

# **Equality, Good Relations and Human Rights Screening**

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## **Modernising HSC Pathology services**

Health and Social Care Board (HSCB)

28 November 2016

## 1. Information about the policy or decision

This equality screening exercise is published alongside the HSCB public consultation document 'Modernising HSC Pathology Services: Proposals for Change' (28 November 2016) available at: <http://www.hscboard.hscni.net/get-involved/consultations/>

### 1.1. Title of policy or decision

**Modernising HSC Pathology Services: Proposals for Change** (28 November 2016)

### 1.2. Description of policy or decision

#### Background to the Proposals

HSC Pathology services face significant challenges that require a regional strategic approach that will create a more sustainable service for the future. This is acknowledged in 'Health and Wellbeing 2026: Delivering Together' (DOH NI 2016) and 'Systems Not Structures' (Expert Panel, 2016). Investment is necessary, and in a climate of financial constraint this can only be realised through a programme of regional Pathology service reform and modernisation.

#### Aim of Proposal

To modernise HSC Pathology services and in doing so create a sustainable, world class Pathology service that can:

- ✓ Meet current and future quality and regulatory requirements;
- ✓ Respond to changes in demand;
- ✓ Support new models of clinical care and new targeted treatments;
- ✓ Adopt new ways of working and innovative technologies;
- ✓ Provide a modern career structure for staff.

#### Summary of Proposals

There are three proposals for HSC Pathology service modernisation which have been listed below. Under each is a summary of the proposed changes.

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by these proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

### **Proposal 1: Consolidation of Cold Activity**

**To separate the delivery of ‘hot’ and ‘cold’ pathology testing, with cold testing being delivered on an appropriate number of cold hubs for the region and ‘hot spokes’ linked with a defined cold hub existing at any acute site that currently has a laboratory.**

Millions of Pathology tests are undertaken in NI every year. These fall into two broad categories: those that need to be processed within a few hours to support optimal patient care (‘hot’ or time-critical tests); and those that do not need to be processed as quickly for optimal patient care (‘cold’ or non-time-critical tests). The vast majority of tests requested by GPs and many of the tests requested by hospital clinicians are cold, non-time-critical. At present each of the HSC’s 10 acute hospital sites delivers both hot and cold testing services.

Best practice indicates that by consolidating the high volumes of cold tests onto a smaller number of sites, there is potential to achieve significant economies of scale with improved quality and reduced cost.

It is proposed that non-specialist cold HSC Pathology services (initially the tests requested by GPs) be consolidated onto fewer large laboratory sites or ‘hubs’. All acute hospitals would continue to have on-site hot testing facilities (‘spokes’), with close connections to a cold hub.

There would be very close governance and operational links between cold hub/s and hot spokes to reduce unwarranted variation in practice and ensure robust arrangements for out of hours cover. The creation of larger teams would mean more opportunities for staff training and development. Both hot and cold testing services would continue to be quality accredited, with the addition of new regionally accredited near-patient testing services. All HSC Pathology services would be subject to a detailed regional service specification including turnaround times and other associated performance indicators to reflect user requirements. It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposal, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

### **Options**

The consultation document sets out a range of options associated with the delivery of Proposal 1:

1. Hot spokes on all acute hospital sites, & cold work consolidated onto 5 hubs for the region
2. Hot spokes on all acute hospital sites, & cold work consolidated onto 2 hubs for the region.
3. Hot spokes on all acute hospital sites, & cold work consolidated onto 1 hub for the region.

### **Criteria**

The consultation document sets out proposed criteria for use in deciding the number and location of cold hubs:

1. Quality – the extent to which each option would reduce variation in practice and improve quality and safety.
2. Resilience and sustainability – the extent to which each option would create a resilient, sustainable service that would attract and retain high quality staff.
3. Flexibility and responsiveness – the extent to which each option would create a flexible, responsive service that can respond to new models of care and other opportunities for modernisation.
4. Cost – the capital and revenue costs associated with the delivery of each option, including transportation costs.
5. Collaboration – the extent to which each option would be deliverable, securing the support of key stakeholder groups.

