

A NEW CENTRALISED MATERNITY HOSPITAL FOR BELFAST

EQUALITY IMPACT ASSESSMENT

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SECTION 1: INTRODUCTION

- 1.1 This equality impact assessment (EQIA) addresses proposals for the location of a new centralised maternity hospital for Belfast. The proposals, which have been developed by the Belfast City Hospital and the Royal Group of Hospitals HSS Trusts respectively, are set out in the consultation document “*A New Centralised Maternity Hospital for Belfast*” which was issued for consultation on 8 November 2002.
- 1.2 Section 75 of the Northern Ireland Act 1998 requires all public authorities in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity -
- 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.
- 1.3 In addition, without prejudice to the above obligation, public authorities must also, in carrying out their functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.
- 1.4 Schedule 9 of the Act requires public authorities to prepare Equality Schemes, which should state, inter alia, the authority's arrangements for assessing the likely impact of policies adopted, or proposed to be adopted, by the authority on the promotion of equality of opportunity. Schedule 9 also requires a public

authority, in publishing the results of an assessment, to give details of any consideration given to measures which might mitigate any adverse impact of the policy on the promotion of equality of opportunity and alternative policies which might better achieve the promotion of equality of opportunity.

SECTION2: BACKGROUND

The Rationale for Integration of the Jubilee and Royal Maternity Hospitals

- 2.1 The Jubilee Maternity Hospital and the main building of the Royal Maternity Hospital opened their doors in 1933 and 1935 respectively. From that time both hospitals provided a high quality service to the people of Belfast and beyond.

- 2.2 However, by 1994 it was clear that radical change in the provision of maternity services across the two sites was inescapable. This was due to a variety of factors, most notably advances in technology and practice, which opened the way to improved outcomes in maternity care. There was a clear need for maternity services to respond to developing clinical guidelines and changes in junior doctors' hours and postgraduate medical training.

- 2.3 It was also clear that both services were located in outdated buildings that did not lend themselves to modern maternity practice. Neither building was assessed as being sufficiently flexible to respond to on-going changes in clinical practice and the requirements of women, mothers and babies in the longer term.

- 2.4 On 29 March 1994 the then Minister for Health, Social Services and Public Safety, Baroness Denton of Wakefield, accepted the recommendation of the Eastern Health and Social Services Board that a single consultant obstetric unit should be developed to replace the Royal and Jubilee Maternity Hospitals. Since that time, it has been the agreed policy of successive administrations that maternity services at the Jubilee and Royal Maternity Hospitals should be brought together on one site, to provide a high quality and sustainable regional and local maternity service.

Proposals to Combine the Royal and Jubilee Maternity Hospitals

- 2.5 Over the past few years, various proposals have been considered for combining services on either the Royal Group of Hospitals site or the Belfast City Hospital site. To date, three different Ministers, Malcolm Moss MP, Anthony Worthington MP and Bairbre de Brún MLA, have taken decisions on this issue. Two of these decisions have been quashed following judicial review and one reversed following an independent review.
- 2.6 The most recent decision on this issue, taken on 27 January 2000, was quashed following a judicial review. In light of the judicial review, in June 2001 the then Minister, Bairbre de Brún, announced details of a new two-stage consultation process to help her decide on the future site of the new centralised maternity service for Belfast. The process was built around a specification for the new maternity unit. At that time the Minister confirmed that, following a period of public consultation, the final specification was to be formally issued to the Belfast City Hospital and the Royal Group of Hospitals HSS Trusts, with each invited to submit proposals for developing the maternity hospital on their respective sites. The Trusts' proposals would then form the basis of a second consultation process.
- 2.7 The Specification, which was developed in consultation with a number of key interests, was issued for full public consultation between 22 November 2001 and 18 January 2002. On 23 May 2002 a final Specification, which had been amended to take on board comments received during the consultation process, was formally issued to the Belfast City Hospital and the Royal Group of Hospitals HSS Trusts.
- 2.8 On 22 July 2002 both Trusts formally submitted their proposals for the centralised maternity hospital to be located on their respective sites. These proposals were incorporated into the consultation document *A New*

Centralised Maternity Hospital for Belfast. The consultation document was issued for a twelve-week period of public consultation on 8 November 2002. The consultation period, which was initially due to end on 31 January 2003, was subsequently extended until 28 February 2003.

SECTION 3: FOCUS OF EQUALITY IMPACT ASSESSMENT

3.1 The Department (DHSSPS) and its associated bodies are committed to promoting equality of opportunity and implementing the Government's New Targeting Social Need (TSN) policy. Specific areas of concern within the DHSSPS business area include:

- the inequalities which exist in health, many of which are associated with differences between affluent and deprived communities;
- the difficulties in accessing services faced by people in rural areas; and
- the fact that people in some of the Section 75 equality groups may not, for various reasons, use health and social services to the same extent as people from other population groups with similar levels of morbidity.

3.2 Against this background the overall aims are:

- to promote equality of opportunity of access to health and social services for people in equal need;
- to ensure equity in the allocation of resources, reflecting as far as possible variations in need across the country; and
- through New TSN, to tackle inequalities in health and social well-being, and in need for and access to, health and social care.

3.3 In assessing the impact of the proposals for a new centralised maternity hospital on Section 75 equality groups, this equality impact assessment considers the extent to which the proposals support or contribute to these aims.

SECTION 4: CONSIDERATION OF AVAILABLE DATA

4.1 In carrying out this equality impact assessment, a range of data sources have been considered in relation to the Section 75 groups. These are outlined below.

Northern Ireland Census

4.2 A census of population is normally taken every ten years and is carried out by the Census Office for Northern Ireland (CONI). The census provides essential statistical information about the population and households for all parts of the country. The most recent results available are from the 2001 census returns.

Hospital Inpatients System

4.3 The Hospital Inpatient System (HIS) is designed to process information relating to inpatient stays in hospital. The source of the information for HIS is the Patient Administration System (PAS) which used by all hospitals throughout Northern Ireland. Information from the Hospital Inpatients System was used to produce a profile of the service users using maternity and gynaecology services at the Belfast City Hospital and the Royal Group of Hospitals Trusts, and also to produce a profile of users of all trust specialities.

