Equality, Good Relations and Human Rights Screening Template

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

See 'Equality, Good Relations and Human Rights Screening Guidance Notes' (on SharePoint) for further background information on the relevant legislation and for help in answering the questions on this template.

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Southern Trust (SHSCT) Integrated Maternity & Women's Health Business Continuity Plan: Temporary Consolidation of inpatient maternity and birth services from Daisy Hill Hospital to Craigavon Area Hospital

Introduction

The Trust is committed to delivering the best possible outcomes for women requiring Obs & Gynae services across the Southern Trust by providing access to safe and sustainable services for women and babies staffed by highly skilled and trained clinicians.

The Trust has an approved Integrated Maternity and Women's Health Clinical Services Business Continuity Plan which includes a contingency arrangement for the temporary consolidation of inpatient maternity and birth services from Daisy Hill Hospital (DHH) to Craigavon Area Hospital (CAH) should safe consultant staffing levels be unable to be maintained. In the event that the contingency arrangement has to be implemented, antenatal, postnatal and outpatient maternity services would continue to be provided locally, wherever possible.

The Business Continuity Plan has been developed to ensure patient safety, maintain service continuity and support the delivery of safe, high-quality maternity care during periods of significant workforce risk. The Trust has developed detailed implementation and governance arrangements to support any activation of the Plan ensuring a safe and coordinated transition of services. The Plan provides a controlled response in circumstances where workforce deterioration threatens safe service delivery.

The Trust's preferred position remains to maintain inpatient maternity and birth services at DHH where these services can be delivered safely and sustainably.

Current Workforce Position

Midwifery staffing is stable in both CAH and DHH; however, substantive consultant capacity is below establishment across both sites.

The required consultant obstetric workforce at DHH to safely sustain the service is 8.0 whole-time equivalent (WTE) consultants contributing to the on-call rota. The DHH position reported to Trust Board on 24 September 2026 included three consultant vacancies, and two consultant resignations with departures effective in October and November 2026. Following these departures, the available substantive consultant workforce contributing to the on-call rota is projected to reduce to approximately 3.0 WTE, supplemented by two agency locum consultants. More recently, a request for transfer to the CAH site from one of the remaining 3.0 substantive consultants in DHH will further reduce the availability of medical cover at DHH.

The Trust cannot safely sustain an inpatient maternity and birth service without sufficient appropriately qualified consultant obstetric cover. The service continues to rely heavily on short-term locum consultants due to ongoing difficulties recruiting substantive consultant staff, which is not a sustainable solution. Recent recruitment campaigns have been unsuccessful, and the Trust recognises that workforce challenges are unlikely to be resolved in the short term.

Between 2024 and August 2026, fourteen consultant recruitment campaigns were advertised in total for Southern Trust. The Trust has exhausted all reasonable routes to recruit Consultant Obstetricians for DHH. One appointment was secured for DHH from five unique consultant advertisements over the preceding three years. The most recent campaign closed on 17 September 2026 after being extended to maximise applications. Two applications were received, but neither met the essential criteria for interview.

A range of options has been explored to seek to maintain safe inpatient maternity services at DHH including:

- national and international recruitment searches;
- use of specialist medical recruitment agencies;
- framework and off-framework agency approaches;
- alternative recruitment models;
- direct engagement with potential candidates;
- regional mutual support;
- engagement with the Department of Health, SPPG, neighbouring Trusts and other regional stakeholders;
- exploration of potential assistance from HSE colleagues in Ireland;
- consideration of alternative staffing arrangements;
- consideration of modified models of obstetric care; and
- consideration of different service configurations.

The Trust has also considered alternative workforce solutions, including increased cross-site cover from CAH, expanded roles for Specialty (SAS) doctors and additional locum arrangements. None have been assessed as capable of providing a safe and sustainable solution. CAH itself operates within a constrained consultant workforce and does not have sufficient available capacity to provide resilient consultant cover across two acute maternity sites located approximately 40 minutes apart.

Consequently, the Trust can no longer demonstrate a credible route to sustaining a safe and resilient consultant-led inpatient obstetric service at DHH through workforce mitigations alone.

The Trust's position reflects a wider shortage of Consultant Obstetricians across Northern Ireland and the wider UK. The Minister of Health has asked the wider Northern Ireland HSC system to explore what support may be available to help maintain inpatient maternity services at DHH. The Trust has welcomed this intervention and are actively engaging with system partners, while continuing our recruitment efforts. However, the region is experiencing gaps in consultant staffing across all hospital sites, and no regional support has been offered.

Continuity Planning

Given all of the above, implementation of detailed business continuity planning has therefore been necessary to ensure safe delivery of maternity care, in the event that adequate consultant cover was not secured for the DHH site.

The immediate priority is to sustain safe maternity services while progressing a more resilient, integrated Trust-wide model.

The continuity arrangement being planned for is the temporary consolidation of inpatient maternity and birth services from Daisy Hill Hospital (DHH) to Craigavon Area Hospital (CAH) by 23 November 2026.

The enactment of the Business Continuity Plan is required to ensure patient safety is maintained until such times that the workforce is stabilised across both sites. The Trust recognises that CAH's ability to safely accommodate additional maternity activity is fundamental to any temporary continuity arrangement. Temporary consolidation would only be implemented with appropriate operational and clinical assurance arrangements in place to manage the additional activity at CAH. This includes consideration of medical and midwifery staffing, maternity and delivery suite capacity, theatre capacity, neonatal services and other supporting services.

The continuity plan has assessed the impact on other services in CAH and DHH including any impact on Gynaecology, Neonatal, Emergency services, medical bed capacity and theatre capacity. The plan concludes that the service change impact is on inpatient maternity and emergency obstetrics and gynaecology presentations at DHH only, there has been no associated change to the availability of services at CAH identified at this stage. These service changes will be

assessed in terms of the equality impact within this screening assessment.

If temporary consolidation is implemented, activity, acuity, staffing, capacity, patient flow and demand at Craigavon would be subject to ongoing operational and clinical oversight. Established staffing, acuity and escalation arrangements would be used to identify and respond to pressures, with escalation and review where capacity constraints or emerging safety concerns are identified

The Trust has exhausted all avenues to secure assistance to enable DHH to continue as a birthing site with no solutions forthcoming. It is proposed that the continuity plan will be fully implemented by 23 November 2026 to enable the Trust to put in place the necessary requirements to manage births during this emergency temporary consolidation.

The Trust continues to pursue opportunities to attract and recruit the required consultant workforce to deliver a safe service across both sites.

