and transfusions and was an inpatient for 22 days simply because he lived so far away and was a wheelchair user.
- An 82 year old female spent a total of 20 days as an inpatient over an 8 week period because she lived far away and required blood checks 6-8 hours post treatment and then at 24 hours post treatment. Normally the inpatient stay is 4-5 days.
- A 69 year old female, stable on once daily medication which has to be dispensed by a hospital due to being a red flagged medication. Her GP does her bloods. The patient has to do 4 hour round trip for a 5 minute medication collection.

HSC Values & Proposal

Working to the HSC values of Openness and Honesty, Compassion, Excellence and Working Together the proposal to defer new haematology referrals after 30th September back to WHSCT aims to support the continuous improvement of BHSCT Haematology Service such that the proposal will result in:

- Enhanced service user experience and clinical outcomes (both WHSCT/BHSCT patients)
- Enhanced provision of specialist care to patients across NI
- Local access to services for routine patients from the Western Trust area
- Improved use of resources by BHSCT's re ability to treat those needing specialist care
- A more sustainable approach to the delivery of haematology services by BHSCT.

Such proposal aims are clearly aligned to HSC values as staff seek excellence in service delivery which can only positively impact all patients.

Implementation

Following discussions with SPPG colleagues on 28th July 2023 the Director of Cancer & Specialist Services at Belfast Trust advised the WHSCT Director of Acute Services of the decision to cease this arrangement from 1st October 2023.

	<p>To ensure there are no delays in referrals being directed to the correct Trust and patients will not be impacted by this proposal a meeting will be held with WHSCT to discuss implementation. To facilitate this the date of implementation has been amended to 1st November 2023 to allow time for an implementation plan to be agreed.</p> <p>Communication to GPs will be undertaken alongside communication with staff in the South West Acute Hospital. As an interim measure consultants undertaking triage in BHSCT can redirect appropriate GP referrals to WHSCT as it will take time for referral patterns to change.</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>BHSCT</p>
<p>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<p>BHSCT Haematology Staff WHSCT Haematology Staff Belfast Patients and Potential Patients Regional Patients and Potential Patients New BT74, BT75, BT78, BT92, BT93 and BT94 Patients SPPG</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</p>	<p>June 2023 – Discussions with SPPG Meetings were held with clinical staff in BHSCT in 2023 where this issue was discussed and Consultant colleagues discuss with patients from this catchment area on a regular basis regarding their experience and the need to improve services locally. Discussions are also held with specialist patients who have been adversely impacted by lack of capacity in BHSCT on what we can do to improve and resolve this issue.</p> <p>A meeting will be held with WHSCT colleagues to discuss this proposal and its implementation.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional</p>	<p>Cancer Strategy New Decade New Approach DoH : Rebuilding and Stabilisation Plans for Oncology and Haematology Services</p>

policies	
(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal? For example: Financial, legislative	Communication with WHSCT colleagues and a robust Implementation and Communication Plan by Belfast Trust will ensure that the proposal will be carried out so that any new referrals from BT74, BT75, BT78, BT92, BT93 and BT94 after 30 th September 2023 are quickly re-directed to ensure minimal delays for the patient. It is anticipated that once embedded the number of mistakenly referred patients from WHSCT will be minimal.

Section 2: Classification of the Policy / Proposal		
<ul style="list-style-type: none"> The purpose of this Section is to consider the policy/proposal in terms of its relevance and likely impact (actual/potential) on equality of opportunity, disability duties, good relations and human rights. To determine the impact (actual and potential) of a policy/procedure on equality of opportunity, disability duties, good relations and human rights please complete the screening questions at 2.1 – 2.6. 		
Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories? I.e. is there a differential impact for one S75 group rather than the others?	x	
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?		x
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		x
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		x

(2.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		x
(2.6) Does the policy/proposal impact on human rights ?	X (positive)	
*S75 equality categories include: Age, Dependent Status, Disability, Men and Women generally, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		
<p>Screening Statement</p> <ul style="list-style-type: none"> • If you have answered Yes to any of the above questions complete Sections 3 - 9. <u>OR</u> • If you have answered No to all of the above questions the policy may be screened out - go to Screening Statement at 2.7. <p>N.B: All Staff must complete their mandatory equality, good relations and human rights training once every five years. This can be booked via HRPTS or completed online at www.hsclearning.com. The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact Lesley.Jamieson@belfasttrust.hscni.net for more information.</p>		
<p>(2.7) Screening Statement:</p> <p>This policy / proposal is 'screened out' on the basis that: (please tick)</p>		
It is a purely clinical or technical nature and has <u>no relevance</u> or impact (actual / potential) in terms of equality of opportunity, disability duties, good relations and human rights.		
It aims to standardise practice and / or achieve best practice based on current evidence.		