Social Trends

4.4 Social Trends is an annual publication produced by the National Statistics Office. An established reference source, it draws together social and economic data from a wide range of government departments and other organisations to paint a broad picture of society today, and how it has been changing.

Labour Force Survey

4.5 The Labour Force Survey (LFS) is a quarterly sample survey carried out by interviewing people about their personal circumstances and work. It is the biggest regular household survey in Northern Ireland and provides a rich and

vital source of information about the labour force using internationally agreed concepts and definitions. The LFS provides information on, labour market structure, employment, ILO (International Labour Organisation) unemployment, economic activity, groups within the labour market.

2001 Labour Force Survey Religion Report

4.6 The 2000 Labour Force Survey Religion Report presents information from the 2001 Labour Force Survey (LFS) on the labour market characteristics of Protestants and Roman Catholics in Northern Ireland.

4.7 Women in Northern Ireland

4.8 Women in Northern Ireland is a quarterly publication produced by the Department of Enterprise, Trade and Investment. This publication contains key facts and figures about women in Northern Ireland. It covers the areas of employment, unemployment, economic inactivity, education, childcare provision and representation in public life.

Ethnic Minority Communities in Northern Ireland

4.9 The 2001 census provides information regarding the ethnic minority population at ward level. The most reliable and detailed information to date on ethnic minority communities in Northern Ireland derives from a large scale study by Irwin and Dunn (1996) which focused on four ethnic minority communities: Chinese, Indians, Pakistanis and Travellers. There are also a number of more recent, though small-scale, studies which have provided some important insights into the nature and experiences of a number of other communities, including the Bangladeshis (Holder 2001), Latin Americans (Holder and Lanao 2001), Portuguese (Suarez 2002) and Jewish communities (Warm 1998). In addition, research is also emerging on the plight and specific needs of refugees and asylum seekers in Northern Ireland (Tennat 2000; McVeigh 2002).

SECTION 5: BELFAST CITY HOSPITAL & ROYAL HOSPITALS HSS TRUST PROPOSALS FOR THE CENTRALISED MATERNITY HOSPITAL

Background

- 5.1 In November 1999 a PAFT (Policy Appraisal and Fair Treatment) Appraisal, undertaken by Dr. D O'Reilly and R Osborne, examined the implications of centralising maternity services at either the Royal or Belfast City Hospital sites. The appraisal concluded that neither option would produce a significant impact for the PAFT groups examined and there was nothing to indicate that the siting of maternity services at one site was preferable to the other.

Belfast City Hospital Proposal

- 5.2 The proposal from the Belfast City Hospital Trust emphasised the development of a woman's centred service and the integration of a range of services which would go to form a woman's hospital on the BCH campus. The thrust of the BCH proposal was that services should be designed, developed and provided to meet the needs and views of women and not just professionals. In addition, the Trust stated that, previously, there had been too much concentration upon a small number of newborn infants who might need to be transferred to the RBHSC.
- 5.3 The Trust submitted their proposal on the basis that the BCH site was the most appropriate for both the centralised maternity service and a centralised gynaecology service.

Royal Group of Hospitals Proposal

- 5.4 The RGH proposal was submitted by the Trust on the basis that the Royal Hospital site was the most appropriate site for the centralised maternity service and the centralised gynaecology service. The Royal proposal emphasised the

clinical links available on site and, in particular, the potential link with the Royal Belfast Hospital for Sick Children. The proposal stated that the RGH campus was the preferred site on most assessment criteria – clinical effectiveness, quality of care, ease of implementation, sustainability, targeting social need and equality.

Equality Issues Identified by BCH and RGH HSS Trusts

- 5.5 The Belfast City Hospital HSS Trust stated that a key consideration of its proposal for a centralised maternity and gynaecology service was to ensure the accessibility to the service for the equality groups and women in particular and that the improvement in the service for women would justify a policy decision to centralise maternity and gynaecology services at the Belfast City Hospital site.
- 5.6 The Royal Hospitals HSS Trust stated that the decision about the future location of maternity, neonatal and gynaecological services would directly affect women and babies. The Trust suggested that the interests of women and babies would be best served by centralising these services on the Royal site.

Assessment of Impacts

Overall:

- 5.7 In considering the equality implications of the proposals, careful consideration has been given to responses received to the consultation document *A New Centralised Maternity Hospital for Belfast*. A range of information sources have also been considered, as outlined in Section 4.
- 5.8 Information from the Hospital Inpatient System was used to produce a profile of people using maternity and gynaecology services at the Belfast City

Hospital and the Royal Group of Hospitals and also to produce a profile of users of all trust specialities. This information is considered below.

Deprivation measures for catchment areas of BCH and RGH

- 5.9 The Hospital Inpatient System was also used to generate the records of patients who attended the Royal or the City for maternity or gynaecology services in the years 1997/98, 1998/99 and 1999/2000. To avoid any problems with coding of well babies etc., records of service users aged 12 years or over only were examined. The three years' data were added together and the postcodes of service users were analysed to determine the wards from which they came.
- 5.10 The two Trusts do not have distinct catchment populations with patients free to choose whichever hospital they want to use. Two different options were used to identify the wards associated with each Trust. The first option simply associated the ward to a Trust if more than 50% of the service users used a hospital in that Trust. This option generated a list of 14 wards using the RGH and 19 Wards using the BCH. The wards are listed in Table 1. The second option assigned a Trust to a ward if more than 33% of the service using population used a hospital in that Trust. This option generated 16 wards using the RGH Trust and 53 using the BCH Trust. A further 3 wards were identified where more than 33% of service users in the ward used the RGH and BCH services. These wards are listed in Table 2.

Table 1: List of Catchment Wards for BCH and RGH Trusts as generated when 50% or more of Maternity and Gynaecology service users reside in any Ward.