The purpose of this document is to formally consider the equality issues relating to the continuity arrangements when the plan is implemented.

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

This is a new proposal to implement the contingency arrangement contained within the approved Business Continuity Plan.

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

Background Context

Each year, approximately 4,500 women and their babies receive care through the Trust's maternity services. Care is provided through a combination of consultant-led maternity services, midwifery-led care, community midwifery services, homebirth services, early pregnancy services and specialist gynaecology services delivered across several hospital and community settings.

CAH is the larger specialist centre, managing approximately 2,800 births annually. It functions as the referral centre for higher-risk pregnancies and is the principal hub for inpatient, emergency and specialist gynaecology, fertility, colposcopy, outpatient hysteroscopy, perinatal medicine and networked cancer care.

DHH provides local services for Newry, Mourne and surrounding rural communities, managing approximately 1,700 births annually. DHH also delivers emergency, elective and day-case care, supported by a developing Women's Health Hub providing early pregnancy assessment, ambulatory gynaecology and women's health assessments. Women requiring highly specialised maternal or neonatal care are transferred from DHH to CAH through established pathways. **Appendix 1 outlines SHSCT births by hospital and delivery method.**

Trends show declining overall birth volume alongside increasing complexity and intervention at CAH and a predominantly lower-risk, planned-care profile at DHH.

Over recent years several specialist maternity and gynaecology services have become increasingly centralised, resulting in DHH functioning predominantly as a lower-risk maternity service. Whilst approximately 1,700 births continue to take place annually, a significant proportion of activity consists of lower-risk maternity care and planned elective procedures, including elective caesarean sections. 34% (589) of births at DHH were elective caesarean sections.

Whilst this model remains appropriate and safe for women and families, it presents an additional challenge when recruiting and retaining consultants who may seek greater exposure to:

- High-risk obstetrics.
- Complex surgical gynaecology.
- Sub-specialist practice.
- Research, training and academic opportunities.

Continuity Arrangement

Due to the imminent depletion of consultant cover at DHH, a temporary arrangement is required with the aim of ensuring the continuation of a safe maternity service for women in the Southern Trust area.

In line with its Business Continuity Plan, the Trust would temporarily move all births and inpatient maternity care from Daisy Hill Hospital to Craigavon Area Hospital. All outpatient appointments, community midwifery services and Home Birth services would remain unchanged for women in the Newry and Mourne locality. The temporary change would apply only to labour, birth and any inpatient maternity care.

At Craigavon Area Hospital, women and babies would receive the same high standard of care, and the maternity team would continue to support women throughout their pregnancy and birth. The Trust's priority is to provide every woman and baby with a safe, responsive service at all times, day and night.

What needs to happen now

While the Trust continues to work with colleagues across the system to explore every available option, it is responsible and necessary that we enact our continuity plan. Detailed planning will ensure that Craigavon will be able to safely accommodate the additional births, while maintaining obstetric support for Daisy Hill Hospital's Emergency Department.

The following services would remain in DHH and all births and inpatient maternity care would move to CAH:

Services being Retained in DHH	
Maternity Services	**Gynae Services**
Antenatal outpatients	Gynae Outpatient clinics
Maternal and Fetal Assessment Unit *(8am – 8pm, 7 days a week with dedicated Medical support)*	Ambulatory gynaecology
Day Obstetric Unit *(9am-5pm, 5 days a week)*	Elective gynae theatre
Outpatient induction of labour for SHSCT *(8am-5pm, 6 days a week)*	Colposcopy and Hysteroscopy
Home birth services	Women's health hub
Continuity of midwifery care	Early pregnancy services (9am-5pm, 2 days a week)
Community midwifery services	
Special Care Baby Unit*	

**The Special Care Baby Unit will remain on site as this unit provides a service to the Regional Neonatal Network. Both the Neonatal Unit in CAH and the Special Care Baby Unit provide a service across the Trust.*

The Business Continuity Plan aims to ensure the continued delivery of safe, high-quality and sustainable maternity services across the Trust in the context of significant consultant obstetric workforce challenges, particularly at DHH. The intended outcomes are to:

- Maintain the safety and wellbeing of women, babies and staff as the primary consideration in service planning and delivery.
- Ensure continuity of maternity services through robust workforce planning, governance arrangements, risk management and business continuity measures.
- Sustain access to antenatal, postnatal and gynaecology services locally while addressing challenges in consultant staffing.
- Provide a resilient and integrated Trust-wide maternity service model capable of responding to workforce shortages and service pressures.
- Support the temporary consolidation of inpatient maternity and birth services, if required, as a continuity measure to ensure safe and sustainable care.
- Strengthen governance, leadership, service improvement and workforce sustainability to support the long-term development of maternity services across the Trust.

Overall, the continuity plan seeks to manage current workforce risks while ensuring women and babies continue to receive safe, effective and high-quality maternity care, and to support the future development of a sustainable maternity service model.

The Trust is working collaboratively with the Patient Client Council to ensure consistent messaging with the public and in particular impacted service users.

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

The continuity arrangement seeks to maintain the safety and wellbeing of women, babies and staff and support the development of a more resilient and sustainable maternity service model for the future. These measures have the potential to benefit all service users who access maternity services regardless of religious belief, political opinion, racial group, marital status, sexual orientation or whether they have dependants.

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

This proposal is owned by the Southern Health and Social Care Trust

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

There are several factors that could affect the achievement of the intended aims and outcomes:

- Ongoing difficulties recruiting and retaining suitably qualified consultant obstetricians, together with national and regional workforce shortages within Obstetrics and Gynaecology, limiting the availability of substantive and locum staff.
- Sickness absence or other reductions in workforce capacity.
- Financial pressures associated with reliance on high-cost agency and temporary staffing arrangements.
- Dependence on support and engagement from external stakeholders, including the Department of Health, Strategic Planning and Performance Group (SPPG) and regional partners.
- The need to comply with clinical governance, patient safety and workforce requirements when determining how services are delivered.
- Potential pressures relating to maternity workforce, bed availability and wider service capacity across Trust sites, particularly the ability of CAH to safely accommodate activity transferred from DHH.
- The need for ongoing bed modelling, demand and capacity assessments, and patient flow analysis to ensure sufficient labour ward, antenatal and postnatal bed capacity is available at CAH to meet service demand safely and effectively.
- The potential impact on staff availability, deployment and travel requirements associated with the implementation of contingency arrangements.
- The need to ensure robust emergency and unscheduled care pathways are maintained, including clear arrangements for women who present to Daisy Hill Hospital requiring urgent

maternity assessment or treatment, and effective transfer processes where onward care at Craigavon Area Hospital is clinically required.

