

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

HealthRoster Management Policy

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

New policy

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

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient rostering by:

- improving the utilisation of existing staff and reducing bank and agency spend by giving Ward / Unit / Department Managers clear visibility of staff contracted hours
- ensuring safe/appropriate staffing for all departments using fair and consistent rosters
- providing accurate management information regarding the establishment thereby driving efficiencies in the workforce across wards/departments
- improving the monitoring and management of sickness and absence by department and / or individual, generating comparisons, identifying trends and priorities for action
- improving the planning of non-clinical working days (unavailability), e.g. annual leave and study leave
- enabling the requirements of the European Working Time Directive to be balanced with the needs of service delivery
- providing a mechanism for reporting against set Key Performance Indicators

(KPIs) (via Roster Analyser) – safety, effectiveness, fairness and unavailability

- Facilitating the payment of enhancements to staff through data being entered at source.

Southern Health and Social Care Trust (SHSCT) recognises the value of its workforce and is committed to supporting staff to provide high quality patient care. Whilst acknowledging the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance, it is recognised that the organisation needs to be able to respond to changing service requirements. A flexible, efficient and robust rostering system is central to achieving this objective.

The introduction of an electronic rostering system is primarily driven by the need to more effectively manage and utilise the available workforce in response to patient need as a dynamic state. This policy will be used in conjunction with Health Roster, a computerised system specifically designed to roster staff. It helps departments roster staff to an agreed demand, manage staff un/availability and contracted hours and allows clear visibility of department staffing levels. Health Roster will also track and allow for production of reports on absence, leave, additional duties and temporary staff usage (bank, agency, overtime).

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

It is the intention that the new system will help to ensuring that rosters produced are fair and consistent. All feedback, complaints raised and comments will be kept under review as the new Health Roster System is embedded.

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

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?)

N/A

(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.)

This policy is for use by all staff using HealthRoster and appropriate managerial staff within the Trust.

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

- Time off work policy (SHSCT, 2019)
- Work life balance policy (SHSCT, 2019)
- Working Time Regulation (SHSCT, 2012)
- EWTD Guide for staff (SHSCT, 2015)
- Time Off Work Policy (SHSCT, 2019)
- Policy on the Management of Sickness Absence (SHSCT, 2013)
- Procedure for the Management of Sickness Absence (SHSCT, 2017)
- Working well together policy (SHSCT, 2009)
- Protocols for SHSCT Bank Principals and Practice (SHSCT, 2014)
- Trust Bank Systems Guidance for Managers
- Guidance for Bank Staff Undertaking Ad-hoc Work only (SHSCT, 2014)
- Guidance for staff on Bank Block Bookings (SHSCT, 2014)
- Equal Opportunity Policy (SHSCT, 2016)

(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? *NB: Specify the details for each of the Section 75 categories for any staff affected the Trust Workforce, any patients/clients affected and the Trust general population in the following tables **if appropriate**.*

2.1 Staff Affected by this Policy/Proposal

This policy is for use by all staff using HealthRoster and appropriate managerial staff within the Trust. All staff are likely to benefit from this policy which aims to provide a fair and consistent rostering process.

Profile of current Nursing & Midwifery as of November 2020 (5,112 staff)

| Section 75 Group | Make up of Staff Affected | Percentage |
|------------------------------------|--|-------------------|
| Gender | Female | 93.8% |
| | Male | 6.2% |
| Religion | Protestant | 34.0% |
| | Roman Catholic | 56.6% |
| | Not Known/Other | 9.4% |
| Political Opinion | Broadly Unionist | 8.8% |
| | Broadly Nationalist | 8.8% |
| | Other | 6.4% |
| | Do Not Wish To Answer/Not Known | 76.0% |
| Age | 16-24 | 8.1% |
| | 25-34 | 26.6% |
| | 35-44 | 22.6% |
| | 45-54 | 20.7% |
| | 55-64 | 19.4% |
| | 65+ | 2.6% |
| Marital Status | Single | 31.5% |
| | Married/Civil Partnership | 62.8% |
| | Other/Not Known | 5.7% |
| Caring Responsibility | Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability | 19.6% |
| | None | 30.2% |
| | Not Known | 50.2% |
| Disability | Yes | 2.0% |
| | No | 77.5% |
| | Not Known | 20.5% |
| Ethnicity | Bangladeshi | 0.02% |
| | Black African | 0.14% |
| | Black Caribbean | 0.02% |
| | Black Other | 0.04% |
| | Chinese | 0.02% |
| | Filipino | 0.9% |
| | Indian | 1.0% |
| | Irish Traveller | 0.02% |
| | Mixed Ethnic | 0.04% |
| | Pakistani | 0 |
| | White | 77.8% |
| | Not Known | 20.0% |
| Sexual Orientation towards: | Opposite Sex | 54.8% |
| | Same Sex | 1.2% |
| | Same and Opposite Sex | 0.1% |
| | Do Not Wish To Answer/Not Known | 43.9% |