## **Proposal 2: Infrastructure Development**

**To modernise the enabling infrastructure for HSC pathology service delivery, to include:**

- ✓ **The development of a region-wide pathology information system;**
- ✓ **Maximising the use of pathology technology to facilitate cross-region working and enable wider HSC clinical transformation;**
- ✓ **A review of current sample collection and transport arrangements to ensure the safest, most cost effective option for the region.**

There are a range of infrastructural issues facing HSC Pathology services including outdated information systems, difficulties with responding to new opportunities presented by technology, and the need for more effective arrangements to transport samples. These issues are closely interlinked, and limit the services' ability to respond effectively to evolving quality standards and changing demand, in turn limiting the region's ability to bring about wider HSC clinical transformation.

The changes proposed to the current arrangements include:

- ✓ New region-wide pathology information system/s.
- ✓ Maximising the use of technology to facilitate cross-region working and enable wider HSC clinical transformation, supported by a new regional training strategy complementary to a regional procurement strategy to help address this.
- ✓ A review of current sample collection and transport arrangements to ensure the safest, most cost effective option for the region.

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposal. There are no proposed changes to the blood donation function of NIBTS.

### **Options**

The consultation document does not include any options for proposal 2.

### **Criteria**

The consultation document does not include any criteria for proposal 2.

### **Proposal 3: Integrated Management Structure**

**To bring all HSC Pathology services including NIBTS into a single regional integrated management structure which will provide a guaranteed level of service to its users, defined in Service Level Agreement/s that meet recognised quality standards and demonstrate quality and performance using agreed metrics.**

Non-specialist pathology services are currently managed separately by five HSC Trusts, with specialist regional services being managed by Belfast HSC Trust. The Blood Transfusion Service (NIBTS) is a stand-alone agency responsible for the management of blood donation and supply. It also delivers a number of regional tests.

Wider HSC transformation and, subject to the outcome of consultation, Pathology modernisation will require timely strategic decisions for HSC Pathology services. Notwithstanding the recent establishment of a regional network for pathology services, the current management arrangements are fragmented and do not facilitate effective regional decision making due to reliance on consensus. This has impeded progress required to improve the quality of HSC Pathology Services.

The proposed change is for the management of all HSC Pathology services to be integrated into a single management structure. As part of this integration, particular consideration to linkages with specialist regional services will be required.

### **Options**

The consultation document sets out a range of options associated with the delivery of Proposal 3:

1. A full Managed Clinical Network governed by a regional Pathology Board that has authority to take and implement regional decisions, and allocates a defined regional budget to six separate HSC provider organisations (5 Trusts and NIBTS) that employ their own staff within a regional workforce plan.
2. A single HSC Trust oversees the management of all HSC Pathology services, including NIBTS.
3. A single HSC Trust oversees the management of all HSC Pathology

services, apart from NIBTS which retains responsibility for its own management.

4. A single management structure for all HSC Pathology Services, including NIBTS, in a new regional organisation.

### **Criteria**

The consultation document sets out proposed criteria for deciding the most appropriate management structure:

1. Modernisation - the extent to which each option would facilitate the delivery of a modern, cost-effective, resilient, sustainable and flexible service.
2. Cost – the revenue costs associated with each the delivery of each option.
3. Governance – the extent to which each option ensures effective governance and accountability, including capacity to meet all regulatory and quality accreditation requirements.
4. Public Confidence – the extent to which option ensures no detrimental impact to the quality or availability of HSC Pathology services, including blood products.
5. Synergies – the extent to which each option supports research, service development and the growth of effective synergies with academia and industry to support the development of precision medicine and new models of care.
6. Collaboration – the extent to which each option would be deliverable, securing the support of key stakeholder groups.

### 1.3 Main stakeholders affected (internal and external)

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

The main stakeholders are:

1. Clinical users of HSC Pathology services;
2. Staff working in HSC Pathology services and their representatives;
3. Staff involved in the collection and transport of samples from General Practice to HSC laboratories;
4. Patient groups and their representatives;
5. Blood donors and the NIBTS blood transfusion communities partnership groups;
6. Pathology accreditation and regulatory bodies;
7. Universities;
8. Any person/s or group, who is likely to be affected by or who has opinions about these proposals.

