



Western Health and Social Care Trust

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Proposal: Delivering Value Accelerated Programme – Medical Agency Reduction	
Lead Manager: Wesley Henderson	Title: Senior Manager (interim)
Directorate: Medical Directorate	Department: Office of the Medical Director
Contact details: Wesley Henderson Address: Ward 4, South West Acute Hospital, WHSCT. Tel: 0266638200 extension 259207 or 07795274192 Email: wesley.henderson@westerntrust.hscni.net	
Short Description of Proposal The key aims of the project are to : <ul style="list-style-type: none"> i) Reduce reliance on medical agency staff within the WHSCT. ii) Create a stabilised workforce. iii) Reduce medical agency expenditure both in-year and recurrently. A project working group, suitably represented, has set out a plan to achieve the above aims.	
Final Recommendations: (please tick as appropriate)	
1.	GREEN: No equality issues/impact: no further action √
2.	AMBER: Minor equality issues/impact: actions identified
3.	RED: Major equality issues/impact: full EQIA recommended
Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.	
Final Approval Date:	

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Delivering Value - Medical Agency Reduction

1.2 Description of policy or proposal

The Trust is required to demonstrate in line with Department of Health requirements a significant concentration to the reduction of medical agency and the requirement to move to contracted agencies with the key objective of reducing spend and stabilizing the workforce.

See <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-131022-wms.pdf>

A further letter from the Permanent Secretary on 3rd July 2023 set out a requirement for HSC chief executives to implement a range of staff related measures across the region to maximize the use of resources across the region and to ensure delivery of Trusts share of an additional £100m savings. Specifically it mentions a return to a position whereby all staff are directly employed by Trusts with appropriate, reduced levels of temporary backfill. There is therefore a need for Trust action to achieve those stipulations.

Following the above strategic level correspondence and direction, a Trust Recruitment Scrutiny process was put into operation in 2023/2024 which set out obligations upon each directorate to challenge whether posts are required and/or where managers can consider any delays to recruitment.

There is now a project working group focusing on “Medical Agency Reduction”, suitably represented to take forward the key aims and objectives. Representation includes Medical HR, Service & Business Management, Clinical Leads and Finance colleagues.

There are number of work-streams being taken forward as part of the Medical Agency Reduction working group. Some of these work-streams are aligned to good governance including rota examination, building additional scrutiny into the new agency starts process and granular analysis of job plans. It may be useful to state that a separate equality screening process for junior doctors banding compliancy has already been completed.

The Delivering Value Management Board (DVMB) of the Trust has requested as part of the work being taken forward in the “Medical Agency Reduction” project, that a full analysis and exit strategy for all long term medical locums is established.

In line with the DVMB, requirement on analysis and exit strategies, information has been sought from financial management for all agency locums engaged in the organisation including cost centre, rates, cost to date, reasons and ongoing recruitment activity as well as risk.

As a key information tool, the Trust has developed a Dashboard which is up to date and available for use by all authorised stakeholders. Directors have agreed to ensure that service managers and other key stakeholders have access to relevant information.

A Medical Agency Framework is being developed within the Northern Ireland region with the intention of tendering and appointing agencies, standardizing rates throughout the regional and cease the utilisation of non-contracted agencies completely.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

The following stakeholders have been involved in this project:

Internal

Service Representatives including Assistant Directors, Service Managers.
Senior Medical Colleagues including Divisional Clinical Directors and Clinical Leads.
Medical HR and other associated HR colleagues.
Financial Staff
Office of the Medical Director.
Digital Services personnel.

External

Department of Health through the regional Agency Reduction Working Group.
Regional Contracts Framework Staff (e.g BSO procurement).
Contracted Medical Recruitment Agencies.
International Institutes e.g Universities (TBC)
British Medical Association (BMA) and Local Negotiating Committee (LNC)

1.4 Other policies or decisions with a bearing on this policy or proposal

The Department of Health requirements on "Delivering a Break-Even Budget" has a bearing on the medical agency reduction project. The challenging budgetary position and need for delivery is governed through the HSC Performance and Transformation Executive Board which is attended by Trusts Chief Executives. Any regional policies or proposals around recruitment or determinations from the regional Agency Reduction Working Group may have an impact on the Trust's "Medical Agency Reduction" project.

A NIMDTA flexible working policy is making it more difficult to avoid using agency staff as the number of NIMDTA doctors who now work reduced hours or under restrictions are increasing.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Workforce Planning records for setting out comparative details on the equality profiling of staff groups.

Direct discussion and guidance from officers of the Trust Equality department.

Medical Locum Agency Dashboard.

Census 2021 information [in relation to WHSCT area](#)

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

A project working group has recently been assembled with representation from key senior stakeholders. There is an assigned Senior Responsible Officer (SRO) who receives regular updates from the working group for purposes of relating to DVMB. The working group members have been identified to ensure appropriate representation and accountability for actions towards medical agency reduction.

The group is to meet on a monthly basis (which may become more frequent) and there may also be specific focus groups or work streams scheduled to help take the project forward.