- Reliance on the Northern Ireland Specialist Transport and Retrieval Service (NISTAR) and the Northern Ireland Ambulance Service (NIAS) to support the safe transfer and retrieval of women and babies when clinically required and to maintain safe clinical pathways across the region.

The Trust has implemented mitigation measures including enhanced governance, workforce monitoring, recruitment activity and business continuity planning to support the intended outcomes. Additional mitigation measures include detailed and ongoing bed capacity reviews and bed modelling, escalation planning, close working with NIAS regarding emergency and hospital transfer arrangements, utilisation of regional specialist services such as NISTAR, and continued monitoring of patient flow and clinical capacity to support the safe delivery of maternity services across the Trust.

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

Main stakeholders are identified as:

- SHSCT population / Newry and Mourne population
- Mothers due to give birth in DHH in coming weeks/ months
- Maternity Staff/Theatre staff
- DHH Futures Group/ Daisy Hill SOS
- Emergency Department staff
- NIMDTA
- NIAS/NISTAR
- Health Service Executive (HSE)
- GPs
- Other Trusts
- Wider SHSCT staff
- Voluntary/ Independent Sector
- RQIA
- Patient Client Council, PSNI, Councils
- Local media
- Local Politicians
- Trade Unions
- Minister for Health,
- DOH / SPPG / PHA
- Neonatal Network Northern Ireland (NNNI)

Note: The above list is not exhaustive but is indicative of the main stakeholders likely to be affected.

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

- Enabling Safe Quality Midwifery Services and Care in Northern Ireland – Summary, Professor Mary Renfrew, October 2024
- Getting It Right First Time Gynaecology Across Northern Ireland, January 2024, NHS Royal National Orthopaedic Hospital NHS Trust
- Intrapartum Care NG235 published by National Institute for Health & Care Excellence (NICE) in September 2023
- Hospitals - Creating a Network for Better Outcomes – Summary Document – October 2024
- The Establishment of a Regional Service Delivery Model for Daycase Elective Care Procedures in Northern Ireland, Policy Statement, Department of Health, July 2020
- Ockenden Report – Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust (March 2022)
- RQIA Review of Governance Arrangements in Place to Support Safety Within Maternity Services in Northern Ireland (May 2023)
- DOH Health and Social Care NI Reset Plan July 2025
- Impact of Strategic Cumulative Assessment of all HSC Trusts' Financial Plans – DoH/SPPG
- SHSCT Vision and Strategy 2030 including Annual Strategic Plan 2026/27
- DoH Guidance on Roles and Responsibilities – Change or Withdrawal of Services – August 2023
- Trust's Management of Change Framework – which is the main vehicle in effecting change as it relates to staff with trade union input.
- Trust's Equality Scheme
- Rural Needs Act 2018

Note: The above list is not intended to be definitive

(2) Available evidence

2.1 Staff Affected by this Policy/Proposal

The focus for this equality screening is on those staff who will be directly affected by redeployment from their current roles within DHH. This screening will be an ongoing equality screening and will be kept under review as things change/ progress.

For the purposes of the screening template:

Primary Affected Groups - those directly impacted and subject to redeployment

- Midwifery and Midwifery Support staff subject to redeployment.
- Medical staff subject to redeployment.
- Audiology Newborn Hearing Screeners
- NIMDTA Resident Doctors (employed by NIMDTA, however the same Management of Change principles will be applied where appropriate)

Secondary / Indirectly Affected Groups

- Emergency Department staff DHH & CAH
- Theatre staff DHH & CAH
- Community Midwifery staff across the Trust
- Neonatal and Special Care Baby Unit staff – CAH & DHH
- Paediatrics staffing both DHH & CAH
- Administrative and support staff affected by service reconfiguration
- Midwifery and medical staff working in CAH
- Anaesthetics staff DHH & CAH
- Northern Ireland Ambulance Service
- NISTAR

Consideration of potential impacts on wider staff groups includes working arrangements, travel, workload, opportunities, shift patterns, training, career progression, wellbeing or access to services.

The service will constructively engage with those directly affected and ensure that it adheres to the best practice principles within the Trust's Management of Change Framework.

Although NIMDTA Resident Doctors are not employees of the Trust, they are a key group impacted by the proposed temporary consolidation of services, as a number of Resident Doctors will be required to move to the CAH site. To support this process, individual engagement meetings are being undertaken between the relevant Clinical Directors and the NIMDTA Employment Team, to explore any personal impacts and concerns arising from the proposed move.

2.2 Staff Affected by this Proposal/Composition of Southern Trust Workforce

Section 75 Group	*Make up of Staff Affected*	*Total Trust Staff%*	*DHH Staff %*
Gender	Female	**85.4%**	**94.3%**
	Male	**14.6%**	**5.7%**
Religion	Protestant	**33.9%**	**16.2%**
	Roman Catholic	**55.9%**	**69.5%**
	Neither	**10.2%**	**14.5%**
Political Opinion	Broadly Unionist	**8.9%**	**5.7%**
	Broadly Nationalist	**9.9%**	**11.4%**
	Other	**7.2%**	**9.5%**
	Do Not Wish To Answer/Not Known	**74%**	**73.3%**
Age	16-24	**6.6%**	**3.8%**
	25-34	**22.7%**	**15.2%**
	35-44	**28%**	**21.9%**
	45-54	**21.1%**	**27.6%**
	55-64	**17.5%**	**21.9%**
	65+	**4.1%**	**9.5%**
Marital Status	Single	**32.1%**	**27.6%**
	Married/Civil Partnership	**55.9%**	**61.9%**
	Other/Not Known	**12%**	**10.5%**
Dependant Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	**13.8%**	**22.9%**
	None	**55.9%**	**19%**
	Not Known	**12%**	**51.7%**
Disability	Yes	**2.8%**	**1%**
	No	**73.3%**	**83.8%**
	Not Known	**23.9%**	**15.2%**
Ethnicity	Bangladeshi	**0.01%**	**1%**
	Black African	**0.56%**	**0%**
	Black Caribbean	**0.01%**	**0%**
	Black Other	**0.03%**	**0%**
	Chinese	**0.08%**	**0%**
	Filipino	**0.55%**	**0%**
	Indian	**1.24%**	**1.9%**
	Irish Traveller	**0.01%**	**0%**
	Pakistani	**0.15%**	**0%**
	Mixed Ethnic	**0.24%**	**1%**
	White	**73.5%**	**80%**
	Not Known	**23.62%**	**16.2%**
Sexual Orientation towards:	Opposite Sex	**58.3%**	**56.2%**
	Same Sex	**1.2%**	**0%**
	Same and Opposite Sex	**0.3%**	**0%**
	Do Not Wish To Answer/Not Known	**40.2%**	**43.8%**