## 1.4 Other policies or decisions with a bearing on this policy or decision & who owns them

Key policy documents include (this is not a definitive list):

- The Future of Pathology Services (Department of Health, Social Services & Public Safety (DHSSPS) 2006);
- Recommendations on the Future of Pathology Services (DHSSPS 2007);
- Review of NHS Pathology Services in England (Department of Health (DH) 2006);
- Report of the second phase of the Review (DH 2008);
- Review of Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variation (UK Govt. 2016);
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (UK Govt. 2013);
- Pathology Quality Assurance Review (NHS England 2014);
- Atlas of Variation in Diagnostic Services (Public Health England 2013);
- Digital First: clinical transformation through pathology innovation (NHS England National Pathology Programme 2014);
- Transforming Your Care (DHSSPS 2011);
- Aligning Diagnostics: Strategic guidance for Pathology Service reconfiguration (DH & Primary Care Commissioning 2013);
- 'Accelerated Access Review - Interim Report' (UK Govt. 2015);
- Research for Better Health and Social Care Strategy (2016-25) (DHSSPS 2016);
- The Right Time, the Right Place (DHSSPS 2014).
- Department of Health (NI) 2016, Health and Wellbeing 2026: Delivering Together
- Expert Panel Report 2016, Systems not Structures: Changing Health and Social Care

## (2) Consideration of equality and good relations issues and evidence used

### 2.1 Data gathered to inform equality screening

Information used to inform the screening of this policy/decision includes:

- An extensive pre-consultation exercise was undertaken with key stakeholders (Appendix 1);
- 5 Trusts & Blood Transfusion Service (NIBTS) were provided with a staff briefing paper which included a section on Equality of Opportunity and a request for feedback (Appendix 2);
- 5 Trust & the Blood Transfusion Service (NIBTS) Human Resources Departments submitted anonymised Section 75 data for all staff likely to be impacted;
- Equality Impact Assessments (EQIAs):
  - Approach to Relocation and Restructure, 2006;
  - Accounting Services Programme, 2006;
  - Workplace 2010 Transforming the Way We Work;
  - Model of Shared Services for Implementation in Health and Social Care in NI, 2012;
  - HMRC's proposed closure of Custom House Newry, 2014.

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## 2.2 Quantitative Data

### Profile of those affected by the policy or decision

All Trust & the Blood Transfusion Service (NIBTS) Human Resources Departments submitted anonymised Section 75 data for a total of 1512 staff engaged in HSC Pathology service delivery. This data is reflected in the following table.

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

<b>Category</b>	<b>What is the makeup of the affected group? ( %) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</b>
<b>Gender</b>	<ul style="list-style-type: none"><li>• 64% are female</li><li>• 36% are male</li><li>• 73% of all staff work full time</li></ul>
<b>Age</b>	<ul style="list-style-type: none"><li>• 5% were aged between 16 &amp; 24</li><li>• 28% were aged between 25 &amp; 34</li><li>• 23% were aged between 35 &amp; 44</li><li>• 25% were aged between 45 &amp; 54</li><li>• 17% were aged between 55 &amp; 64</li><li>• 2% were aged 56 and over</li></ul>
<b>Marital Status</b>	<ul style="list-style-type: none"><li>• 53% were married</li><li>• 35% were single</li><li>• 12% were other or unknown</li></ul>

<b>Category</b>	<b>What is the makeup of the affected group? ( %) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</b>
<b>Religion</b>	<ul style="list-style-type: none"> <li>• 44% were Protestant</li> <li>• 39% were Roman Catholic</li> <li>• 17% were other or unknown</li> </ul>
<b>Political Opinion</b>	<ul style="list-style-type: none"> <li>• 10% were Broadly Unionist</li> <li>• 7% were Broadly Nationalists</li> <li>• 83% were other or unknown</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• 75% were White</li> <li>• 2% were other which included minority ethnic groups</li> <li>• 23% were unknown</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• 3% reported Yes</li> <li>• 62% reported No</li> <li>• 35% were unknown</li> </ul>
<b>Dependent Status</b>	<ul style="list-style-type: none"> <li>• 25% reported Yes</li> <li>• 24% reported No</li> <li>• 51% were unknown</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• 46% reported opposite sex</li> <li>• 2% reported other</li> <li>• 52% were unknown</li> </ul>

## 2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this?

This section draws on feedback from HSC Pathology staff during pre-consultation and EQIAs listed in section 2.1 to consider the different needs, experiences and priorities of the groups outlined in Section 2.2 of this document.