From the project working group, an initial project plan has been agreed setting out the various Trust initiatives, specific plans and assigning responsible officers and timeframes for completion. Other groups where the subject has been raised includes:

- Delivering Value Management Board. Membership includes Chief Executive, Directors and senior management across HR, Finance and administrative support.
- Service Review Meetings between Service areas and HR.
- Junior Doctors Banding Compliancy Project. Membership includes Director of Planned Care, Senior Clinicians, Senior Nurse Management, Finance and Medical HR and an assigned Project Manager.
- Local Negotiating Committee (LNC). Membership includes Medical Director, BMA representatives, Medical HR and Trust medical representation.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users Trust Equality Office 24 th April 2024			Medical Staff Trust Workforce Planning 3 rd June 2024		
	Gender	Female	152,563	50.58%	Female	361
	Male	149,055	49.42%	Male	470	56.56%
Age	Age range	Total No.	% of total	Age range	No. of Staff	% of total
	0 – 15	63,854	21.17	16-24	0	0
	16-24	31,181	10.34	25-34	320	38.51
	25-44	75,214	24.95	35-44	237	19.69
	45-64	79,970	26.51	45-54	170	20.46
	65-74	29,392	9.74	55-64	81	9.75
	75+	22,006	7.30	65 +	23	2.77
Religion	Presbyterian	26,996		Protestant	92	
	Church of Ireland	34,802		Roman Catholic	214	
	Methodist	4,540		Not Determined/Not Known		525
	Roman Catholic	194,050		TOTAL	831	
	Other Religions	2,388				
	No Religion	25,107				
	Religion not stated	4,860				
Political Opinion	Not collected Based on first choice votes held by electoral office:			Broadly Unionist	39	
				Broadly Nationalist	67	
				Other	106	
				Do not wish to answer/not known	619	
				TOTAL	831	
Marital Status	Category	Total No.	% of total	Category	No. of Staff	% of total
	Married	107,063	35.50%	Married	438	52.71
	Single	92,708	30.74%	Single	255	30.69
	Other	37,991	12.60%	Other	138	11.47
Dependent Status	Households with dependent children 24.48% 38,219			Yes	138	
				No	145	
				Not Known	548	
				TOTAL	831	
Disability	Household with one or more persons with a limiting long term illness - 43,479 44.63%			Yes	7	
				No	363	
				Not Known	461	
				TOTAL	831	
Ethnicity	Category	Total No	% of total	Bangladeshi	1	
	Arab	158	0.05	Black African	14	
	Asian Other	326	0.11	Black Caribbean	0	

	Black African	370	0.12	Black Other	0
	Black Other	132	0.06	Chinese	2
	Chinese	640	0.21	Filipino	0
	Filipino	415	0.14	Indian	39
	Indian	1,041	0.35	Irish Traveller	0
	Irish Traveller	527	0.17	Mixed Ethnic Group	9
	Roma	43	0.01	Not assigned	422
	Mixed Ethnic Group	1,554		Other	24
		0.51		Pakistani	26
	Other	372	0.12	White	294
	Pakistani	156	0.05	TOTAL	831
	White	295,860	98.09		
Sexual Orientation	Category		%	Opposite sex	316
	Heterosexual		91.2	Same sex	14
	LGBTQ+		1.6	Same and Opposite sex1	
	Not stated		7.2	Do not wish to answer/not known	500
				TOTAL	831

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No Identified Issues	No Identified Issues
Age	No Identified Issues	No Identified Issues
Religion	No Identified Issues	No Identified Issues
Political Opinion	No Identified Issues	No Identified Issues
Marital Status	No Identified Issues	No Identified Issues
Dependent Status	No Identified Issues	No Identified Issues
Disability	Interpreters and documents in alternative formats available as per Trust Policy.	Information is available in alternative formats available as per Trust Policy. Reasonable adjustments can be made for staff who have indicated they have a disability.
Ethnicity	Interpreters and documents in alternative languages available as per Trust Policy.	Documents in alternative languages available as per Trust Policy.
Sexual Orientation	No Identified Issues	No Identified Issues
Other Issues: e.g. Rurality	No Identified Issues	No Identified Issues

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

Not Applicable

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Disability Service Users	Interpreters and documents in alternative formats available as per Trust Policy.
Disability Staff	Information is available in alternative formats as per Trust Policy. Reasonable adjustments can be made for staff who have indicated they have a disability.
Ethnicity Service Users	Interpreters and documents in alternative languages available as per Trust Policy.
Ethnicity Staff	Documents in alternative languages available as per Trust Policy.

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not Applicable	
Political Opinion	Not Applicable	
Ethnicity	Not Applicable	

(3) CONSIDERATION OF DISABILITY DUTIES

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

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(4) CONSIDERATION OF HUMAN RIGHTS

**4.1 Does the policy or proposal adversely 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			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*\nYes/No
	Not applicable		

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

Not applicable

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

GREEN: No impact	<input checked="" type="checkbox"/>
AMBER: Minor impact	<input type="checkbox"/>
RED: Major impact	<input type="checkbox"/>

Please tick:

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

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

The implementation of the Medical Agency Reduction project will have a positive impact across the medical workforce provision at the WHSCT, the wider workforce and also for its resident population.

The proposal works will ensure effective management of medical resources in relation to rota allocation and stabilisation of the workforce.

There will also be regular communication and collaboration to ensure managers responsibilities when engaging with medical agency personnel or other key stakeholders such as Medical HR.

There will also be an assurance that the Trust delivers on its core business targets, improving the patients experience whilst providing a high quality, accessible, sustainable and safe service to our patients.

This screening form will be retained and updated as appropriate on the Trust medical agency reform group's papers as well as Delivering Value Management Board.

Any updates to the documentation will be agreed and communicated through the Trust medical agency working group membership as appropriate and saved on a Trust shared drive.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

Regular monitoring processes and analyses of data, including the Power BI database.

There will be an agreed programme, led by the medical agency reduction group to receive regular updates on progress and which will be relayed to the Senior Responsible Officer (SRO) for Delivering Value Management Board (DVMB).

The Datix system will be used as a tool for tracking any issues reported.

Approved Lead Officer: Wesley Henderson

Position: Senior Manager (Medical Directorate)

Policy/Proposal Screened By: Wesley Henderson
22nd November 2024

Date: _____

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.