Reasonable adjustments will be made for patients/service users as required including any information e.g. leaflets/letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, use the Making Communication Accessible guidance. In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons: Please detail.

Approved Lead Officer:
Position:
Date:

*Countersigned by**:
Equality Manager:
Date:

Please sign / date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

***Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust’s Equality Managers.**

Section 3: Consideration of Equality and Good Relations Issues and Evidence Used

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact

assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

Equality Category	Service Users	Quantitative Data (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)	
		Belfast / Castlereagh population	Patients affected %		
1. Age	0-15	22%	Inpatient and New Outpatient Admissions from Postcodes BT 74/75/78/92/93/94 only for 22/23		
	16-24	11%			
	25-34	12%			
	35-44	14%	<29	2.7%	15.3%
	45-54	14%	30-39	5.9%	8.2%
	55-64	12%	40-49	3.2%	14.3%
	65+	15%	50-59	11.3%	15.3%
			60-69	24.5%	23.5%
			70+	52.4%	23.4%
			Inpatient and New Outpatient Admissions for all patients during 22/23		Data shows that for potential patients from the selected WHSCT postcode areas and for potential patients from across the Belfast Trust geographical catchment area there will be a differential impact on the 60+ age group particularly in the 70+ age group.
		<29	8.8%	12.7%	
		30-39	5.3%	16.8%	
		40-49	5.3%	10.1%	
		50-59	14.6%	18.3%	
		60-69	29.6%	17.8%	
				Data shows that for potential patients from the selected WHSCT postcode areas and for potential patients from across the Belfast Trust geographical catchment area there will be a differential impact on disabled people.	
				Data shows that for potential patients from the selected WHSCT postcode areas and for potential patients from across the Belfast Trust geographical catchment area there will be a differential impact on males depending on whether as an inpatient or outpatient.	