Category	Needs and Experiences
Gender	<p>Evidence indicates that in general most part time workers are female (<u>NI HSC Workforce Census 2015</u>). Data on the number of female part time Pathology staff was unavailable.</p> <p>During pre-consultation staff expressed the view that the proposals could have an impact on female staff with childcare responsibilities.</p> <p>EQIAs including <i>Approach to Relocation and Restructure 2006</i> and <i>Accounting Services Programme 2006</i> noted the following impacts on part-time workers who are predominately female:</p> <ul style="list-style-type: none"><li>• an increase in travel times and associated cost;</li><li>• for those without access to private transport access to off-peak public transport could be limited;</li><li>• business needs may dictate a change in working pattern;</li><li>• some may have dependents and / or caring responsibilities;</li><li>• some may hold two jobs;</li><li>• if re-training is required employees would need support to enable them to complete this.</li></ul>

Category	Needs and Experiences
<b>Age</b>	<p data-bbox="341 206 1445 309">During pre-consultation the proportion of staff aged 55 and over was highlighted by Consultees.</p> <p data-bbox="341 394 1378 564">EQIAs including <i>Workplace 2010</i>; <i>Her Majesty's Customs and Revenue</i> noted the following impacts on younger and older workers:</p> <ul data-bbox="341 591 1439 1348" style="list-style-type: none"> <li data-bbox="341 591 1414 761">• increase in travel time and additional cost associated with the requirement to work in a different location may prompt older people to volunteer for early retirement;</li> <li data-bbox="341 788 1423 896">• if changes in work activity takes place younger people may be disadvantaged if specific experience is required for new roles;</li> <li data-bbox="341 922 1248 958">• young people have less access to private transport;</li> <li data-bbox="341 985 1439 1093">• for those without access to private transport access to off-peak public transport could be limited;</li> <li data-bbox="341 1120 1439 1348">• younger people tend to earn less thus they may experience a negative impact if loss of onsite free care parking happens and additional travelling costs will have a greater effect on their finances.</li> </ul>
<b>Marital Status</b>	<p data-bbox="341 1438 1445 1608">No specific considerations regarding marital status were derived from analysis of EQIAs or raised during pre-consultation with staff.</p>
<b>Religion</b>	<p data-bbox="341 1760 1445 1863">No specific considerations regarding religion were derived from analysis of EQIAs or raised during pre-consultation with staff.</p>

Category	Needs and Experiences
<b>Political Opinion</b>	No specific considerations regarding political opinion were derived from analysis of EQIAs or raised during pre-consultation with staff.
<b>Ethnicity</b>	No specific considerations regarding ethnicity were derived from analysis of EQIAs or raised during pre-consultation with staff.
<b>Disability</b>	<p data-bbox="341 788 1445 887">During pre-consultation with staff no specific considerations regarding disability were raised.</p> <p data-bbox="341 976 1375 1146">EQIAs including <i>Workplace 2010</i>; <i>Her Majesty's Customs and Revenue</i> noted the following impacts on staff who have a disability:</p> <ul data-bbox="341 1173 1391 1863" style="list-style-type: none"> <li data-bbox="341 1173 1391 1281">• adjustments made by current employer are carried over into the potential new structures;</li> <li data-bbox="341 1303 1391 1411">• appropriate access to buildings, software compatibility with specialist equipment;</li> <li data-bbox="341 1433 1391 1541">• an increase in travel time associated cost and level of adjustment required;</li> <li data-bbox="341 1563 1391 1612">• access to onsite car parking space close to the building;</li> <li data-bbox="341 1635 1391 1742">• for those without private transport access to a good public transport network including off-peak public transport;</li> <li data-bbox="341 1765 1391 1863">• appropriate access to current Health Care and other services providers.</li> </ul>