BCH Wards

DISTRICT	Ward
BELFAST EAST	Ravenhill
BELFAST SOUTH	Ballynafeigh
BELFAST SOUTH	Rosetta
BELFAST SOUTH	Upper Malone
BELFAST SOUTH	Blackstaff
BELFAST SOUTH	Malone
BELFAST SOUTH	Stranmillis
BELFAST SOUTH	Windsor
BELFAST SOUTH	Botanic
BELFAST SOUTH	Shaftesbury
CASTLEREAGH	Cregagh
CASTLEREAGH	Wynchurch
CASTLEREAGH	Newtownbreda
CASTLEREAGH	Four Winds
CASTLEREAGH	Knockbracken
CASTLEREAGH	Beechill
CASTLEREAGH	Minnowburn
LISBURN	Seymour Hill
CARRICKFERGUS	Gortalee

RGH Wards

DISTRICT	Ward
BELFAST NORTH & WEST	Ladybrook
BELFAST NORTH & WEST	Glencolin
BELFAST NORTH & WEST	Andersonstown
BELFAST NORTH & WEST	Glen Road
BELFAST NORTH & WEST	Falls Road
BELFAST NORTH & WEST	Upper Springfield
BELFAST NORTH & WEST	Whiterock
BELFAST NORTH & WEST	Beechmount
BELFAST NORTH & WEST	Clonard
BELFAST NORTH & WEST	Falls
LISBURN	Derriaghy
LISBURN	Twinbrook
LISBURN	Kilwee
LISBURN	Colin Glen

Table 2: List of Catchment Wards for BCH and RGH Trusts as generated when 33% or more of Maternity and Gynaecology service users reside in any Ward.

BCH Wards

DISTRICT	Ward
BELFAST EAST	Orangefield
BELFAST EAST	Woodstock
BELFAST EAST	Ravenhill
BELFAST NORTH & WEST	Highfield
BELFAST NORTH & WEST	Glencairn
BELFAST NORTH & WEST	Woodvale
BELFAST NORTH & WEST	Shankhill
BELFAST NORTH & WEST	Duncairn
BELFAST NORTH & WEST	Ballysillan
BELFAST NORTH & WEST	Fort William
BELFAST NORTH & WEST	Castleview
BELFAST SOUTH	Ballynafeigh
BELFAST SOUTH	Rosetta
BELFAST SOUTH	Upper Malone
BELFAST SOUTH	Blackstaff
BELFAST SOUTH	Windsor
BELFAST SOUTH	Botanic
BELFAST SOUTH	Shaftesbury
CASTLEREAGH	Hillfoot
CASTLEREAGH	Lower Braniel
CASTLEREAGH	Lisnasharragh
CASTLEREAGH	Downshire
CASTLEREAGH	Cregagh
CASTLEREAGH	Wynchurch
CASTLEREAGH	Newtownbreda
CASTLEREAGH	Four Winds
CASTLEREAGH	Knockbracken
CASTLEREAGH	Carryduff
CASTLEREAGH	Beechill
CASTLEREAGH	Minnowburn
LISBURN	Drumbo
LISBURN	Lambeg
LISBURN	Seymour Hill
CARRICKFERGUS	Eden
CARRICKFERGUS	Victoria
CARRICKFERGUS	Milebush
CARRICKFERGUS	Love Lane
CARRICKFERGUS	Sunnylands
CARRICKFERGUS	Clipperstown
CARRICKFERGUS	Killycrot
CARRICKFERGUS	Woodburn
CARRICKFERGUS	Greenisland
CARRICKFERGUS	Gortalee
CARRICKFERGUS	Knockagh
NEWTOWNABBIEY	Hawthorne
NEWTOWNABBIEY	Rostulla
NEWTOWNABBIEY	Monkstown
NEWTOWNABBIEY	Ballyduff
NEWTOWNABBIEY	Cloughfern
NEWTOWNABBIEY	Dunanney
NEWTOWNABBIEY	Coole
NEWTOWNABBIEY	Whitehouse
NEWTOWNABBIEY	Bradán

RGH Wards

DISTRICT	Ward
BELFAST NORTH & WEST	Ladybrook
BELFAST NORTH & WEST	Glencolin
BELFAST NORTH & WEST	Andersonstown
BELFAST NORTH & WEST	Glen Road
BELFAST NORTH & WEST	Falls Road
BELFAST NORTH & WEST	Upper Springfield
	Whiterock
BELFAST NORTH & WEST	Beechmount
BELFAST NORTH & WEST	Clonard
BELFAST NORTH & WEST	Falls
BELFAST NORTH & WEST	Ardoyne
LISBURN	Derriaghy
LISBURN	Dunmurry
LISBURN	Twinbrook
LISBURN	Kilwee
LISBURN	Colin Glen

Both BCH and RGH Wards

DISTRICT	Ward
BELFAST SOUTH	Finaghy
BELFAST SOUTH	Malone
BELFAST SOUTH	Stranmillis

5.11 The level of deprivation in these lists of wards can be seen in the maps in Figure 1 and Figure 2.

Figure 1: BCH and RGH Level of Deprivation in Identified Catchment Areas (where at least 50% of Service Users in Ward used the Trust)