			70+	36.5%	24.3%	<p>Whilst data regarding the dependent status of patients is not collated it is important to acknowledge the role of carers when their loved ones access haematology service either for diagnosis, treatment or care. Carers will often drive patients to hospitals particularly when the treatments are physically demanding or when the person's symptoms (fatigue/reduced mobility) are severe.</p> <p>Below is an analysis of journey times (One Way) from the various affected WHSCT postcodes to Belfast City Hospital (BT9).</p> <table border="1"> <thead> <tr> <th>Journey from X to BCH (BT9)</th> <th>Method of Travel</th> <th>Duration (Single Journey)</th> </tr> </thead> <tbody> <tr> <td>BT74</td> <td>Car Bus</td> <td>1hr 42mins (quickest) 2hr 20mins (express)</td> </tr> <tr> <td>BT75</td> <td>Car Bus</td> <td>1hr 11 mins (quickest) 2hrs 46 mins (quickest) 2-3 buses</td> </tr> <tr> <td>BT78</td> <td>Car Bus</td> <td>1hr 18mins (quickest) 3hrs 10mins (quickest) 2-4 buses</td> </tr> <tr> <td>BT92</td> <td>Car Bus</td> <td>1hr 27mins (quickest) No bus route</td> </tr> <tr> <td>BT93</td> <td>Car Bus</td> <td>1hr 51 mins (quickest) 4 hrs (quickest) 3-4 buses</td> </tr> <tr> <td>BT94</td> <td>Car Bus</td> <td>1 hour 18mins (quickest) 3hrs (quickest) 3-4 buses</td> </tr> </tbody> </table>	Journey from X to BCH (BT9)	Method of Travel	Duration (Single Journey)	BT74	Car Bus	1hr 42mins (quickest) 2hr 20mins (express)	BT75	Car Bus	1hr 11 mins (quickest) 2hrs 46 mins (quickest) 2-3 buses	BT78	Car Bus	1hr 18mins (quickest) 3hrs 10mins (quickest) 2-4 buses	BT92	Car Bus	1hr 27mins (quickest) No bus route	BT93	Car Bus	1hr 51 mins (quickest) 4 hrs (quickest) 3-4 buses	BT94	Car Bus	1 hour 18mins (quickest) 3hrs (quickest) 3-4 buses
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				<p>The NI Cancer Strategy 2022 – 2032 notes 60 action cancer actions including :</p> <ul style="list-style-type: none"> • Develop near-to-home phlebotomy services. • Review our model of delivery for • Systemic Anti-Cancer Treatment Services • including the delivery of near/close-to home SACT • Develop ambulatory care haematology units in each of the Trusts and establish near-to-home treatment services for suitable patients. <p>Despite the differential impacts noted in terms of age, disability, dependent status and gender it is proposed that the impact will be positive for the following reasons.</p> <ul style="list-style-type: none"> • Resources will be used more effectively. • Regional Specialist Care will be provided more timely as capacity increases. • Those potential patients from the selected WHSCT postcode areas will have improved experiences eg access to a local service closer to home which means less travelling and less likely to be an inpatient. The reduction in travelling is particularly important for patients with haematological disorders since whilst symptoms depend on severity of a condition many patients will experience debilitating symptoms as a result of their condition such as chronic pain, fatigue and reduction in functional mobility. • Enhanced capacity for Belfast Trust patients which means more timely access to outpatient
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					and inpatient treatments and care.												
2. Dependent Status	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	Data not collated	Data not collated													
3. Disability	Yes No	21% 79%	Likely to be 100% disabled	Likely to be 100% disabled													
4. Men and Women generally	Female Male	49% 51%	<p>For Postcodes BT 74/75/78/92/93/94 in 22/23</p> <table> <tr> <td>Inpatients</td> <td>Outpatients</td> </tr> <tr> <td>(F) 29%</td> <td>61%</td> </tr> <tr> <td>(M) 71%</td> <td>39%</td> </tr> </table> <p>For all patients in 22/23</p> <table> <tr> <td>Inpatients</td> <td>Outpatients</td> </tr> <tr> <td>(F) 39%</td> <td>55%</td> </tr> <tr> <td>(M) 61</td> <td>45%</td> </tr> </table>	Inpatients	Outpatients	(F) 29%	61%	(M) 71%	39%	Inpatients	Outpatients	(F) 39%	55%	(M) 61	45%		
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5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		Data not collated	Data not collated	There is nothing to suggest that the proposal will have a disproportionate or adverse impact on patients because of their marital status.
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%		Data not collated	Data not collated	There is nothing to suggest that the proposal will have a disproportionate or adverse impact on patients because of their race/ethnicity.
7. Religion	Roman Catholic	41%		Data not collated	Data not collated	There is nothing to suggest that the proposal will have a disproportionate or adverse impact on patients because of their religion/religious beliefs.
	Presbyterian Church of Ireland Methodist Other Christian	42%		Data not collated	Data not collated	
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		Data not collated	Data not collated	
8. Political Opinion Based on total elected candidates in the local government elections,		Belfast 15 18 6 2	Lisburn & Castlereagh 15 2 2 11	Data not collated	Data not collated	There is nothing to suggest that the proposal will have a disproportionate or adverse impact on patients because of their political opinion.

2019	Green PBP IND PUP	10 4 3 0 2	9 1 0 0 0			
9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual <i>Source: 2012 report by Disability Action & Rainbow Project</i>	Data not collated	Data not collated	There is nothing to suggest that the proposal will have a disproportionate or adverse impact on patients because of their sexual orientation.	

(3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

Quantitative Data: For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

Qualitative Data: Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating

staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2022)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		Belfast Trust Staff Not Impacted
2. Dependant Status	Dependants No Dependants Not known	18% 24% 58%		
3. Disability	Yes No Not known	2% 65% 33%		
4. Men and Women	Female Male	76% 24%		

generally				
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		
6. Race				
a) Ethnicity	BME White Not Known	4% 68% 29%		
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%		

b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 78%		
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	43% 1% 56%		

Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative** policies / proposals that better **promote equality of opportunity**.

(4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	

Age		x		<p>Given the analysis and data noted previously older people, those with a disability and those with caring responsibilities will be impacted by this proposal. However as noted earlier the impact is positive.</p> <p>For patients from the BT74, 75, 78, 92, 93 and 94 areas currently being treated and cared for by Belfast Trust staff there is no impact as Belfast Trust will continue with the treatment and care of those patients.</p> <p>Potentially new patient referrals from WHSCT will now be facilitated at a local hospital which means significantly less time travelling, less costs related to travelling and less incidence of patients remaining and being admitted to hospital simply because of the distance between home and hospital.</p> <p>Data shows that patients from the BT74,75,78, 92,93 and 94 postcode areas attending BCH could undertake a round journey of between 2 hours and 22 minutes to 8 hours depending on whether they drive or take a bus. Such distance travelling is compounded by the symptoms experienced by a lot of patients – fatigue / pain/ mobility difficulties – which would be exacerbated by travelling such long distances.</p> <p>By stopping the arrangement with Western Trust, Belfast Trust will use its resources more effectively which means patients are in hospital because they need to be rather than because they live too far away, there is a more timely response to both patients with complex care needs across NI and for patients living in the Belfast Trust catchment area.</p> <p>To ensure a smooth transition of the referral process Belfast Trust notified WHSCT of its intentions on 28th July 2023. In addition, Belfast Trust will meet with WHSCT in October 2023 to discuss and agree implementation.</p>
Dependant Status		x		
Disability		x		
Men and Women generally			x	
Marital Status			x	
Race (Ethnicity)			x	
Religion			x	
Political Opinion			x	
Sexual Orientation			x	
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.			x	

