

Equality, Good Relations and Human Rights Screening Template

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

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

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Reduction in the use of Locum Doctors

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

Proposal 8 - NHSCT Savings Plan 2017/2018

This is a new proposal for the Northern Health and Social Care Trust and is part of a range of proposals put forward in order to achieve a balance financial plan in 2017/18.

Background/Context

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care in 2017/18 in order to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As directed by DoH, the Northern Health and Social Care Trust (NHSCT) has publicly consulted on the proposals in the savings plan from 24 August 2017 – 5 October 2017 in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014. In order to fully inform the public about all savings options under consideration the consultation document included information on the totality of the savings plan for the Northern area which amounts to £13m.

The Trust carried out an initial Section 75 assessment of the temporary proposals in its 2017/18 Savings Plan by applying the four Section 75 screening questions. Based on the information available, this initial assessment determined if the proposals would have Major/Minor/Little or No Impact. The outcome of this assessment was provided as an

appendix to the consultation document. The Trust also committed to more thorough and comprehensive Section 75 assessments on the temporary proposals during the 6 week consultation period. Proposals identified as having a potential minor impact on people in one or more of the Section 75 categories were subjected to a more thorough Section 75 assessment which includes an assessment of the impact on both service users/patients and staff if the proposal were to be implemented.

This Section 75 screening of the proposal to reduce the use of Locum Doctors has been prepared by the Trust and has been informed by the feedback received during initial consultation period.

Draft Section 75 screenings on the proposals identified as having a minor impact will be tabled at the extraordinary public Trust Board meeting on Friday 13 October 2017, then at the Board of the Health and Social Care Board for onward submission to the Department of Health for final decision.

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

The Trust is aiming to fill vacancies for Doctors posts, currently filled by Locum Doctors, with Doctors on Trust salaried posts. We believe we have had some success in securing some salaried Doctors over the coming months which will allow us to release some cash savings by end March 2018. The particular details, largely affecting Causeway Hospital, are set out below.

- One Trust employed doctor (frailty post) has replaced a locum Doctor at start of September 2017 (Frailty Specialty).
- Three returning Trust employed Doctors and will release Locum Doctors (dates are first days of October 2017 for two, and one at start of November 2017).
- Interviews are to take place on 16 October 2017 for two Medical posts and we are hopeful about securing Doctors on Trust contracts.
- New Emergency Department Doctors rota commenced on 2 October 2017 and has reduced one locum day time shift as per savings plan.

Risk

Any further unplanned absences of doctors or vacancies that might arise would jeopardise the quantum of spend reduction or put service delivery at risk if posts could not be covered.

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

This proposal is subject to a six week public consultation and consultees will include representatives from the Section 75 equality categories.

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

HSC Trusts have been tasked by the DoH with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and have directed that it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

(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?)

- DoH level approval and endorsement of Trust actions to achieve financial balance for 2017/18.
- The need for meaningful engagement and consultation may impact on some of the timescales and outcomes
- Feedback from consultation process may impact on implementation.
- Any further illness or unplanned absences of doctors in Causeway would jeopardise quantum of spend reduction.
- While we have maintained emergency and urgent services, if there should be further medical staffing pressures, particularly at Causeway Hospital, we would not be in a position to take on further locum staff and this would impact on acute bed numbers and potentially on Emergency Department services.

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

Internal stakeholders: DoH, HSCB, NHSCT, other HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies etc.

External stakeholders: The Trust's Cost Savings/Financial Plan 2017/18 will impact on its local population i.e. service users, patients and clients, relatives, as well as other organisations e.g. the public sector, independent sector, voluntary and community groups, Section 75 representative groups and advocates, MLAs etc. (This list is not intended to be exhaustive).

Other Stakeholders: Locum Doctors, Employment/ Recruitment Agencies who source/ provide Locum Doctors

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

- DoH Budget 2017/18
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- 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 which incorporates the Trust’s Human Rights obligations and disability duties.
- ECNI Guide on Section 75 and Budget
- NHSCT 2017/18 Savings Plan
- UN Convention on the Rights of Persons with Disabilities
- Human Rights Act 1998

(2) Available evidence

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

Details of evidence/information

Although this proposal will reduce the number of higher cost locum doctors working across the Trust’s Hospital sites the Trust will continue to seek to appoint permanent staff as per its Recruitment and Selection policy.