NB. Please note that due to rounding some percentages may not total 100%

**It should be noted that the provision of equality information by staff is voluntary. All staff are encouraged to provide/record their equality information at recruitment stage and to update it during their employment. Disclosure rates very across the equality groups and should be taken into consideration when interpreting the data.*

2.3 Patients / Clients Affected *(complete as far as possible with information available to you)*

Daisy Hill Hospital (DHH) provides local services for Newry, Mourne and surrounding rural communities, managing approximately 1,700 births annually. DHH also delivers emergency, elective and day-case care, supported by a developing Women's Health Hub providing early pregnancy assessment, ambulatory gynaecology and women's health assessments. Women requiring highly specialised maternal or neonatal care are transferred from DHH to CAH through established pathways. See Appendix 1: Tables 1 and 2.

2.4 Southern Trust's Area Population Profile

Profile of Southern Health and Social Care Trust Resident Population - 2021 Census

<table>
<tr><th>Section 75 Group</th><th>Southern Trust's Area</th><th>Trust's Area Population of (390,976) %</th><th>Make up of Newry and Mourne DCA Population %</th></tr>
<tr><td>Gender</td><td>Female
Male</td><td>50.2
49.8</td><td>50.5
49.5</td></tr>
<tr><td>Religion</td><td>Protestant
Roman Catholic
Other</td><td>35.5
57
7.5</td><td>22
72.1
5.9</td></tr>
<tr><td>Political Opinion</td><td colspan="3">Based on the 2023 Local Government Election results, the current composition of the councils within the Trust area are as follows:
<table>
<tr><td></td><td colspan="8">Number of local councillors by council area</td></tr>
<tr><td>Council Area</td><td>Sinn Fein</td><td>DUP</td><td>UUP</td><td>Alliance</td><td>SDLP</td><td>TUV</td><td>Independent/ Other</td><td>Total</td></tr>
<tr><td>Newry Mourne & Down</td><td>16</td><td>4</td><td>2</td><td>3</td><td>8</td><td>0</td><td>8</td><td>41</td></tr>
<tr><td>Armagh, Banbridge and Craigavon</td><td>12</td><td>11</td><td>5</td><td>6</td><td>2</td><td>2</td><td>3</td><td>41</td></tr>
<tr><td>Mid Ulster</td><td>19</td><td>11</td><td>2</td><td>0</td><td>5</td><td>0</td><td>3</td><td>40</td></tr>
</table></td></tr>
<tr><td>Age</td><td>0-15
16-24
25-44
45-64
65-84
85+</td><td>22.5
10.2
26.5
25.3
13.8
1.8</td><td>22.0
10.4
24.9
26
14.7
1.9</td></tr>
<tr><td>Marital status (aged 16+ years)</td><td>Single
Married/Civil Partnership
Other</td><td>34.99
50.24
14.77</td><td>28.6
37.5
33.9</td></tr>
<tr><td>Dependant Status (based on 68,397 households, census 2021)</td><td>Households with dependent children (Census 2021)</td><td>32.9</td><td>32.1</td></tr>
<tr><td>Disability (based on 68,397 Households, census 2021)</td><td>Household with one or more persons with a limiting long-term illness or disability (Census 2021)</td><td>43.1</td><td>44.3%</td></tr>
<tr><td>Disability or Long-Term Health Problem</td><td>Yes
No</td><td>21.8
78.2</td><td>22.9
77.1</td></tr>
</table>

Ethnicity	Black African	**0.4**	**0.11**
	Black Other	**0.4**	**0.06**
	Chinese	**0.3**	**0.19**
	Filipino	**0.1**	**0.09**
	Indian	**0.2**	**0.16**
	Irish Traveller	**0.3**	**0.19**
	Pakistani	**0.1**	**0.03**
	Mixed Ethnic	**0.8**	**0.49**
	Arab	**0.1**	**0.05**
	Roma	**0.1**	**0.05**
	Other Asian	**0.4**	**0.09**
	Other Ethnicities	**0.2**	**0.17**
	White	**96.5**	**98.32**
Sexual Orientation towards:	Heterosexual	**69.8**	**70.5**
	LGBTQ+	**1.1**	**1.2**
	Not Stated	**29.1**	**28.3**

N.B Please note that due to rounding some percentages may not total 100%

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff. ***(NB: Use relevant statistical and qualitative data to complete the table below)***

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Gender	Historically the gender composition within the health and social care workforce has been predominately female. The gender profile of current Trust staff is 85.4% female and 14.6% male. The gender profile of those staff directly affected is 94.3% female and 5.7% male. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected using management of change principles.	The gender composition for the overall Southern Trust population is reflective of the gender split for Newry & Mourne DC area. Maternity services are provided to people who are pregnant, giving birth, or accessing postnatal care. Where the term "women" is used in this document, it reflects commonly used terminology within maternity policy and practice and is intended to include all individuals who access maternity services. Women who had planned to have their babies at DHH are directly affected by this proposal. Women with emergency gynaecology presentations at DHH will also be impacted (albeit numbers are significantly less than birth numbers, being circa one per month at DHH). Women are the group most directly

Section 75 Category	*Details of Needs, Experiences and Priorities*	
	Staff	***Service Users***
		affected by the proposal. The temporary relocation of inpatient maternity and emergency gynaecology services may affect access, continuity of care, travel requirements, support arrangements during labour. Particular consideration should be given to vulnerable women, young mothers and women without access to private transport.
Age	The age profile of staff working on the DHH site is referenced in 2.2. The Trust is mindful that as people get older they may have increasing caring responsibilities. The Trust will consider mitigating measures for staff directly affected.	The age profile of the majority of service users impacted by the change will be those people of childbearing age, primarily in the 15 to 44 years category. Over the past 30 years there has been a downward trend in birth rates for 'younger' mothers and upward trend for 'older' mothers. Older mothers may be more likely to have high risk pregnancies and or require consultant led care.
Religion	The religious profile of staff working on DHH site is higher than the overall Trust breakdown with 69.5% Catholic compared to 55.9% however this reflects more closely the population of Newry and Mourne Down Council area.	The religious breakdown shows a higher % of Roman Catholics in the Newry & Mourne Down Council area compared to the Southern area composition; however, all religious beliefs will be affected by this proposed change. All of the Trust's maternity inpatient services provide a welcoming environment where people from differing religious backgrounds are cared for together.
Political Opinion	The political opinion profile of the overall Trust workforce is shown in table 2.2 Whilst information on political opinion is sourced, it is voluntary and as such, many staff chose not to declare their political opinion – 73% of staff in the Trust chose not to declare their political opinion.	The Trust does not routinely collect service user information on political opinion. The 2023 Local Government Election results for the Trust area are shown in Table 2.4.