(4.2) STAFF

Equality Category	Level of Impact	Mitigation Measures and consideration of alternative policies or actions that
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		Major	Minor	None	might lessen the severity of the equality impact (where Major or Minor Impact identified)
Age				X	
Dependant Status				X	
Disability				X	
Men and Women generally				X	
Marital Status				X	
Race	Ethnicity			X	
	Nationality				
Religion	Community Background			X	
	Religious Belief				
Political Opinion				X	
Sexual Orientation				X	
Multiple Identity e.g. female staff with caring responsibilities				X	

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief			x	<p>All Trust staff attend mandatory Equality, Human Rights and Good Relations training which includes reference to the Good Relations duty.</p> <p>The Trust has a clear and well defined Good Relations strategy 'Healthy Relations for A Healthy Future 3' whereby the corporate commitment to Good Relations is underlined.</p>
Political opinion			x	<p>The Trust will ensure that all services and all facilities are welcoming to all patients regardless of where they live, their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p>
Racial group			x	<p>Appropriate and inclusive means of communication will be used to contact and communicate with service users, their families and carers who do not speak English as their first language. An interpreter will be booked in person or remotely and/or letters translated using established protocols within the Trust as appropriate.</p>

Section 6: Disability Duties

How does the policy / proposal:

- **encourage disabled people to participate in public life** *and*
- **promote positive attitudes towards disabled people?**

Consider what **other measures** you could take to meet these **duties**.

For example, have staff received disability equality training.

Belfast Health and Social Care Trust (BHSCT) staff are committed to working in partnership with disabled service users/patients, their friends, relatives, carers and advocates to deliver safe, compassionate effective care that promotes autonomy, well being and positive attitudes.

Staff are committed to delivering services in accordance with the Regional HSC values and associated behaviours expected of all staff.

In addition, the Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with the Disability Discrimination Act 1995 as amended, (United Nations Convention on the Rights of People with Disabilities).

Appropriate and inclusive means of communication will be used to communicate with patients and carers. This may mean the provision of information in easy read formats to patients to ensure the maximum opportunity to understand and make informed voices. Staff will be mindful of any reasonable adjustments required in the implementation of this proposal for both patients and carers.

All Health and Social Care staff are required to undertake mandatory equality training which includes an awareness of disability duties.

In addition the Trust fulfils its statutory disability duties by:

- Providing Equality Training for all staff which is both mandatory and includes reference to disability inclusiveness and equality.
- Regularly engaging with Patients Council / TILII (service user group).
- Providing Disability Awareness Training for staff.
- Having an active Disability Steering Group comprised of Trust staff – including a representative from Learning Disability Senior Management - and community /voluntary sector representatives.

Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of physical and mental health** within our resources.

Does the policy/proposal **negatively impact** on any of the following human rights?

The rights particularly relevant in the delivery of health and social care are emboldened below. Examples for these rights and further information can be found in the [Equality Screening Toolkit](#).

Article	Yes	No
A2: Right to life		X
A3: Right to freedom from torture, inhuman or degrading treatment or punishment		X
A4: Right to freedom from slavery, servitude & forced or compulsory labour		
A5: Right to liberty & security of person		X
A6: Right to a fair & public trial within a reasonable time		X
A7: Right to freedom from retrospective criminal law & no punishment without law		X
A8: Right to respect for private & family life, home and correspondence.		X
A9: Right to freedom of thought, conscience & religion		X
A10: Right to freedom of expression		X
A11: Right to freedom of assembly & association		X
A12: Right to marry & found a family		X
A14: Prohibition of discrimination in the enjoyment of the convention rights		X
1st 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

If you answered **YES** to any of the above, please refer to the Human Rights Screening Tool below to check if the policy is likely to be human rights compliant.