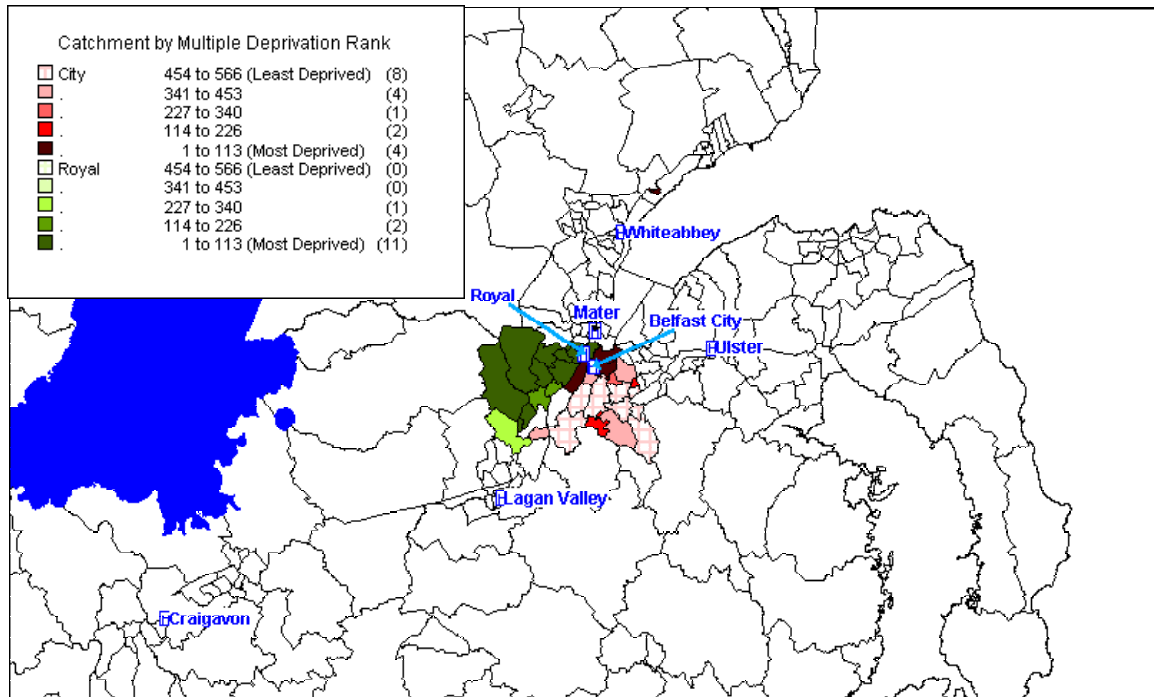
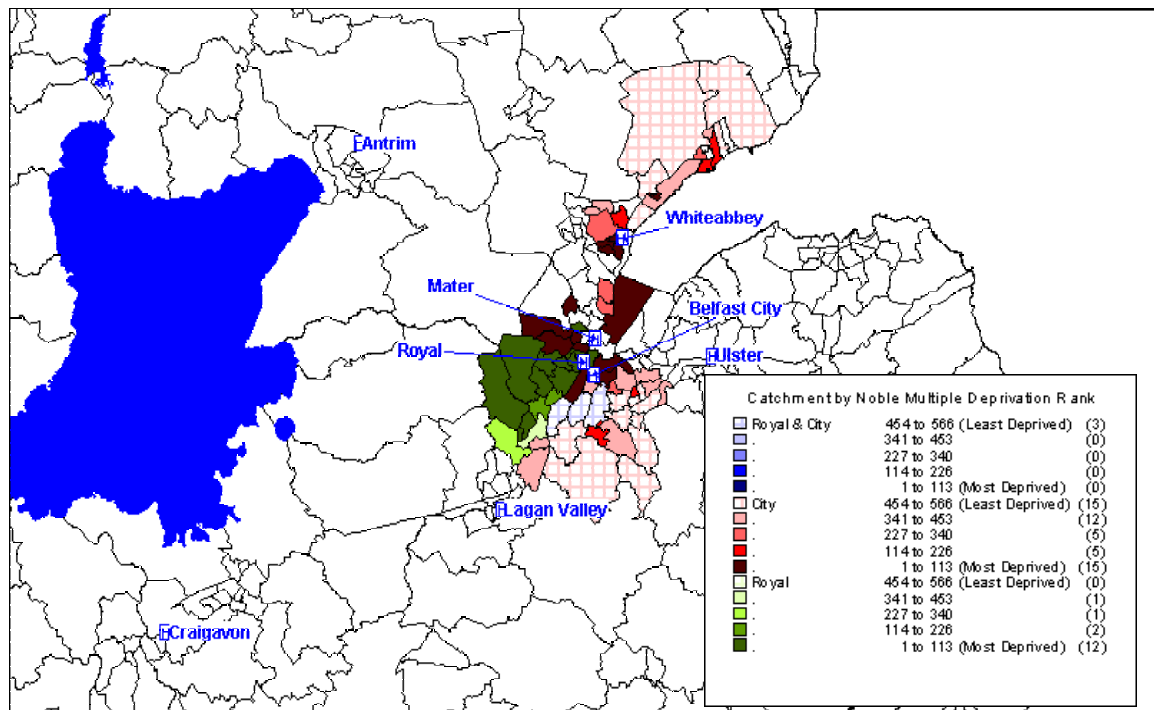


Figure 2: BCH and RGH Level of Deprivation in Identified Catchment Areas (where at least 33% of Service Users in Ward used the Trust)



5.12 Noble's 'Northern Ireland Multiple Deprivation Measure 2001' was used to indicate the level of deprivation in each ward. Noble ranks the 566 in Northern

Ireland wards from 1 (the most deprived) to 566 (the least deprived). The position of the wards of Maternity and Gynaecology service users were analysed according to this ranking by breaking the 566 wards up into five quintiles. The wards listed at Table 1 and Table 2 were then mapped according to their level of deprivation. The main messages seen in the maps are that the RGH Trust's catchment population is more focused around the Trust site and a greater proportion of the electoral wards in its catchment are deprived.

- 5.13 Another approach was used to look at the deprivation profile of the Maternity and Gynaecology service users using each Trust. For this analysis three years' data (1997/98, 1998/99 and 1999/00) from the Hospital Inpatients System were again added together and from this data the ward in which each service user lived was derived. The Noble measures of deprivation for income and employment were used to indicate the level of deprivation in each ward. The data on which the Noble income and employment rankings were based came from social security benefit claimant counts, unemployment claimant counts and New Deal participant counts. The proportion of service users in each Trust who were in each Deprivation quintile were calculated and are shown in Figures 3 and 4 below. These graphs again highlight that a higher proportion of the service users using the RGH Trust's Maternity and Gynaecology services are in the most deprived quintile of the scale compared to the BCH Trust's services users.