Section 75 Category	*Details of Needs, Experiences and Priorities*	
	Staff	***Service Users***
	The Trust is committed to promoting a good harmonious working environment for all staff regardless of political opinion.	
Marital Status	The marital status profile of the overall DHH staff is shown in table 2.2 and is broadly reflective of the overall Trust profile. There is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status.	The marital status composition for the overall Southern Trust population and Newry & Mourne DC area can be found in 2.4. The Trust is committed to monitoring for any adverse impact.
Dependent Status	The dependent status profile of the Trust workforce is shown in table 2.2 We are mindful that the majority of staff are female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that 64% of females are carers. The Trust is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected, implementing through the Management of change framework and having further 1-2-1 discussions. and consideration of flexible working arrangements where appropriate. See also Gender above which correlates with dependent status.	It is anticipated that many of the people who receive acute maternity inpatient services are accompanied by friends and family on a regular basis as birthing partners and/or support. The Trust recognises that a significant proportion of service users may also have caring responsibilities for other children or dependants. The Trust is also aware of the impact of extra travel times and distance for those who currently accompany people in DHH which may impact: • childcare arrangements; • partner availability to travel; • caring responsibilities for other children; • visiting newborns.
Disability	Overall there is a low percentage of employees in the Southern Trust who have	The proposal may have the potential to create differential impacts for some service users with disabilities. The consolidation of

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	**Service Users**
	declared a disability. The Trust is mindful that people may be reluctant to declare that they have a disability so this is likely underreported. While no direct discriminatory impact has been identified, the proposal may have the potential to create differential impacts for some staff with disabilities, particularly where changes to work location, travel requirements, working patterns, or workplace environment interact with an individual's disability or existing workplace adjustments. These impacts will require consideration through individual engagement, risk assessment and the implementation of reasonable adjustments in line with relevant employment policies and good practice guidance.	services will increase travel requirements for part of the population and this may present additional challenges for individuals with mobility impairments, sensory disabilities, learning disabilities, neurodiverse conditions, mental health conditions or long-term health conditions. The impact may be greater for those requiring frequent appointments during pregnancy. The Trust will continue to assess and respond to individual needs, including both physical and non-physical disabilities, and reasonable measures will be considered to minimise barriers to accessing services. Specialist pathways and clinics are already provided on the CAH site, with a number of highly specialised services delivered regionally through the Royal Jubilee Maternity Service. The Trust will monitor service utilisation, patient experience and equality impacts following implementation and will take appropriate action where evidence of adverse impact is identified.
Ethnicity	Available workforce data indicates that the majority of staff affected by the proposal are from a White ethnic background, which is reflective of the overall Trust workforce profile. The Trust has considered the available evidence and has not identified any indication that staff from any racial group would be adversely affected disproportionately as a result of the proposal. The Trust will continue to consider any issues raised	Data gathered from NISRA indicated that 20.1% of births in 2024 were to mothers from outside Northern Ireland compared to 17.6% in 2012. The trend across this period has seen sustained increasing proportions of births to mothers originating from outside Northern Ireland. The Trust is committed to ensuring equitable access to maternity care and provides access to interpreting and translation services for women who require communication support. Information can be made available in alternative languages and formats where required. Women from ethnically diverse backgrounds may experience additional barriers associated with increased travel

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	**Service Users**
	through staff engagement and monitor for any unintended differential impacts during implementation.	distances, limited access to private transport, unfamiliarity with transport options, or reduced family and community support networks. The Trust will continue to ensure that maternity care is culturally sensitive and responsive to individual needs. Any cultural, religious or communication requirements identified through antenatal assessment and care planning will continue to be accommodated wherever possible throughout the maternity pathway The Trust employs a social complexity Midwife and a team of midwives based in South Tyrone Hospital who look after our women from East Timor. Any specific cultural needs will be addressed during the consideration of inpatient maternity care options.
Sexual Orientation	The sexual orientation profile of the overall Trust workforce is shown in table 2.2 A significant proportion of staff chose not to disclose their sexual orientation or did not complete this section of the monitoring information. Based on the available evidence, the Trust has not identified any indication that the proposal would have a disproportionate adverse impact on staff on the grounds of sexual orientation. The Trust will continue to monitor for any unforeseen impacts through staff engagement and implementation processes.	While information on sexual orientation is not routinely collected for maternity service users, the Trust has considered the available evidence and has not identified any indication that the proposal would have a disproportionate adverse impact on individuals on the grounds of sexual orientation. The Trust remains committed to providing inclusive maternity services which recognise and respect the needs of all individuals and families and will continue to monitor patient feedback and experience following implementation. The sexual orientation composition for the overall Southern Trust population is reflective of that for Newry & Mourne DC area.

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

engagement has been undertaken with:

- maternity service users;
- establishment of a dedicated maternity information line for service users and families
- midwifery and maternity staff;
- medical staff;
- Patient Client Council (PCC);
- Regulation Quality Improvement Authority (RQIA);
- Trade Union representatives;
- Elected reps
- DHH Futures / DHH SOS
- HSE
- Update issued to community and voluntary sector
- Primary Care;
- NIAS & NISTAR;
- NIMDTA;

The Trust will also take account of information or feedback provided by service users and key stakeholders during this period of continuity planning.

Following the implementation of the continuity plan, the next steps will be:

- Complete a full Equality Impact Assessment and review, update, and maintain the existing Rural Needs Assessment.
- continued (pre-consultation) engagement with affected parties, to include (but not limited to) service users, staff, other HSC service providers (e.g. GPs), interest groups, local councils and elected representatives.
- Consideration of options and required conditions to re-instate services at DHH including a sustainable service model.