Category	Needs and Experiences
<b>Dependent Status</b>	<p>Available figures indicate that 25% of Pathology staff reported a dependent. The available figures do not provide explanation of the nature of the dependent (i.e. parent or registered carer).</p> <p>During pre-consultation staff expressed the view that the proposals could have an impact on staff with dependants.</p> <p>The <u>2011 census data</u> shows that women are more likely to be Carers than men. EQIAs including <i>Workplace 2010</i>; <i>Her Majesty's Customs and Revenue</i> noted the following impacts on staff who have dependents:</p> <ul style="list-style-type: none"> <li>• an increase in travel time and associated cost and level of adjustment required;</li> <li>• availability of local facilities e.g. childcare;</li> <li>• possible change to current work patterns and the associated consequences e.g. schools runs, increased childcare costs;</li> <li>• difficulty in fitting caring responsibilities around work commitments;</li> <li>• need to work close to home in case of an emergency.</li> </ul>
<b>Sexual Orientation</b>	<p>Sexual orientation of 52% of Pathology staff is unknown.</p> <p>During pre-consultation with staff no specific considerations regarding sexual orientation were raised.</p> <p>An independent report commissioned by the Department of Social Development (<i>Through Our Eyes 2011</i>) noted reasons staff may</p>

Category	Needs and Experiences
	<p>be reluctant to disclose their sexual orientation. It raised concerns over:</p> <ul style="list-style-type: none"> <li>• confidentiality;</li> <li>• stress and anxiety associated with others behaviours &amp; attitudes within the workplace;</li> <li>• social exclusion within the workplace.</li> </ul>

## 2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities?

In relation to this policy the Health & Social Care Board (HSCB) will ensure that equality categories are not considered in isolation, for example the HSCB recognises the link between gender issues and dependants.

## 2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

**In developing the policy or decision what did you do or change to address the equality issues you identified?**

The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options. Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case, and any other relevant HSC strategic developments.

Based on actions taken from other EQIAs addressing business transformation

**In developing the policy or decision what did you do or change to address the equality issues you identified?**

projects, the following paragraphs outline how the HSCB could address any potential issues associated with the proposals.

Gender / Marital Status:

- Flexible Working Policy
- Availability of flexi-time (alters typical working patterns from 9am -5pm)
- School term contracts (NHS Terms & Conditions policy pg. 127)
- Free parking (currently on all sites outside of Belfast)
- Opportunities for job sharing schemes
- Possibility of undertaking work from home (decided on a case by case basis).

Age:

- Free Parking (currently on all sites outside Belfast)
- Flexible Working Policy
- Flexi-time
- Extra Daily Travel Expenses

Religion / Political Opinion:

- Employment Equality of Opportunity Policy
- Working Well Together Policy

Ethnicity:

- Employment Equality of Opportunity Policy
- Working Well Together Policy
- Zero Tolerance Policy

**In developing the policy or decision what did you do or change to address the equality issues you identified?**

Disability:

- Free Parking
- Extra Daily Travel Expenses
- Flexible Working Policy
- Flexi-time
- Employment Equality of Opportunity Policy
- Working Well Together Policy
- Zero Tolerance Policy

Sexual Orientation:

- Good Relations
- Employment Equality of Opportunity Policy
- Working Well Together Policy
- Zero Tolerance Policy

## What do you intend to do in future to address the equality issues you identified?

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

Screening indicates that the anticipated equality, good relations and human rights impact on staff is not likely to be significant, because the proposals could be implemented in a phased manner which would provide scope to take advantage of natural workforce movement to minimise any potential negative impact. In addition, the HSC has developed defined principles and protocols to manage structural and transformational change, for example the Regional Human Resources Framework that was subject to consultation with Trade Unions during the Review of Public Administration and local change management arrangements including agreed protection arrangements for staff. Furthermore, the Transfer of Undertakings and Service Provision Change (Protection of Employment) (Amendment) Regulations (NI) 2011 may also be applicable. It is anticipated that such principles would be used in the management of any change as a result of the proposals.

The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options. Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case, and any other relevant HSC strategic Developments.

## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations?**

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

Good relations issues relating to staff engaged in HSC Pathology service delivery are not known at present. The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options. Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared to take into account the report of the consultation, the business case, and any other relevant HSC strategic developments.