Figure 3

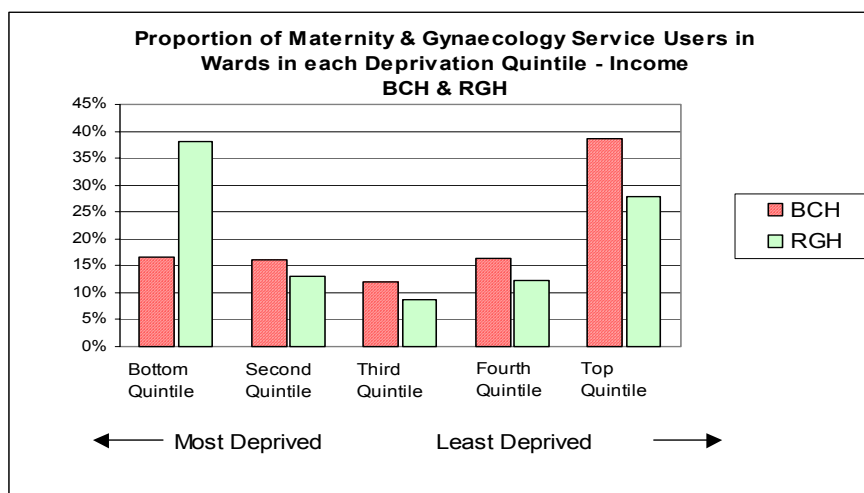
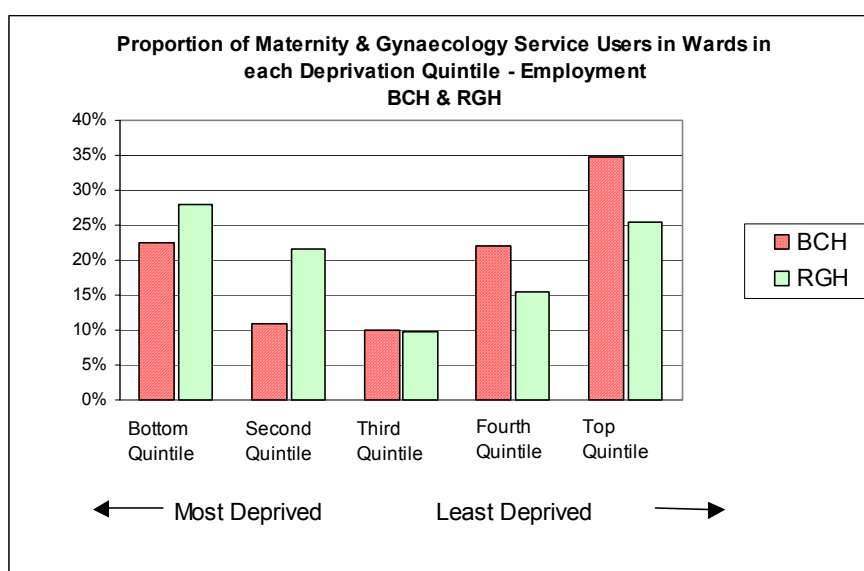


Figure 4



Between men and women generally

5.15 Given the nature of the service under consideration , it is reasonable to assume that changes in the provision of maternity and/or gynaecology services will impact more upon women than men.

Table 3: Profile of service users - all Specialties all Ages

Gender	BCH	RGH	Both
Male	50.6%	47.1%	49.0%
Female	49.4%	52.9%	51.0%

- 5.16 Table 3 shows the profile at the two trusts for all specialties and all ages. Broadly equal proportions of males and females were treated at BCH (51% and 49% respectively) and slightly fewer males than females were treated at RGH (47% and 53%). The male/female breakdown of the Northern Ireland population at mid-year 1998 was 49% male and 51% female.

Table 4: Profile of service users - Maternity & Gynaecology Ages 12+

Gender	BCH	RGH	Both
Male	0.1%	0.0%	0.0%
Female	99.9%	100.0%	100.0%

- 5.17 Table 4 shows that virtually all maternity and gynaecology patients aged 12 years or over treated at BCH and RGH were female.
- 5.18 Table 5 shows that the majority of employees at the Royal Group of Hospitals are female (76%). Females also tend to predominate in both full-time and part-time posts. While an analysis of Grade by Gender (Table 6) shows that females form substantial majorities in Prof/Technical (70%), Admin/Clerical (77%) and Nursing/Midwifery (93%).

Table 5: RGH Employees by Mode and Gender

Mode	Male	%	Female	%	Total
Full-time	1250	33%	2501	67%	3751
Part-time	375	13%	2556	87%	2931
Total	1625	24%	5057	76%	6682

Table 6: RGH employees by Gender and Mode

Grade	Male	%	Female	%	Total
Medicine/Dentistry	427	64%	245	36%	672
Prof./Technical	244	30%	567	70%	811
Admin/Clerical	239	23%	810	77%	1049
Ancillary/General	449	46%	518	54%	967
Nursing/Midwifery	205	7%	2917	93%	3122
Works and Maintenance	61	100%			61
Total	1625	24%	5057	76%	6682

5.19 Table 7 shows that at the Belfast City hospital Females form 79% of the workforce. As with the Royal Hospitals, females tend to dominate in both full-time and part-time posts. An analysis of grade by gender (Table 8) shows that females are in the majority in every grade except Medicine/Dentistry.

Table 7: BCH Employees by Mode and Gender (inc. Works & Maintenance)

Mode	Male	%	Female	%	Total
Full-time	766	31	1720	69	2486
Part-time	142	8	1636	92	1778
Total	908	21	3356	79	4264

Table 8: BCH Employees by Gender and Mode

Grade	Male	%	Female	%	Total
Medicine/Dentistry	245	62	148	38	393
Prof./Technical	193	27	513	73	706
Admin/Clerical	136	17	676	83	812
Ancillary/General	159	41	230	59	389
Nursing/Midwifery	135	7	1789	93	1924
Total	868	21	3356	79	4224

5.20 The pattern of service usage and employment would indicate that changes in the provision of maternity and gynaecology service would impact more upon women than men. However, there is no evidence that either proposal will have an adverse impact on this equality group.