It is likely that the pre-consultation engagement will take a period of 2-3 months (noting Christmas leave period swiftly following the service consolidation). Over the coming weeks the Trust will develop a robust engagement plan to continue the engagement that has already commenced and widen it to other relevant stakeholders and interested parties. Following the completion of the EQIA, continued Rural Needs assessment and engagement processes, the Trust will consider the most appropriate approach to consultation with the public on the change of service.

(4) Screening Questions

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

The temporary consolidation arrangements are being considered as an emergency business continuity measure to ensure the continued provision of safe, consultant-led maternity services in the context of significant workforce challenges. The primary objective of the proposal is to protect the safety and wellbeing of women, babies and staff and to maintain continuity of care.

The proposal is not intended to disadvantage any Section 75 group; however, the Trust recognises that different groups may experience differing levels of practical impact arising from increased travel distances, changes in access arrangements, caring responsibilities and service location. These impacts, together with mitigation measures, are considered below and will continue to be monitored throughout implementation.

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

Section 75 category	*Details of policy/proposal impact*		*Level of impact? Minor/major/ none*
	Staff	***Service Users***	
Gender	The staff group most directly affected by the proposal is predominantly female (94.3%). Temporary consolidation may require some employees to work from an alternative site, resulting in increased travel time, additional travel costs, changes to working arrangements and potential impacts on work-life balance. As women are more likely to have primary caring responsibilities, there is potential for disproportionate impacts on childcare arrangements, family responsibilities and availability for shift working. The Trust will seek to minimise these impacts through the	Women are the group most directly affected by the proposal as the service changes are accessed primarily by women during pregnancy, labour, birth and the postnatal period. Temporary consolidation of inpatient maternity services may increase travel distances and journey times for labour and birth, reduce proximity to family support networks and alter planned birth arrangements. Particular consideration may be required for younger mothers, vulnerable women, women without access to private transport and those requiring additional support. The Trust will continue to consider measures to support equitable access to services and will monitor for any adverse impacts arising from the temporary consolidation.	**Major**

	application of the Management of Change Framework, engagement with affected staff, consideration of flexible working arrangements where operationally feasible, exploration of alternative redeployment options where available, provision of appropriate training and workplace support, and payment of excess mileage in accordance with Trust policy. Individual circumstances, including caring responsibilities, will be considered during implementation to minimise any disproportionate impact on staff.	However, the proposal is being implemented to maintain safe consultant-led maternity services and protect the safety of women and babies. Antenatal, postnatal, community midwifery and a range of outpatient maternity services will continue to be provided locally. The Trust will continue to monitor access, patient experience and equality impacts throughout implementation and will take reasonable steps to mitigate any adverse effects identified.	
Age	Staff of different age groups may experience the effects of redeployment differently. Increased travel requirements and changes to work location or working patterns may present different challenges depending on an individual's circumstances and stage of life. The Trust will consider individual circumstances and appropriate mitigating measures through the Management of Change Framework and ongoing one-to-one engagement with affected staff.	Impacted service users are primarily of childbearing age. The proposal may affect women differently depending on age and clinical need. Older mothers are statistically more likely to require consultant-led care enhanced monitoring or specialist interventions during pregnancy and may therefore be required to attend hospital more frequently. However, the current pathway for women requiring highly specialised maternal, neonatal care or high-risk pregnancies is that they attend CAH as the first and established pathways. Younger women, particularly younger mothers with limited access to private transport, financial resources or family support, may experience additional challenges associated with increased travel requirements. Increased travel distances may therefore have differing impacts across age groups depending on individual circumstances and support networks. The Trust will continue to monitor	**Major**

		access to services and seek to minimise barriers for women of all age groups.	
Religion	Statistically the religious profile of staff working on DHH site is higher than the overall Trust breakdown with 69.5% Roman Catholic compared to 55.9%, however this does reflect more closely the population of Newry and Mourne DC area. However, there is no evidence to suggest that the proposal directly affects staff differently on the basis of religious belief. The Trust will continue to monitor for any differential impact. Any changes arising from the temporary consolidation arrangements will be implemented in accordance with the Trust's Management of Change Framework and will be applied consistently and fairly, regardless of religious belief.	The proposal applies equally regardless of religious belief. However, the population served by Daisy Hill Hospital includes a proportionately larger Roman Catholic population compared with the Trust population overall. Consequently, a greater number of people from that community may experience the practical effects of the temporary consolidation of maternity services. To mitigate potential impacts, antenatal, postnatal, community midwifery and a range of outpatient maternity services will continue to be delivered locally. The Trust will continue to engage with service users and relevant stakeholders and will monitor patient feedback, complaints and equality-related concerns throughout the duration of the temporary arrangements to identify and address any unintended impacts.	**Minor**
Political Opinion	No differential impact has been identified in relation to political opinion. The proposal relates to clinical service delivery and workforce sustainability considerations and applies equally to all employees.	No differential impact has been identified on the basis of political opinion. The proposal applies on the basis of clinical need and geographic service configuration rather than political affiliation.	**None**
Marital Status	The Trust has not identified any evidence that the proposal would result in a differential impact on staff on the grounds of marital status. Individual circumstances will be considered through the Management of Change process to support staff affected by the proposed changes.	The Trust recognises that family circumstances and support networks may influence how individuals experience the temporary consolidation arrangements. Single mothers, lone parents and women with limited family or social support may experience additional challenges associated with increased travel	**Minor**

		distances for labour, birth and inpatient maternity care, including arranging transport, accessing practical support and managing childcare responsibilities for other children. Antenatal, postnatal, community midwifery and a range of outpatient maternity services will continue to be provided locally. The Trust will continue to support the involvement of birth partners, carers and family members in care where appropriate and will seek to identify and respond to individual support needs through care planning and ongoing engagement with service users. The Trust will continue to monitor patient experience and feedback throughout the duration of the temporary arrangements.	
Dependent Status	Some staff affected by redeployment have caring responsibilities for children, older relatives or family members with disabilities. Increased travel requirements and changes to working arrangements may impact on caring responsibilities, childcare arrangements and work-life balance. The Trust will seek to minimise adverse impacts through early engagement with affected staff, consideration of flexible working arrangements where operationally feasible, application of the Management of Change policy, and individual assessment of circumstances during implementation. Support will also be provided to staff experiencing difficulties in balancing caring responsibilities with revised	This category is likely to experience one of the most significant impacts. Increased travel distances may affect childcare arrangements for existing children, the availability of birth partners, visiting for new borns, family involvement during labour and postnatal care, visiting arrangements and childcare arrangements for other siblings. The impact may be particularly significant for women with limited support networks, those with multiple children, or those reliant on family members for childcare and transport. The Trust will seek to minimise these impacts through appropriate appointment scheduling, clear communication regarding service arrangements, and individual care planning where additional support needs are identified.	**Major**