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion		
Political Opinion		
Ethnicity		

**(3) Should the policy or decision be subject to a full equality impact assessment?**

**How would you categorise the impacts of this decision or policy?**

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Major impact	<input checked="" type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input type="checkbox"/>

**Please tick:**

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

**Please give reasons for your decisions.**

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

Screening indicates that the anticipated equality, good relations and human rights impact on staff engaged in HSC Pathology service delivery is not likely to be significant, because the proposals could be implemented in a phased manner which would provide scope to take advantage of natural workforce movement to minimise any potential negative impact. In addition, the HSC has developed defined principles and protocols to manage structural and transformational change, for example the Regional Human Resources Framework that was subject to consultation with Trade Unions during the Review of Public Administration and local change management arrangements including agreed protection arrangements for staff. Furthermore, the Transfer of Undertakings and Service Provision Change (Protection of Employment)

(Amendment) Regulations (NI) 2011 may also be applicable. It is anticipated that such principles would be used in the management of any change as a result of the proposals.

The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options. Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case and any other relevant HSC strategic developments.

**(4) Consideration of disability duties**

**4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<b>How does the policy or decision currently encourage disabled people to participate in public life?</b>	<b>What else could you do to encourage disabled people to participate in public life?</b>
<p>Extensive pre-consultative engagement has been undertaken with a range of stakeholders, including staff of which 3% reported having a disability.</p>	<p>During the consultation period the HSCB &amp; Pathology Network will be available to meet with stakeholders, including staff with disabilities, as appropriate.</p> <p>Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case and any other relevant HSC strategic developments.</p>

**4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?**

<p><b>How does the policy or decision currently promote positive attitudes towards disabled people?</b></p>	<p><b>What else could you do to promote positive attitudes towards disabled people?</b></p>
<p>Extensive pre-consultative engagement has been undertaken with a range of stakeholders, including staff of which 3% reported having a disability.</p>	<p>Accessibility needs of stakeholders will be taken into account during any consultation meetings arranged by the HSCB &amp; Pathology Network.</p> <p>Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case and any other relevant HSC strategic developments.</p>

## (5) Consideration of human rights

### 5.1 Does the policy or decision affect anyone's Human Rights?

Complete for each of the articles

The following table sets out the initial assessment of the HSCB of the potential impact of the proposals relevant to the Articles of the European Convention on Human Rights.

Article	Yes/No
Article 2 – Right to life	There is no evidence to indicate there would be any impact
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	There is no evidence to indicate there would be any impact
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	There is no evidence to indicate there would be any impact
Article 5 – Right to liberty & security of person	There is no evidence to indicate there would be any impact
Article 6 – Right to a fair & public trial within a reasonable time	There is no evidence to indicate there would be any impact
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	There is no evidence to indicate there would be any impact
Article 8 – Right to respect for private & family life, home and correspondence.	There is no evidence to indicate there would be any impact
Article 9 – Right to freedom of thought, conscience & religion	There is no evidence to indicate there would be any impact
Article 10 – Right to freedom of expression	There is no evidence to indicate there would be any impact

Article	Yes/No
Article 11 – Right to freedom of assembly & association	There is no evidence to indicate there would be any impact
Article 12 – Right to marry & found a family	There is no evidence to indicate there would be any impact
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	There is no evidence to indicate there would be any impact
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	There is no evidence to indicate there would be any impact
1 <sup>st</sup> protocol Article 2 – Right of access to education	There is no evidence to indicate there would be any impact

It is not anticipated that Patients, Blood Donors and Clinical Service users of HSC Pathology services would be directly impacted by the proposals, it is anticipated that the only change they would notice, if at all, would be an improvement in quality and safety.

The HSCB assessment is that the proposals do not interfere with or limit the rights set out in the Articles of the European Convention on Human Rights (and its protocols). Of all the Articles, the proposals are most relevant to the right to respect for private and family life, home and correspondence (Article 8); however there is no evidence to indicate that they would interfere with or limit the right.

The anticipated equality, good relations and human rights impact on staff engaged in HSC Pathology service delivery is not likely to be significant, because the proposals could be implemented in a phased manner which would provide scope to take advantage of natural workforce movement to minimise any potential negative impact.

In addition, the HSC has developed defined principles and protocols to manage structural and transformational change, for example the Regional Human Resources Framework that was subject to consultation with Trade Unions during the Review of Public Administration and local change management arrangements including agreed protection arrangements for staff. Furthermore, the Transfer of Undertakings and Service Provision Change (Protection of Employment) (Amendment) Regulations (NI) 2011 may also be applicable. It is anticipated that such principles would be used in the management of any change as a result of the proposals.