Persons of different age

5.21 Table 9 and 10 show the Age profiles of service users at BCH and RGH Trusts.

Table 9: All Specialties All Ages

Age	BCH	RGH	Both
0	3.4%	7.8%	5.4%
1-4	0.2%	6.1%	2.9%
5-15	1.0%	10.7%	5.4%
16-44	28.1%	28.4%	28.3%
45-59	22.2%	14.5%	18.7%
60-64	8.2%	5.8%	7.1%
65-74	19.1%	13.4%	16.5%
75-84	14.9%	10.1%	12.7%
85+	2.8%	3.2%	3.0%
Total	100.0%	100.0%	100.0%

Table 10: Maternity & Gynae Age 12+

Age	BCH	RGH	Both
0	-	-	-
1-4	-	-	-
5-15	0.3%	0.2%	0.3%
16-44	86.5 %	93.7%	90.6%
45-59	7.5 %	4.0%	5.5%
60-64	1.9 %	0.6%	1.2%
65-74	2.5 %	0.9%	1.6%
75-84	1.2 %	0.3%	0.7%
85+	0.2 %	0.1%	0.1%
Total	100.0%	100.0%	100.0%

5.22 Table 9 shows the age profile at the two trusts for all specialties and all ages. The RGH treated a higher proportion (25%) of service users aged under 16, compared to 5% at BCH. The BCH treated a higher proportion (37%) of service users aged 65 or over, compared to 27% at RGH. More of the BCH Trust's service users (58%) were in the mid-age group (aged 16-64) than was the case at RGH (48%).

5.23 Table 10 shows the age profile of maternity and gynaecology patients aged 12 years or over treated at BCH and RGH Trusts. There was a higher proportion of service users aged 45 or over treated at the BCH Trust (13%) that were treated at the RGH Trust (6%). The 16-44 years age group made up 94% of the RGH Trust's service users but only 86% of the BCH Trust's.

5.24 On the basis of the available information, there is no evidence of adverse impact.

Persons with or without a disability

5.25 No evidence of adverse impact.

Persons of different marital status

5.26 Table 11 and 12 show the marital status profiles of service users treated at the BCH and RGH. Table 11 shows the age profile at the two trusts for all specialties and all ages. There were a much higher proportion of unknowns at the RGH than at the BCH (20% compared to 8%) which indicates that the profiles presented must be treated with caution. A higher proportion of the RGH Trust’s service users were single (37%) compared to 24% at BCH. However, more of the BCH Trust’s service users were married or separated (52%) than was the case for the RGH (34%). The BCH also had higher proportions divorced or widowed (3% and 14%) than the RGH (1% and 8%).

5.27 Table 12 shows the profile for maternity and gynaecology patients aged 12 or over. This time the BCH had more single service users (26%) compared to RGH (21%). The BCH Trust also had more patients who were married/separated (64%) than the RGH Trust (53%). The BCH also showed slightly higher proportions in the divorced and widowed categories. These results must be treated with great caution however as the RGH again showed a much higher proportion of patients whose status was unknown (24%) than was the case at BCH (5%).

Table 11. All Specialties, All Ages

<u>Marital Status</u>	BCH	RGH	Both
Single	23.7%	37.1 %	29.8%
Married/ Separated	51.9%	33.8 %	43.7%
Divorced	2.9%	1.2%	2.2%
Widowed	14.0%	7.7%	11.1%
Unknown	7.6%	20.0 %	13.2%

Table 12. Maternity & Gynaecology, Ages 12+

<u>Marital Status</u>	BCH	RGH	Both
Single	25.5%	21.0%	23.0%
Married/ Separated	63.9%	53.0%	57.8%
Divorced	2.9%	0.9%	1.8%
Widowed	2.5%	0.8%	1.5%
Unknown	5.3%	24.3%	16.0%

5.28 On the basis of the available information, there is no evidence of adverse impact.

Persons of different religious belief

5.29 Table 13 shows that the majority of employees at the Royal Group of Hospitals are Catholic (62%). From Table 14, it can be seen that the proportions of Catholics are particularly high for the Admin/Clerical (73%), Ancillary/General (96%) and Works & Maintenance (67%) grades.

Table 13: RGH Employees by Mode and Religion

Mode	Protestant	%	Catholic	%	Not known	Total
Full-time	1299	39%	2039	61%	413	3751
Part-time	1019	37%	1714	63%	198	2931
Total	2318	38%	3753	62%	611	6682

Table 14: RGH employees by Grade and Religion

Grade	Protestant	%	Catholic	%	Not known	Total
Medicine/Dentistry	286	60%	193	40%	193	672
Prof./Technical	405	55%	330	45%	76	811
Admin/Clerical	266	27%	737	73%	46	1049
Ancillary/General	41	4%	895	96%	31	967
Nursing/Midwifery	1300	46%	1557	54%	265	3122
Works and Maintenance	20	33%	41	67%		61
Total	2318	38%	3753	62%	611	6682

5.30 At the Belfast City hospital there is a small majority of Protestant employees (60% - Table 15). This majority is fairly consistent through the grades except for Ancillary/General where the majority is more substantial (75% - Table 14).

Table 15: BCH Employees by Mode and Religion (inc. Works & Maintenance)

Mode	Protestant	%	Catholic	%	Not known	Total
Full-time	1369	59	944	41	173	2486
Part-time	1023	61	653	39	102	1778
Total	2392	60	1597	40	275	4264

Table 16: BCH Employees by Grade and Religion

Grade	Protestant	%	Catholic	%	Not known	Total
Medicine/Dentistry	166	51	158	49	69	393
Prof./Technical	436	65	230	35	40	706
Admin/Clerical	509	65	279	35	24	812
Ancillary/General	283	75	94	25	12	389
Nursing/Midwifery	963	54	833	46	128	1924
Total	2357	60	1594	40	273	4224

5.31 At the Royal Jubilee Maternity Service, religious patterns are not as clear-cut with roughly equal proportions of both religions (Table 17). However, Catholics tend to predominate in the same grades as in the RGH namely Admin/Clerical (77%) and Ancillary/General (92% - Table 18).