	working arrangements.		
Disability	Staff who have disabilities, long-term health conditions or reduced mobility may experience additional challenges arising from changes in work location, increased travel requirements, commuting arrangements or working patterns. The impact may be greater where existing workplace adjustments, medical restrictions or transport arrangements are linked to a particular site. The Trust will work with affected staff to understand individual circumstances and will consider reasonable adjustments, workplace supports, flexible working arrangements and other appropriate measures in accordance with disability legislation, Trust policies and the Management of Change Framework.	Disabled women and service users with physical, sensory, learning, cognitive or mental health disabilities may face additional barriers associated with increased travel distances and accessing an unfamiliar clinical environment. Those requiring ongoing support, accessible transport, communication, advocacy or specialised care pathways may be particularly affected. The Trust will continue to provide reasonable adjustments, accessible information, communication support and personalised care planning to mitigate potential adverse impacts and support equitable access to maternity services.	**Minor**
Ethnicity	No differential impact has been identified on the basis of racial group. However, as with all staff if they have never been through an organisational change management process before, they may require access to appropriate communication and support arrangements.	Women from ethnically diverse communities may face additional barriers associated with language, communication, health literacy, transport and unfamiliarity with services. Increasing numbers of births within the Trust are to women born outside Northern Ireland. Newry & Mourne DC area is increasing multi-cultural. The Southern Trust is the second largest user (after Belfast Trust) of the NI Regional HSC Interpreting Service consistently over the last number of years. The Trust will continue to provide translation, interpreting and culturally appropriate support services and will monitor access and patient experience throughout implementation.	**Minor**

Sexual Orientation	No differential impact has been identified in relation to sexual orientation. The proposal applies equally to all staff and existing policies promoting dignity, respect and inclusion will continue to apply.	No evidence has been identified to suggest differential impact on service users based on sexual orientation. The Trust will continue to monitor patient feedback and experience	**None**

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	As the process moves to EQIA stage further information and feedback will be ascertained.
Age	As above
Religion	As above
Political Opinion	As above
Marital Status	As above
Dependent Status	As above
Disability	As above Where matters pertaining to disability may arise in keeping with Trust policy, reasonable adjustments to be considered.
Ethnicity	As above Documents translated into other languages on request.
Sexual Orientation	As above

(4.3) To **what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none**		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief		Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of these proposals, is taken into account in making any final decisions.
Political opinion		As above
Racial group		As above

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	No
Political opinion	No
Racial group	No

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The Trust has considered its Disability Duties in relation to this proposal, specifically the need to promote positive attitudes towards disabled people and encourage participation by disabled people in public life.

Staff - The Trust recognises that some staff affected by the temporary consolidation arrangements may have disabilities, long-term health conditions or reduced mobility. Individual circumstances will be considered through the Management of Change process and reasonable adjustments will be implemented where required. This may include consideration of working arrangements, accessibility needs, workplace adaptations and access to the Trust's Disability Advocate, and Occupational Health support.

Service Users - The Trust is committed to ensuring that service users with disabilities continue to have equitable access to maternity services. Where inpatient maternity services are temporarily consolidated at Craigavon Area Hospital, individual needs will continue to be assessed and appropriate reasonable adjustments provided. This may include accessible information, communication support, advocacy, assistance with mobility needs, interpretation services and individual care planning where appropriate.

The Trust will continue to monitor the impact of accessibility issues for disabled service users and their carers and will consider further mitigating measures where required.

(6) Consideration of Human Rights

The Trust has a duty to act compatibly and must take Human Rights considerations into account in its day-to-day functions/activities.

(6.1) How does the policy/proposal impact on Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	Potential positive impact: maintaining safe consultant-led obstetric care	Potential negative impact: increased travel time during labour	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.		Potential impacts include separation from support networks; visiting difficulties; disruption of family arrangements	
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
1st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit on tel: 028 375 64151. It may also be necessary to seek legal advice.

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

The temporary consolidation of services continuity plan has been developed to ensure the continued provision of safe consultant-led maternity services while working to minimise adverse impacts on service users and staff. Human rights considerations will continue to inform implementation, engagement, monitoring and review of the arrangements.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal? ***(Please tick one option below and list your reasons for the decision in 7.2 below)***

Major impact	**X**	**EQIA Required?** ***(Delete as appropriate)***	
		Yes	No
Minor impact		Mitigation Required	Alternative Policy Required
		Yes/No	**Yes/No**
No impact		~~**Screened Out**~~	

(7.2) Please give reasons for your decision and detail any mitigation or alternative policies considered.

The temporary consolidation arrangements are being considered solely to maintain safe consultant-led maternity services. The proposal is not intended to disadvantage any Section 75 group; however, the Trust recognises that different groups may experience differing levels of practical impact arising from increased travel distances, changes in access arrangements, caring responsibilities and service location. These impacts, together with mitigation measures, are considered below and will continue to be monitored throughout implementation.

The Trust believes it is appropriate in this instance to conduct a full EQIA on the Continuity Plan to consolidate all maternity and births to CAH to enable consultees to have their say on the proposed service changes and in view of the strategic importance of these proposed service changes.

Further, the Trust believes that the EQIA offers a valuable way to examine evidence presented by consultees in making any final recommendations/ decisions in respect of any future service proposals.

This temporary consolidation is part of the continuity measures required to maintain a safe and effective maternity service to the population of the Southern Trust. During this period of temporary consolidation, the Trust will take account of any emergent issues. The Trust has therefore screened this policy decision in for on-going screening - see 7.3 below.

The proposal directly affects people in Newry, Mourne and South Down considerably more than those living closer to Craigavon. Please see Rual Needs Impact Assessment for further information.

The proposed arrangements do not involve the withdrawal of all maternity services from Daisy Hill Hospital. Antenatal and postnatal outpatient maternity services would continue to be provided at Daisy Hill.

The Trust remains committed not only to maintaining services at Daisy Hill where they can be delivered safely and sustainably, but also to enhancing and developing services available on the site. This includes exploring opportunities to further develop models of care such as a Day Obstetric Unit, Outpatient Induction of Labour services, and a centralised telephone access service for the Maternal and Fetal Assessment Unit, aimed at improving access, patient experience and service efficiency.