2.2 Composition of Southern Trust Workforce

(please contact the Equality Unit on 028 375 64152 to ensure the figures below are the most recent)

| Section 75 Group | Southern Trust Workforce Profile as at 1 January 2020 | Percentage |
|--|--|-------------------|
| Gender | Female | 85.8 |
| | Male | 14.2 |
| Religion | Protestant | 36.5 |
| | Roman Catholic | 57.2 |
| | Neither | 6.3 |
| Political Opinion | Broadly Unionist | 9.7 |
| | Broadly Nationalist | 9.9 |
| | Other | 7.7 |
| | Do Not Wish To Answer/Not Known | 72.7 |
| Age | 16-24 | 5.3 |
| | 25-34 | 25.6 |
| | 35-44 | 25.0 |
| | 45-54 | 22.4 |
| | 55-64 | 18.7 |
| | 65+ | 3.0 |
| Marital Status | Single | 30.4 |
| | Married | 61.3 |
| | Not Known | 8.3 |
| Dependent Status | Caring for a Child/Children / Dependant Older Person / Person With a Disability | 20.7 |
| | None | 30.0 |
| | Not Known | 49.3 |
| Disability | Yes | 2.4 |
| | No | 79.3 |
| | Not Known | 18.3 |
| Ethnicity | Bangladeshi | 0 |
| | Black African | 0.2 |
| | Black Caribbean | 0 |
| | Black Other | 0 |
| | Chinese | 0.1 |
| | Filipino | 0.4 |
| | Indian | 0.7 |
| | Irish Traveller | 0 |
| | Mixed Ethnic | 0.2 |
| | Pakistani | 0.1 |
| | White | 81.1 |
| Not Known | 17.2 | |
| Sexual Orientation towards: | Opposite Sex | 55.2 |
| | Same Sex | 0.9 |
| | Same and Opposite Sex | 0.1 |
| | Do Not Wish To Answer/Not Known | 43.8 |

2.3 Patients / Clients Affected

(complete as far as possible with information available to you)

This policy is for use by all staff using HealthRoster and appropriate managerial staff within the Trust, therefore the main direct impact will be on Trust staff. However, it is key to note that the introduction of such an electronic rostering system is primarily driven by the need to more effectively manage and utilise the available workforce in response to patient need as a dynamic state.

| Section 75 Group | Make up of Patients/Clients Affected | Percentage |
|------------------------------------|---|-------------------|
| Gender | Female Male | N/A |
| Religion | Protestant Roman Catholic Other | N/A |
| Political Opinion | Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known | N/A |
| Age | 0-15 16-24 25-44 45-64 65-84 85+ | N/A |
| Marital Status | Single Married/Civil Partnership Other/Not Known | N/A |
| Caring Responsibility | Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None Not Known | N/A |
| Disability | Yes No Not Known | N/A |
| Ethnicity | Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known | N/A |
| Sexual Orientation towards: | Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known | N/A |

2.4 Southern Trust's Area Population Profile – Census 2011

(NB: in some instances you may need to be more specific and use local District Council areas – please contact the Equality Unit on 028 375 64152).

