



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Proposal: Delivering Value Accelerated Programme - Resident Doctors Banding Compliancy & Satisfaction Project	
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 improve upon resident doctors' pay banding compliancy as well as ensuring job satisfaction and a positive work experience in the delivery of care to patients. There have been challenges, as identified through Medical HR monitoring processes, in the breaching of compliancy requirements in resident doctors' work patterns, which has resulted in an increase in the pay banding levels as well as the impact of being over stretched in resourcing. 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 <input checked="" type="checkbox"/>
2.	AMBER: Minor equality issues/impact: actions identified <input type="checkbox"/>
3.	RED: Major equality issues/impact: full EQIA recommended <input type="checkbox"/>
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**

Resident Doctors Banding Compliancy and Satisfaction

1.2 Description of policy or proposal

The Trust is required to demonstrate that resident doctors are working safely and within New Deal and Working Time Directive parameters and receiving appropriate natural breaks and rest entitlements. Those stipulations are to help protect resident doctors from working excessive hours and to ensure that they receive sufficient breaks / rest periods, depending on their working pattern(s) during their working shift. Subsequently, by improving the standard of doctors working conditions. There is an expectation of enhanced patient care and safe practice.

Resident doctors have a contractual obligation to participate in monitoring exercises which are led by Medical HR. Those monitoring exercises are usually communicated 6 to 8 weeks in advance and requires doctors to accurately capture and record working patterns during the monitoring period and includes the recording of absences such as annual leave, study leave and sick leave.

This project has a key aim to improve compliancy of Resident Doctors with rotas, especially those banded at Band 3 level, back towards Band 2a or preferably Band 1a.

Reduced expenditure by the Trust on non-compliancy of rotas.

There a number of reasons of non-compliance with rotas including interruption of natural breaks, earlier starts to shifts, late finishes to shifts and working beyond the designated hours per week. The reasons could accrue from a number of factors such as too many clinical tasks on a ward, pressures to complete discharge letters, eating lunch at teaching and having to return to the ward or too many time critical tasks.

Under the direction of the Delivering Value Management Board, there will be a number of key work streams in motion throughout the project period from April 2024 to late Autumn 2024:

1. Development of Key Principles for Resident Doctors for Compliance with Banding in line with National Terms & Conditions.
2. Engagement with Resident Doctors in key forums to gain consensus and ensure participation in the compliance of key principles.
3. Engagement with senior doctors, other staff groups, Single Lead Employer and trade unions to help ensure a clear understanding of the changes required and cultural awareness to ensure compliance in resident doctors rotas.
4. As part of the engagement process with resident doctors and senior doctors, identify key areas where the deployment of medical student technicians or other professions can provide support.
5. Agreement on how any implementation may be phased including a targeted approach for monitoring as led by Medical HR for resident doctors within agreed timelines.
6. Communication of an overall implementation strategy.

In relation to the banding and conditions, the following table summarises the various thresholds.

Banding	Definition	Actual Hours	Sociability	Supplement on basic salary
3	Working more than 56 hours per week on average or not achieving required rest	>56	Non-compliant	100%
2A	Working 48-56 hours per week high level of unsociable hours	48+ – 56	Unsociable	80%
2B	Working 48-56 hours per week low level of unsociable hours	48+ – 56	Sociable	50%
1A	Working 40-48 hours per week high level of unsociable hours	40 – 48	Unsociable	50%
1B	Working 40-48 hours per week moderate level of unsociable hours	40 – 48	Sociable	40%
1C	Working 40-48 hours per week low level of unsociable hours	40 – 48	Low intensity on-call	20%
Basic		40	No unsociable work	-

In relation to the allocations and unfilled position, the following table sets out what the NIMDTA Allocation position was in February 2024 for the Trust. Medical HR colleagues provide an updated report every 6 months. The regional vacancy rate was ~15% in February 2024 and in the WHSCT, the overall vacancy rate was noted as 13% (36 vacancies in 261 posts).

NIMDTA gaps (data as reported by WHSCT HR team as at 7th Feb 2024)

Sector	Tier	Total Number of posts allocated	NIMDTA vacancies 'gaps'	Vacancy rate	Sep 2023	Sep 2022
Northern Sector	All Tiers	205	14	6.8%	8.13%	15%
	Tier 1 (F1)	33	2	6%	3%	0%
	Tier 2 (core trainees)	106	10	9.4%	7%	16%
	Tier 3 (registrar)	70	3	4.2%	12%	21%
Southern Sector	All Tiers	56	26	46 %	22.2%	36%
	Tier 1 (F1)	16	4	25%	29.4%	7%
	Tier 2 (core trainees)	34*	13	38%	20%	46%
	Tier 3 (registrar)	2	1	50%	NA	NA

*Includes 2 OBGYN posts not used, 4 Surgery- moved to ALT based on redesign

While there is an overall improvement in vacancy rates in the Trust across all grades and sites, persistent vacancies continues to impact on trainee experience, training and service provision.