If the flowchart indicates that the policy is **unlikely** to be human rights compliant, you may need to engage with the Planning and Equality team. If the flowchart indicates that the policy is **likely** to be human rights compliant, please **continue to section 7.1**.

Human Rights Screening Tool

To be used by staff who have received human rights training or in conjunction with the Planning and Equality Team

(Kindly reproduced with permission from the Northern Ireland Human Rights Commission)

Is there the potential for a negative impact on:

- the human right not to be subjected to torture, inhuman or degrading treatment?
- the human right not to be subjected to slavery or forced labour?

(These are absolute rights and therefore cannot be interfered with)

NO

Will there be a potential negative impact on / interference with any other human rights?

YES

NO

YES

The proposed action is likely to be human rights compliant

- Be aware of any possibility that the proposal may **discriminate** against someone in terms of their human rights.
- Legal advice may still be necessary.
- Things may change and you may need to reassess the situation.

YES

Is the interference with the right **legal**?

Is the interference only to the **extent set out** in the relevant Article?

Is it **necessary, justifiable, proportionate** to the legitimate aim?

(Please note - A public authority must make sure that it tries to **interfere with the right as little as possible**.

Any interference must be **no more than necessary** to achieve the intended objective).

NO

The proposed action is not likely to be human rights compliant

(7.1) 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:

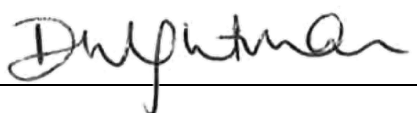
The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights. Belfast Trust is committed to fulfilling the Right to have the highest attainable standard of mental and physical health.

All employees will make every effort to ensure that human rights are protected, that respect for human rights, is part of day to day work and that human rights are an integral part of all actions and decision making. The Trust will keep human rights considerations, relevant legislation and previous judicial reviews at the core of decision-making.

Belfast Trust is committed to carrying out its functions in line with the core principles and values that underline human rights legislation namely Freedom, Respect, Equality, Dignity and Autonomy (FREDA). Belfast Trust is committed to delivering safe, high quality and compassionate services. Employees are expected to deliver services and behave in a manner that is compatible with this commitment. Belfast Trust expects all employees to treat others with dignity and respect whether it be service users, carers, visitors or colleagues.

Section 8: Screening Decision	Major	<u>Minor</u>	None
(8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)	(Screened In for an Equality Impact Assessment)	x (Screened Out with mitigation)	(Screened Out)
(8.2) If you have identified any impact, what mitigation have you considered to address this?	<p>The policy is screened out with mitigation. There is a differential impact however it is proposed that the impact is positive. There are no human rights engaged. There is no impact regarding good relations duty and disability duties.</p> <p>The following mitigations were taken into account to</p>		

	<p>explain this decision:</p> <p>Despite the differential impacts noted in terms of age, disability, dependent status and gender it is proposed that the impact will be positive for the following reasons.</p> <ul style="list-style-type: none"> • Resources will be used more effectively. • Regional Specialist Care will be provided more timely as capacity increases. • Those potential patients from the selected WHSCT postcode areas will have improved experiences eg access to a local service closer to home which means less travelling and less likely to be an inpatient. The reduction in travelling is particularly important for patients with haematological disorders since whilst symptoms depend on severity of a condition many patients will experience debilitating symptoms as a result of their condition such as chronic pain, fatigue and reduction in functional mobility. • Enhanced capacity for Belfast Trust patients which means more timely access to outpatient and inpatient treatments and care. 	
<p>(8.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?</p> <p>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.</p>	<p>Yes</p>	<p>No</p> <p>Reasons</p> <p>An EQIA is only deemed necessary:</p> <ul style="list-style-type: none"> • where the policy is highly relevant to the promotion of equality of opportunity • where it affects a large number of people or where it affects fewer people but where its impact on them is likely to be significant. • where it is a strategic policy or has a significant budget attached and • where further assessment provides a valuable opportunity to examine evidence and develop recommendations.

			The policy does not meet the criteria for an EQIA and as such formal public consultation is not required.
Section 9: Monitoring (9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights?		If there is any incident or feedback which causes concern regarding this proposal or if any new data becomes available which impacts S75 duties and Human Rights the Trust will undertake a review of this equality screening	
Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net . Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers. Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.			
Approved Lead Officer		Countersigned by:	
Position	Co Director	Equality Manager	Estella Dorrian Senior Equality & Planning Manager 27 th September 2023
Date	01/11/23	Employment Equality Manager	