The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options, and as such are not yet specific enough to determine with any accuracy the exact impact on human rights. Further assessment of the impact of the proposals on the Articles would take place as part of the process of conducting a full equality impact assessment.

**5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues?*
			Yes/No
n/a	n/a	n/a	n/a

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

The proposals for HSC Pathology modernisation set out a strategic direction and include a range of options. Screening highlighted the need to assess the potential impact of the proposals again when more is known about how the different options might work in practice. For this reason, a full Equality Impact Assessment would be prepared taking into account the report of the consultation, the business case, and any other relevant HSC strategic developments.

**(6) MONITORING**

**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?**

Monitoring will not be conducted as part of this equality screening. Subject to the outcome of public consultation on the proposals, and as appropriate the completion of a business case, and any other relevant HSC strategic developments, an equality impact assessment (EQIA) would be completed. In keeping with the Equality Commission's guidelines governing EQIA, a strategy will be put in place to monitor the impact of the implementation of the proposals on the relevant groups and sub groups within the equality categories. The results of this monitoring will be included in the Annual Progress Report to the Equality Commission.

**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)**

If the monitoring and analysis of results over a two-year period show that the implementation impact of these proposals results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, measures would be taken to achieve better outcomes for the relevant equality groups.

Approved Lead Officer:	Dean Sullivan
Position:	Director of Commissioning, HSCB
Policy/Decision Screened by:	Sarah Buckley
Position:	NI Pathology Network Manager
Date:	24 November 2016

## Appendix 1 – Pre-consultation Record

1. Association for Clinical Biochemistry and Laboratory Medicine & the Federation of Clinical Scientists.
2. Belfast Health & Social Care Trust Senior Team - Laboratories Senior Team & Clinical Service Users
3. Biochemistry & Point Of Care Testing Specialty Fora, NI Pathology Network
4. British Medical Association
5. Business Services Organisation Equality Team
6. Business Services Organisation Department of Legal Services
7. Trust nominated Cellular Pathology Representatives
8. Chief Executives (Trusts)
9. Chief Executives (Regional Organisations and Trusts)
10. Department of Health, Northern Ireland
11. Haematology and Transfusion Specialty Fora, NI Pathology Network
12. Trust Human Resources Directors
13. Health and Social Care Board Electronic Health Directorate
14. Health and Social Care Board Senior Management Team
15. Institute of Biomedical Science
16. Local Health and Social Care Group Chairs
17. Microbiology and Virology Specialty Fora, NI Pathology Network
18. Northern Health and Social Care Trust Senior Team - Laboratories
19. Northern Ireland Blood Transfusion Service and staff
20. Northern Ireland General Practitioner Committee
21. Northern Ireland Pathology Network Board
22. Patient Client Council
23. Public Health Agency Research & Development Unit
24. Queens' University Belfast
25. Royal College of Pathologists
26. South Eastern Health and Social Care Trust Senior Team - Laboratories
27. Southern Health and Social Care Trust Senior Team - Laboratories
28. Staff working in HSC Laboratories across Northern Ireland
29. Trade Unions
30. Transport Manager Belfast Health and Social Care Trust
31. Transport Manager Northern Health and Social Care Trust
32. Transport Manager South Eastern Health and Social Care Trust
33. Transport Manager Southern Health and Social Care Trust
34. Transport Manager Western Health and Social Care Trust

35. Transforming Your Care Office, Health & Social Care Board
36. Ulster University
37. Western Health and Social Care Trust Senior Team - Laboratories

## **Appendix 2 – Pre-Consultation Staff Briefing Equality of Opportunity section**

### Equality of Opportunity

The HSCB process for the development of these proposals aims to advance equality of opportunity; a full Equality Impact Assessment is being carried out to consider the needs of nine groups identified under Section 75 of the NI Act 1998:

1. Age (older and younger people)
2. Marital Status (including Civil Partnership)
3. Dependant Status
4. Gender (including transgender and men and women generally)
5. Sexual Orientation
6. Disability
7. Religion
8. Political Opinion
9. Ethnicity

Feedback at the staff pre-consultation meetings is welcomed on the following questions:

1. Based on belonging to any of these groups, do you have any particular requirements with regards to the proposals?
2. Generally, do you think there are any particular requirements for any of the groups? If so, what are they, and what would you consider as a potential solution?