Section 75 Group	Total Trust Workforce Profile as at 1 January 2017	Percentage
Gender	Female	85.73
	Male	14.27
Religion	Protestant	54.54
	Roman Catholic	38.79
	Neither	6.67
Political Opinion	Broadly Unionist	14.51
	Broadly Nationalist	6.91
	Other	10.86
	Do Not Wish To Answer/Not Known	67.73
Age	16-24	3.47
	25-34	20.70
	35-44	24.43
	45-54	30.00
	55-64	18.96
	65+	2.44
Marital Status	Single	25.00
	Married	68.03
	Not Known	6.97
Dependent Status	Caring for a Child/Children/Dependant Older Person / Person with a Disability	33.49
	None	23.44
	Not Known	43.07
Disability	Yes	2.79
	No	82.88
	Not Known	14.33
Ethnicity	Bangladeshi	0
	Black African	0.09
	Black Caribbean	0.02
	Black Other	0.03
	Chinese	0.05
	Filipino	0.28
	Indian	1.05
	Irish Traveller	0.02
	Mixed Ethnic	0.17
	Other	0.29
	Pakistani	0.12
	White	82.40
	Not Known	15.48
Sexual Orientation towards:	Opposite Sex	55.30
	Same Sex	1.39
	Same and Opposite Sex	0.19
	Do not wish to answer/not known	43.12

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965) (2011 Census)
Gender	Female 50.99% Male 49.01%
Age	0 -15 16-39 40-64 65-84 85+ 20.81% 31.63% 32.36% 13.46% 1.74%
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%
Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Irish Traveller – 0.05% Bangladeshi – 0.01% Pakistani – 0.04% Black Caribbean – 0.01% Mixed Ethnic Group– 0.18% Chinese – 0.23% White – 99.29% Indian – 0.09% Not Known – 0.05% Other Black – 0.01%
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

(3) Needs, experiences and priorities

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

Category	Needs, experiences and priorities Census 2001 by Section 75 Groups NORTHERN AREA POPULATION (426,965)	
	Service users	Staff
Gender	The Trust considers that there will be sufficient mitigation to alleviate potential adverse impact. While we have maintained emergency and urgent services, if there should be further medical staffing pressures, particularly at Causeway Hospital, we would not be in a position to take on further locum staff and this would impact on acute bed numbers and potentially on Emergency Department services. The Trust is committed to ongoing monitoring of this proposal.	Due to the small numbers of Trust staff affected by this proposal the Trust has taken the decision, in order to protect the identity of individuals that specific information will not be included above. However the data has been considered by Trust staff. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust will put systems in place to support staff through the changes.
Age	As above	As above
Religion	As above	As above
Political Opinion	As above	As above
Marital Status	As above	As above
Dependent Status	As above	As above
Disability	As above	As above
Ethnicity	As above	As above
Sexual Orientation	As above	As above

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

On 24 August 2017, following approval from Trust Board we commenced a public consultation on our '2017/18 Savings Plan'. The consultation closed on 5 October 2017.

To raise awareness of the consultation process it was advertised in the local newspapers indicating that the document could be downloaded from the Trust's website or available from the Trust's Equality Unit. Over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also reminded of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats on request.

During the consultation period the Trust held five locality engagement meetings in each of the four Trust localities to engage directly with service users, carers, the public, local representatives. The Trusts also held a number of staff engagement meetings and participated in a number of meetings with Councils and MLAs during the consultation process.

A consultation outcome report, detailing the consultation process and feedback received is available on the Trust website.

(4) Screening Questions

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

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

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	None	None	None
Age	None	None	None
Religion	None	None	None

Political Opinion	None	None	None
Marital Status	None	None	None
Dependent Status	None	None	None
Disability	None	None	None
Ethnicity	None	None	Minor
Sexual Orientation	None	None	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	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Age	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Religion	<p>The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.</p> <p>The Trust will also ensure to provide a welcoming environment for all service users and carers and necessary arrangements will be made for service users to practice his/her religious beliefs.</p>
Political Opinion	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Marital Status	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Dependent Status	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.

Disability	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Ethnicity	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.
Sexual Orientation	The Trust will identify posts where we believe we can mitigate the impact on service. The Trust will continue to seek to appointment permanent staff.

(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	On the basis of the information available to date, it is not envisaged that the proposed reduction of locum doctors would have any impact on terms of good relations.	None
Political opinion	As above	None
Racial group	As above	None

(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	As detailed above the implementation of this proposal will have no adverse impact on the promotion of good relations. The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - “We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users.”
Political opinion	As above.

Racial group	<p>There is no evidence that this proposal will have an adverse impact on persons of a different racial group.</p> <p>The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the DHPSSNI Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English.</p>
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(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?

This proposal will involve ongoing engagement with those affected. The Trust will take into account individual extenuating circumstances and work in partnership with individuals and TUs to alleviate any potential impact for people with disabilities.

The Trust will ensure relevant staff receive disability equality training and will adhere to its obligations under the Disability Discrimination Act 1995 and its commitments in the Disability Action Plan.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone’s Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X

Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

(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.

This is one of the proposed temporary savings plans for the Northern Health and Social Care Trust and is currently out for Public Consultation.

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

Provision of on-going training and staff awareness on human rights.

(7) Screening Decision

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

Major impact	
Minor impact	X
No impact	

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

Yes	
No	X

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

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust considers that there will be sufficient mitigation to alleviate potential adverse impact. We will continue to seek to appoint permanent staff.

(8) Monitoring

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

The Trust will continue to monitor the impact and ensure that it is not more major than initially anticipated.

Approved Lead Officer: K McMahon

Position: Assistant Director (Medicine and
Emergency Medicine)

Date: 13 September 2017

Policy/proposal screened by: K McMahon