| Section 75 Group | Trust's Area Population Profile (Population of 358,034) | Percentage |
|--|---|---|
| Gender | Female | 50.36 |
| | Male | 49.64 |
| Religion | Protestant | 39.15 |
| | Roman Catholic | 56.69 |
| | Other | 4.16 |
| Political Opinion | Not collected | |
| Age | 0-15 | 22.73 |
| | 16-24 | 12.25 |
| | 25-44 | 28.45 |
| | 45-64 | 23.40 |
| | 65-84 | 11.69 |
| | 85+ | 1.48 |
| Marital Status (aged 16+ years) | Single | 34.99 |
| | Married/Civil Partnership | 50.24 |
| | Other | 14.77 |
| Dependent Status | Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability | 11.34% of usually resident population provide unpaid care |
| Disability | Yes | 19.64 |
| | No | 80.36 |
| Ethnicity | Asian Other | 0.20 |
| | Bangladeshi | 0.01 |
| | Black African | 0.11 |
| | Black Caribbean | 0.01 |
| | Black Other | 0.10 |
| | Chinese | 0.22 |
| | Indian | 0.17 |
| | Irish Traveller | 0.15 |
| | Mixed Ethnic Group | 0.29 |
| | Other | 0.16 |
| | Pakistani | 0.07 |
| White | 98.51 | |
| Sexual Orientation | Estimated 6-10% of persons identify as lesbian, gay, bisexual – Source: 2012 report by Disability Action & Rainbow Project | |

(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 | The majority of nursing staff are female | N/A |
| Age | The majority of nursing staff are age range 25 – 55 | N/A |
| Religion | The majority of nursing staff are roman catholic | N/A |
| Political Opinion | There is no evidence to suggest different needs/ experiences/priorities | N/A |
| Marital Status | The majority of nursing staff are married | N/A |
| Dependent Status | As the majority of nursing staff are female, it is likely that it can be assumed that there is a high incidence of caring responsibilities | N/A |
| Disability | Need to consider different formats/ any reasonable adjustments | N/A |
| Ethnicity | Need to consider different language needs | N/A |
| Sexual Orientation | There is no evidence to suggest different needs/ experiences/priorities | N/A |

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

Staff engagement sessions and consultation with Trade Union Representatives have taken place prior to implementation of HealthRoster in their areas. Pilots have taken place and user feedback used to improve processes.

(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 |
|----------------------------|--|---|--|
| | Staff | Service Users | |
| Gender | X | N/A | Minor |
| Age | X | N/A | None |
| Religion | X | N/A | None |
| Political Opinion | | N/A | None |
| Marital Status | X | N/A | Minor |
| Dependent Status | X | N/A | Minor |
| Disability | | None when considerations are 3.1 are taken into account | None |
| Ethnicity | | None when considerations are 3.1 are taken into account | None |
| Sexual Orientation | | N/A | 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 | N/A |
| Age | N/A |
| Religion | N/A |
| Political Opinion | N/A |
| Marital Status | N/A |
| Dependent Status | N/A |
| Disability | N/A |
| Ethnicity | N/A |
| Sexual Orientation | N/A |

| (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 | | None |
| Political opinion | | None |
| Racial group | | 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 | None |
| Political opinion | None |
| Racial group | None |

(5) Consideration of Disability Duties

| |
|--|
| <p>(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?</p> <p>N/A</p> |
|--|

(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 | | | 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 | Positive impact | Negative impact = human right interfered with or restricted | Neutral impact |
|--|-----------------|---|----------------|
| 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 |
| 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | X |
| 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.

N/A

(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 | | EQIA Required? <i>(Delete as appropriate)</i> | |
| | | Yes | No |

| | | | |
|---------------------|--|---------------------|-----------------------------|
| Minor impact | | Mitigation Required | Alternative Policy Required |
| | | Yes/No | Yes/No |

| | | |
|------------------|---|---------------------|
| No impact | X | Screened Out |
|------------------|---|---------------------|

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

No impact. Screened out.

This policy is for use by all staff using HealthRoster and appropriate managerial staff within the Trust, therefore the main direct impact will be on Trust staff. However it is key to note that the introduction of such an electronic rostering system is primarily driven by the need to more effectively manage and utilise the available workforce in response to patient need as a dynamic state

The policy has been developed in accordance with the duties i.e. specific actions have been introduced as the policy was developed to address any identified inequality or actions to better promote equality of opportunity.

The policy does not have any adverse impact on any of the Section 75 categories - provided proper consideration is given to those who may have particular needs e.g. staff with a disability or those who do not speak English as a first language.

(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 | |
| 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?

Comments and or complaints will be kept under review and feedback from staff.

Approved Lead Officer: Dawn Connolly

Position: Head of Nursing Workforce & Utilisation

Email: dconnolly@southerntrust.hscni.net

Telephone No: 02837560048

Date: 16.12.2020

Policy/proposal screened by: Dawn Connolly / Cathy Lavery

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