Table 17: RJMS Employees by Mode and Religion

Mode	Protestant	%	Catholic	%	Not known	Total
Full-time	141	44%	177	56%	39	357
Part-time	190	43%	249	57%	28	467
Total	331	44%	426	56%	67	824

Table 18: RJMS Employees by Grade and Religion

Grade	Protestant	%	Catholic	%	Not known	Total
Medicine/Dentistry	25	66%	13	34%	18	56
Prof./Technical	4	80%	1	20%	3	8
Admin/Clerical	14	23%	47	77%	4	65
Ancillary/General	7	8%	80	92%		87
Nursing/Midwifery	281	50%	285	50%	42	608
Total	331	44%	426	56%	67	824

5.32 Tables 19 and 20 show the estimated proportion of Catholics and Protestants using all specialties and maternity & gynaecology services specifically at the two trusts. The numbers were estimated by applying the relevant proportions of Catholics and Protestants in each ward, as recorded in the 1991 Census, to the activity recorded for service users in each ward from the Hospital Inpatients System over the years 1997/98, 1998/99 and 1999/00. The results

have to be treated with caution due to the fact that 1991 Census religion data is being used as opposed to 2001 Census religion data (HIS has not yet been updated to accommodate 1992 based ward boundaries but uses 1984 based ward boundaries). Also the assumption is made that the religious profile of the hospital activity recorded for a ward follows the same religious profile of the ward recorded in the 1991 Census.

**Table 19: All Specialties,
All Ages**

<u>Religion</u>	BCH	RGH	Both
Roman Catholic	34.2%	48.0%	40.5 %
Protestant	65.8%	52.0%	59.5 %

**Table 20: Maternity &
Gynaecology, Ages 12+**

<u>Religion</u>	BCH	RGH	Both
Roman Catholic	27.2 %	55.4%	42.9%
Protestant	72.8 %	44.6%	57.1%

- 5.33 Table 19 shows that for all specialties and all ages there was a higher proportion of Protestants than Catholics using each trust. The profile for the RGH Trust was much more balanced (48% Catholic, 52% Protestant) than was the case for the BCH Trust (34% Catholic, 66% Protestant).
- 5.34 Table 20 shows that for maternity & gynaecology services specifically the RGH Trust showed a majority of Catholics using the services (55% Catholic, 45% Protestant). For all specialties the BCH Trust showed a large majority of Protestants using the services (27% catholic, 73% Protestant).
- 5.35 The pattern of service useage and employment would indicate that a concentration of maternity and/or gynaecology services at the Royal Hospital's site would have a differential impact upon protestants. Likewise a concentration of maternity and/or gynaecology services at the Belfast City Hospital site would have a differential impact upon Roman Catholics. However, there is no evidence to suggest that either proposal is preferable or that the nature of any potential impact is likely to be substantial. Rather, given the distance between the two sites and employment

patterns at the Royal Jubilee Maternity Service, it is concluded that the nature of any impact is likely to be minimal and equal in both scenarios.

- 5.36 On the basis of the available information, there is no evidence that either proposal will result in a significant adverse impact on this equality group.

Persons with/without dependants

- 5.37 The provision of maternity services by its nature is likely to have a differential impact upon this equality group. However, there is no evidence to conclude that either proposal will have an adverse impact upon this group.

Persons of different political opinion

- 5.38 There are specific difficulties with regard to determining the possible impact of the proposals upon this particular equality group. In particular, it is not possible, in this case, to undertake an analysis of First Preference votes for seats won in June 2001 District Council Elections to determine the political opinion of service users by catchment area. The catchment areas of the two Trusts, as outlined at paragraphs 5.9 and 5.10 above, have been determined according to 1984 ward boundaries. Data on first preference voting in 2001 Local Council elections is by electoral area (total of 101 in Northern Ireland) as opposed to local ward (566 in NI). It is felt that it would be incorrect to attribute electoral area voting preferences to electoral ward due to possible variations in voting preference across contiguous wards.

- 5.39 Within Northern Ireland it is widely accepted that there is a close correlation between religion and political opinion. In this regard it is often assumed that Catholics are more likely to vote for nationalist/republican candidates, and Protestants are more likely to vote for unionist/loyalist candidates. This assumption appears to be backed up by evidence.

5.40 Table 21 below has been taken from an analysis of demography and democracy in Northern Ireland available at www.geocities.com/pdni/dandd.html. The table compares the share of the vote achieved in the 1997 District Council elections by the nationalist and unionist parties, with the religious breakdown of the electorate in the 26 district council areas. The religious breakdown is taken from the 1991 census and has been adjusted to take account of those who did not state their religion, and also to take account of the different age profile of the Catholic population.

Table 21: Vote achieved by nationalists & unionist parties and religious breakdown by electoral district.

District	% Catholic in electorate	% nationalist (2001)	% Protestant in electorate	% unionist (2001)
Antrim	34.1	33.8	61.4	58.7
Ards	14.9	3.9	79.3	75.1
Armagh	45.6	45	52.8	51.5
Ballymena	20.3	17.8	76.6	76.5
Ballymoney	31	29.1	66.9	67
Banbridge	29.7	22.9	67.6	69.1
Belfast	40.8	45.9	54	44.9
Carrickfergus	10.4	0	82.4	70
Castlereagh	13.2	13.3	80.8	68.6
Coleraine	24.1	19.7	71.8	66.2
Cookstown	53	56.8	45.7	43.2
Craigavon	41.2	41.4	56.2	56.1
Derry	70.1	73.7	28.5	22.9
Down	57.7	58.4	39.4	36.1
Dungannon	55.5	57.7	43.6	40.4
Fermanagh	54.4	53.9	44.2	43.4
Larne	24.7	13.1	71	59.5
Limavady	52.8	53.6	45.5	42.1
Lisburn	28.6	24.6	66.7	62.9
Magherafelt	59	64.1	40.2	34.5
Moyle	52.9	50.7	45.4	39.8
Newry and Mourne	73.7	74.7	25.2	19
Newtownabbey	16.6	10.7	77.6	69.5
North Down	12.8	0	79	65.4
Omagh	64.2	66.4	34.6	29.1
Strabane	61.1	59.6	38.1	35.6
Total	39.6	40.6	56.7	49.7

5.41 The table appears to demonstrate a close relationship between religion and voting preference in each of the electoral districts. As such, and given the difficulties outlined above with regard to determining the political profile of the catchment areas of the two Trusts, it is assumed that the evidence provided previously in relation to persons of different religious belief may be applied to draw some conclusions with regard to political opinion. On this basis it is concluded that there is no evidence of adverse impact on this equality group. However, it should be noted that this is not an entirely satisfactory approach.