The Trust is also developing a more integrated Trust-wide maternity workforce, including cross-site deployment where required, and where capacity permits, alongside ongoing recruitment and workforce planning. These initiatives are intended to support service resilience, strengthen maternity care provision and help ensure women continue to have access to high-quality maternity services within the Daisy Hill catchment area.

Mitigation of Impact on Current Service Users

The Trust is committed to continually improving the quality of its services. The Trust's options are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

The modernisation of our acute maternity services will ensure that services are person-centred and in the right place, for the right length of time. Our service improvement and modernisation will be based on best practice and we are committed to planning our services in partnership with service users and carers.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for human rights is integral to the implementation of this proposal.

Mitigation measures include:

- The proposed arrangements do not involve the withdrawal of all maternity services from Daisy Hill Hospital. Antenatal and postnatal outpatient maternity services would continue to be provided at Daisy Hill.
- Continued exploration of alternative workforce solutions and recruitment for consultants using national, international and specialist medical recruitment frameworks
- No restrictions on visiting times in the maternity currently at CAH / DHH and this will continue allowing families and birthing partners to be present.
- Establishment of a dedicated maternity information line for service users and families
- Possible travel reimbursement via the Hospital Transport Scheme for those on low incomes
- ED pathways have been developed with input from Obs and Gynae
- Emergency travel arrangements via NIAS
- Communication Support such as translations and interpreting services are available for all those whom English is not their first language and provision of accessible information in alternative formats where required.
- Ongoing engagement with service users, carers and representative groups to identify and address emerging equality issues.

The Trust will monitor the impact of the temporary consolidation on service users through patient experience feedback, complaints, incidents, service utilisation data and equality-related concerns. Any evidence of disproportionate adverse impact on particular groups will be reviewed and addressed as appropriate.

Mitigation of Impact on Current Staff

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to affected staff. The Trust has systems in place to support staff through the changes. Indiviudal 1-2-1 conversations are being held with all those staff directly impacted. This includes discussion around support including psychological support and possible redeployment within DHH location, to the community or CAH Maternity. As per management of change staff can claim the excess mileage for up to 4 years.

In addition, the Trust will provide information in a timely way, provide time for training, attending interviews, counselling, trying out posts and accessing Occupational Health Support if required.

The Trust recognises the equality impacts in particular in relation to:

Disability

Existing reasonable adjustments will be reviewed and, where necessary, transferred or adapted to ensure staff can continue to work effectively at their new location. Individual accessibility requirements, travel arrangements and workplace accommodations will be considered as part of the transition process.

Gender and Dependants

The Trust will consider individual caring responsibilities, including childcare and caring commitments for dependent relatives, when planning implementation arrangements. Flexible working options, working patterns and rostering arrangements will be explored where operationally feasible to minimise disproportionate impacts.

Travel and Wellbeing

The Trust will work with affected staff to identify practical solutions to travel-related challenges, including consideration of commuting arrangements, travel support and phased transition arrangements where appropriate.

Staff Wellbeing

The Trust will continue to promote access to staff wellbeing services, employee support programmes and occupational health services throughout the period of change, recognising the potential impact of uncertainty, relocation and changes to working arrangements.

A communication strategy will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns.

The temporary contigency arrangements may impact on staff in terms of relocation to a new work site and redeployment to a different post and a new role. The Trust will work in partnership with Trade Unions to assess the impact on staff and to put mitigating measures in

place.

The Trust will continue to monitor the impact of implementation on staff across the Section 75 categories.

Given the scale of service change and the concentration of impact on a number of Section 75 categories in particular women, rural populations and those with dependants, this meets the threshold for a full EQIA.

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	**X**
No	

(8) Monitoring

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

A comprehensive monitoring framework will be implemented to include:

- complaints
- travel-related issues;
- missed appointments;
- adverse incidents;
- patient experience surveys;
- equality monitoring

The Trust will continue to monitor activity within Maternity Services to identify any unforeseen impacts.
The Trust will also take account of information or feedback provided by service users and key stakeholders during this period of contingency arrangement.

Approved Lead Officer: **Colm McCafferty, Director of CYPWS.**

Date:

Policy/proposal screened by:

Please forward completed screening template to Equality.Unit@southerntrust.hscni.net for inclusion in the Trust's Policy Screening Reports which are uploaded to the Trust's website.

Appendix 1

Table 1 - SHSCT Births by Hospital 2014 – 2024

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SHSCT Area Births	5,457	5,524	5,516	5,360	5,244	5,150	4,777	4,989	4,936	4,810	4,550
CAH Births	4,015	4,040	4,150	4,028	3,911	3,876	3,233	3,240	3,096	2,885	2,823
DHH Births	1,806	1,794	1,760	1,745	1,624	1,656	1,803	1,956	2,006	1,925	1,727

Source: NISRA [Northern Ireland Births Background Quality Report | Northern Ireland Statistics and Research Agency]

Table 2 – Births by delivery method 2020 – 2025

Site	Delivery Method Grouped	2020	2021	2022	2023	2024	2025	Grand Total	Change from 2020 to 2025
CAH	Breech	11	11	9	8	7	8	54	-27%
	Elective C-Section	412	402	438	536	566	642	2,996	56%
	Emergency C-Section	521	606	625	525	517	507	3,301	-3%
	C-Section Total	**933**	**1,008**	**1,063**	**1,061**	**1,083**	**1,149**	**6,297**	23%
	Instrumental (Forceps & Vacuum)	380	401	409	425	418	385	2,418	1%
	Normal	1,985	1,915	1,566	1,391	1,315	1,226	9,398	-38%
CAH Total		**3,309**	**3,335**	**3,047**	**2,885**	**2,823**	**2,768**	**18,167**	**-16%**
DHH	Breech	6	2	1	1	4	2	16	-67%
	Complete	0	0	0	0	0	1	1	0
	Elective C-Section	554	669	663	685	632	589	3,792	6%
	Emergency C-Section	256	269	290	251	244	234	1,544	-9%
	C-Section Total	**810**	**938**	**953**	**936**	**876**	**823**	**5,336**	2%
	Instrumental (Forceps & Vacumn)	160	186	202	188	151	148	1,035	-8%
	Normal	912	882	808	800	696	739	4,837	-19%
DHH Total		**1,888**	**2,008**	**1,964**	**1,925**	**1,727**	**1,713**	**11,225**	-9%
Grand Total		**5,197**	**5,343**	**5,011**	**4,810**	**4,550**	**4,481**	**29,392**	-14%