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

Resident Doctors in training (whilst they are working/training in the Trust)
 Resident Doctors in non-training posts within the Trust
 Medical HR
 Financial colleagues
 Medical Education
 Service Managers / Clinical Leads / Divisional Clinical Directors
 Other staff groups of the Trust including Nursing and Allied Health Professions.

External

Single Lead Employer for Doctors in Training
 Trade Unions / BMA

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

There are discussions and decisions being considered around key principles for resident doctors in rota compliance – this will partly be derived from the engagement processes and also in line with National Terms and Conditions for Resident Doctors. It has been agreed that each specialty should have a plan.

Proposals are being considered in relation to the recruitment & deployment of support staff to take on some basic level but essential tasks. For example Medical Student Technicians (MSTs) in the medical specialties and also nursing aide (Health Care Assistants) to support resident doctors in general surgery.

There is a working group of the Resident Doctors Banding Compliancy & Satisfaction project under the direction of Delivering Value Management Board in the Trust which will be the reporting mechanism for updates and proposals.

The Single Lead Employer (SLE) within the NI region governs the deployment of trainee doctors across various Trusts, including the Western Trust. Adjustments in rotas or training regimes and the associated compliancy thresholds would be in conjunction with the SLE, otherwise known as the Northern Ireland Medical & Dental Training Agency (NIMDTA).

(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.

Monitoring Records on rota compliance of resident doctors from the Allocate system.

Resident Doctors Banding Compliancy and Satisfaction Group which receives various updates on monitoring returns and progress of rota adjustments or working practices. There is representation from Clinical Leads, Senior Management and Resident Doctors on this group. It meets at least once per month, sometimes fortnightly.

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

Census 2021 information

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

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 been assembled with representation from key senior stakeholders. The group has been meeting on a fortnightly basis and there have also been specific focus groups scheduled for specialties which have included stakeholder representation.

From the project working group, there was a project plan agreed as set out in 1.2 and which identified various engagement work streams to ensure participation. Other groups where the subject has been raised includes:

- Medical HR forums
- Medical Education Foundation Forum
- Doctors in Training Forum
- BMA Local Negotiating Committee

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			Medical Staff		
	Trust Equality Office 24 th April 2024 (2021 Census figures)			Trust workforce planning 3 rd June 2024		
Gender	Female	152,563	50.58%	Female	361	43.44%
	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 38,219 24.48%			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 Orient- ation	Category	%		Opposite sex	316
	Heterosexual	91.2		Same sex	14
	LGBTQ+	1.6		Same and Opposite sex	1
	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 Change to Service Delivery	No Identified Issues
Age	No Change to Service Delivery	No Identified Issues
Religion	No Change to Service Delivery	No Identified Issues
Political Opinion	No Change to Service Delivery	No Identified Issues
Marital Status	No Change to Service Delivery	No Identified Issues
Dependent Status	No Change to Service Delivery	No Identified Issues
Disability	Documents are available in alternative formats and interpreters are available as per Trust Policy	Documents are available in alternative formats and interpreters are available as per Trust Policy
Ethnicity	Documents are available in alternative languages and interpreters are available as per Trust Policy	Documents are available in alternative languages as per Trust Policy.
Sexual Orientation	No Change to Service Delivery	No Identified Issues
Other Issues: e.g. Rurality	No Change to Service Delivery	No Change to Service Delivery

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	Documents are available in alternative formats and interpreters are available as per Trust Policy
Disability Staff	Documents are available in alternative formats and interpreters are available as per Trust Policy
Ethnicity Service Users	Documents are available in alternative languages and interpreters are available as per Trust Policy
Ethnicity Staff	Documents are available in alternative 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?

(to discuss in delivering value work stream meetings)

(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?* Yes/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	x
AMBER: Minor impact	
RED: Major impact	

Please tick:

Yes	
No	x

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

The implementation of the Resident Doctors Banding compliancy will have a positive impact across the resident doctors' profession working in the WHSCT, the wider workforce and also for its resident population.

The proposal works will ensure effective management of resident doctor resources in relation to rota allocation and compliance with the reduction in breaches, doctors being able to take their breaks uninterrupted and avoiding occurrences of staying on beyond designated shift timeframes.

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.

Resident Doctors are invited to provide representation on the Resident Doctors Banding Compliancy & Satisfaction Group which will enable a mode of communication. The MedEdWest team of the Trust will also be in regular communication with resident doctors in training. The project documentation is also part of the Trust Delivering Value Management Board's material and any relevant updates are suitably circulated across the membership.

➤ **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?

Monitoring Exercises led by Medical HR colleagues on resident doctor rota compliancy through the Allocate System will track relevant data to help inform decision making.

The Resident Doctors Banding Compliancy & Satisfaction project under the direction of Delivering Value Management Board in the Trust which will be a reporting mechanism for updates and proposals and keep in line with Equality legislation.

Resident Doctors have an avenue of engaging with their respective supervisors or Clinical Leads on any concerns or queries. The feedback will enable adjustments to working practices where appropriate.

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.