Persons of different racial group:

5.42 No evidence of adverse impact.

Persons of different sexual orientation:

5.43 No evidence of adverse impact.

Mitigating Factors

5.44 The pattern of service usage and employment would indicate that the location of maternity services at either the Belfast City Hospital or the Royal Group of Hospitals site may have a differential impact upon three equality groups:

- Men and women generally;
- Persons of different religious belief; and
- Persons of different political opinion

5.45 However, there is no evidence that either proposal is preferable in this regard or will have a substantial adverse impact on any of the equality groups.

5.46 In order to minimise any potential impact and promote equality, it is recommended that equality issues and, in particular, access to the service and employment by equality groups should be further addressed when full plans for the hospital are developed, and further consideration is given to the configuration and delivery of the service. With regard to service access it is recommended that the relevant Trust specifically considers the opportunities to promote equality with particular regard given to maternity care pathways and the delivery of services outside the hospital setting. It is also recommended that the relevant Trust will monitor employment patterns and service useage and report to the Department outlining access and employment patterns and initiatives undertaken to promote equality.

Promoting Good Relations

5.47 Recognising the divisive nature of this issue in the past, the further development of proposals and the delivery of services within the centralised maternity service provide an opportunity to promote good relations between the Section 75 groups. In this regard it is recommended that both Trusts should co-operate in the development of the service and should engage directly with the voluntary and community sector to ensure that the concerns of service users and local communities are addressed.

SECTION 6 HUMAN RIGHTS ACT

6.1 The Human Rights Act 1998 is an Act of the Westminster Parliament and came into force on 2 October 2000. The Act has the effect of incorporating the European Convention on Human Rights (ECHR) into domestic law.

6.2 The Human Rights Act:

- makes it unlawful for a public authority to act incompatibly with the Convention rights and allows for a case to be brought in a UK court or tribunal against the authority where it does so. However, a public authority will not have acted unlawfully under the Act if, as the result of a provision of primary legislation, it could not have acted differently;
- requires that all legislation be interpreted and given effect as far as possible compatibly with the Convention rights. Where it is not possible to do so, a court may:
 - quash or disapply subordinate legislation; or
 - if it is a higher court, give a declaration of incompatibility for primary legislation thereby triggering a new power allowing a Minister to make a remedial order to amend the legislation to bring it into line with the Convention rights;
 - requires UK courts and tribunals to take account of the case-law of the Court and the Commission in Strasbourg and also the Committee of Ministers. They will also be bound to develop the common law compatibly with the Convention rights.

6.3 The European Convention on Human Rights is a treaty of the Council of Europe. The Council of Europe is an organisation of governments created in 1949 with the general aim of enhancing the cultural, social and political life of Europe. It pre-dates and is quite separate from the European Union and the Convention is distinct from the general code of European Union law.

6.4 The Convention was adopted in 1950 and ratified by the Westminster Parliament in 1951.

6.5 The Convention guarantees the following rights and freedoms:

- The right to life
- The right to freedom from torture and inhuman or degrading treatment or punishment
- The right to freedom from slavery, servitude and forced or compulsory labour
- The right to liberty and security of person
- The right to a fair and public trial within a reasonable time
- The right to freedom from retrospective criminal law and no punishment without law
- The right to respect for private and family life, home and correspondence
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The prohibition of discrimination in the enjoyment of the convention rights
- The right to access to education
- The right to free elections

- The right not to be subjected to the death penalty

6.6 All public authorities have a positive obligation to ensure that respect for human rights is at the core of their day to day work. The Human Rights Act underpins this by making it unlawful for a public authority to act (or fail to act) in a way which is incompatible with a Convention right.

6.7 In order to fulfil this obligation and ensure that any decision regarding the location of a new centralised maternity hospital is compatible with the Convention rights, the Department has considered the proposals made by the Belfast City Hospital and the Royal Group of Hospitals Trusts and the possible impact they may have on the Convention rights and freedoms outlined above.

6.8 In light of this assessment the Department has determined that neither proposal is incompatible with the Convention rights.

SECTION 7 CONCLUSION

- 7.1 This equality impact assessment (EQIA) has addressed the proposals submitted by the Belfast City Hospital and the Royal Group of Hospitals HSS Trusts in response to the Specification for a New Centralised Maternity Hospital for Belfast. The EQIA foresees no significant adverse impact on any of the Section 75 equality groups resulting from the proposals.
- 7.2 The EQIA does, however, conclude that the proposals may have a differential impact on a number of the equality groups. In order to minimise any potential impact, it is recommended that equality issues, with particular regard to access, should be further considered in the development of the service. The Equality Impact Assessment also recommends a collaborative approach between the two Trusts and the voluntary and community sector in order to promote good relations.

APPENDIX ONE

GLOSSARY

Acute services - health care and treatment provided mainly in hospitals.

Consultant-led maternity services - maternity services for which consultant obstetricians take overall responsibility for patient care.

Gynaecology services- specialist services for the diagnosis and treatment of conditions specific to women.

Gynaecological oncology services- specialist services for the diagnosis and treatment of specific female cancers, such as cancer of the ovary, womb, and cervix.

Maternity services - services for the care of women throughout pregnancy. This can include pre-pregnancy counselling as well as care before, during and after delivery.

Neonatology services - specialist services devoted to the diagnosis and treatment of disorders of the new-born infant.

Obstetric services - medical services for the care of women throughout pregnancy.

Paediatric services - specialist services dealing with children and their development and the diagnosis and treatment of disease in children.

Regional perinatal service - specialist services for the diagnosis and treatment of rare and complex conditions arising around the time of birth.