



Western Health
and Social Care Trust

Equality Screening Report

1 January 2020 – 31 March 2020

This document can be made available
in alternative formats on request

Introduction

The Western Health and Social Care Trust (WHSCT) must consider by law, Section 75 of the Northern Ireland Act 1998, how we promote equality and remove discrimination for people who use our services and for members of staff. Our obligations are set out in our Equality Scheme. The 9 groups that are specified in the Equality Scheme are:

Black and Minority Ethnic People	Different Marital Status e.g. Single, Married, Divorced, Civil Partnership, Widowed	Disabled People
Carers	Different Political Opinions	Men and Women
Different Ages - Young People/Older People	Different Religious Beliefs	People who are Lesbian, Gay or Bisexual

We also have to consider how we can promote good relations between people with different religious beliefs, political opinions or racial group (including people from the Travelling Community).

Within the Equality Scheme, the Trust gives a commitment to apply equality screening processes to all new and revised policies/proposals and, where necessary, to subject new policies/proposals to a full equality impact assessment. This process helps us to:

- assess the impact/consequences of our decisions on the people within the 9 equality groups;
- consider how we might better meet their needs (promote equality of opportunity);
- reduce any negative impacts/consequences (mitigating actions).

The Trust is required to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making:

- What is the likely impact on equality of opportunity for those affected by this policy/proposal, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy/proposal likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

(From 'Section 75 of the NI Act: A Guide for Public Authorities': ECNI).

The Trust's Equality Screening process provides this evidence.

If it is decided that a policy/proposal is likely to have major issues relating to equality, it is then necessary to consider carrying out a more detailed exercise called a full Equality Impact Assessment (EQIA).

Equality screening for all the policies/initiatives detailed has highlighted the need to ensure that information relating to them/the service is made available, throughout, to support those service users/families/carers who do not have English as a first language, including the use of foreign language interpreters and written translations etc., in line with Trust guidelines. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this.

Should you wish to obtain a copy of any of the policies and/or screening forms referred to in this document, or require them in an alternative format, please contact:

Equality & Involvement Team
Western Health & Social Care Trust
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS
Telephone: 028 8283 5834
Email: equality.admin@westerntrust.hscni.net

Western Health and Social Care Trust: Screening Outcomes for the Period 1 January 2020 – 31 March 2020

Human Resources Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Doctors & Dentists: Annual Leave Arrangements</p> <p>This document sets out the arrangements for Doctors' and Dentists' annual leave arrangements. It has been developed to ensure that there is appropriate cover for and the adequate recording of annual leave to enable patient services to function effectively. It describes the arrangements for requesting, authorising and recording annual leave. It is designed to provide a framework within which specialities can agree their own protocols. The arrangements apply to all doctors and dentists and will maximise opportunity for leave to be taken when requested without compromising service needs.</p> <p>The arrangements aim to achieve clarity around the requesting, approval and recording of annual leave. This clarity is achieved by describing the processes to be followed and takes account of patient needs and the need for doctors and dentists to avail of their leave in a timely way for their own well-being.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that there will be no impact as these arrangements reflect the national terms and conditions of service and confirm the arrangements that have been in place for some time.</p> <p>This policy will be communicated to staff through the Trust intranet and as a Trust communication. It will form part of the induction for medical staff and be included in management training for clinical leads and managers in the Trust.</p>	<p>21/1/20</p>
<p>Doctors & Dentists: Guidelines for Acting-Up as a Consultant</p> <p>The purpose of these guidelines is to help meet service requirements in a timely manner whilst promoting equality of opportunity when acting up situations arise. They outline what acting up involves, the arrangements and responsibilities. The guidelines have been written to ensure a consistent and effective approach across the</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that there will be no impact as these guidelines have been written within the requirements of current terms and conditions of service circulars at date of approval. It is recognised that any changes to national terms and conditions of service will automatically update any provisions in these guidelines.</p> <p>Acting up fulfils a genuine service requirement;</p>	<p>21/1/20</p>

<p>Trust in situations where there is an urgent need to fill a vacancy.</p> <p>This policy provides permanent Specialty Doctors and Associate Specialists (SAS) doctors and higher trainees in the final year of their training with opportunities for professional development including the opportunity to act up into a more senior role when available and appropriate. Through access to acting up, they will be able to gain experience in a more senior role and develop their skills set, in clinical and leadership areas. The experience gained would support SAS doctors' progression through the thresholds as well as applications for more senior posts and specialist registration via Certificate of Eligibility for Specialist Registration (CESR). Trainees will have the opportunity to experience being a senior clinician and navigate the transition from junior doctor to consultant while maintaining an element of supervision associated with being a trainee.</p>		<p>however it is not the same as being a locum Consultant, especially with regards to trainees. Trainees acting up will be carrying out a Consultant's role but with the understanding that the trainee will have a named supervisor, and that a designated supervisor will always be available for support, including out of hours or during on-call work. SAS doctors will have supervision commensurate with their level of expertise, as agreed by the clinical lead, and clearly documented when this arrangement is agreed. The guidelines should be read in conjunction with the Trust's Equal Opportunities Policy.</p> <p>The Guidelines will be communicated to staff through the Trust intranet and as a Trust communication. It will form part of the induction for medical staff and be included in management training for clinical leads and managers in the Trust.</p>	
<p>Guidelines for the Re-engagement of Retiring Clinicians</p> <p>This document sets out the arrangements for occasions when the Trust will need to continue to engage the services of a retiring clinician (primarily but not exclusively consultant and SAS) as a post-retirement Locum in order to continue to deliver services to patients. There is no obligation on any clinician who is retiring to continue to provide services to the Trust, and equally clinicians do not have an automatic right to re-engagement. These guidelines do not apply to any clinician who has already retired from the Trust. They outline roles and responsibilities, the approvals process and timeframes.</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that there will be no impact as these arrangements have been written within the requirements of current terms and conditions of service circulars at date of approval. It is recognised that any changes to national terms and conditions of service will automatically update any provisions in these guidelines.</p> <p>In all circumstances the re-engaged clinician will be employed on Medical & Dental Terms and Conditions of Service. No additional supplements or pay arrangements will be offered except where the work performed would attract specific pay arrangements, e.g. Waiting List Initiative payments</p>	<p>21/1/20</p>

<p>Alternatives to re-engagement must be considered as part of the decision making process.</p> <p>The document sets out some limitations on the amount of time an individual can work after retirement and it will be for the individual clinician to ensure they are aware of the arrangements pertaining to their re-engagement based upon the particular HSC Pension Scheme to which they belong.</p>		<p>for work performed. Arrangements must be agreed in advance, and concluded, while the clinician remains an employee of the Trust. The guidelines should be read in conjunction with the Trust's Equal Opportunities Policy.</p> <p>The Guidelines will be communicated to staff through the Trust intranet and as a Trust communication. It will form part of the induction for medical staff and be included in management training for clinical leads and managers in the Trust.</p>	
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