



# Western Health and Social Care Trust

## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Nursing And Midwifery Rostering Policy</b>	
<b>Lead Manager: Brendan McGrath</b>	<b>Title: Asst Director of Nursing – Workforce Planning and Modernisation</b>
<b>Directorate: Primary Care &amp; Older People</b>	<b>Department: Professional Nursing</b>
<p><b>Contact details: Mr Brendan McGrath</b></p> <p><b>Address: Trust HQ's, Altnagelvin Hospital, Glenshane Road, Londonderry</b></p> <p><b>Tel: 02871611409 or Ext 214470</b></p> <p><b>Email: <a href="mailto:Brendan.mcgrath@westerntrust.hscni.net">Brendan.mcgrath@westerntrust.hscni.net</a></b></p>	
<p><b>Short Description of Policy</b></p> <p>The policy is a review of an older version that was developed to support and promote best practice for Rostering within Nursing Staff. It outlines the roles, responsibility of staff and managers and the importance of clear communication ensuring staff are able to achieve a work life balance and the service managers have confidence their service is staffed appropriately. Below changes are as follows:</p> <p><b><u>Key changes:</u></b></p> <p><b>4. <u>Production of Staff Roster Section</u></b></p> <p>4.14. The completed duty roster must be reviewed and approved by the Lead Nurse and/or Service Manager to provide assurance that the roster is compliant with the funded nurse staffing allocation. (new point added)</p> <p>4.15. This section has been updated to reduce from 10days to 24hrs to update changes to rosters.</p> <p><b>5. <u>Changes to Roster Section</u></b></p> <p>5.6 Changed from approved to published for consistency and changed to twenty four hours instead of 1 week</p> <p><b>8. <u>Skill Mix and Shift Staffing</u></b></p> <p>8.13 This point has been amended to reflect the changes to the Roles of practice assessor and practice supervisor.</p>	

<b>10. <u>Booking of Temporary/Bank/Agency staff</u></b>	
New step by step guide added - Appendix 1: Steps to Filling Vacant Shifts	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN: No equality issues/impact: no further action</b> <input checked="" type="checkbox"/>
2.	<b>AMBER: Minor equality issues/impact: actions identified</b> <input type="checkbox"/>
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b> <input type="checkbox"/>
<p><b>Please send draft completed form for quality assurance to</b>  <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a>  <b>For further information on quality assurance see page 3, section 3.</b></p>	
<b>Final Approval Date:</b>	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal - Nursing And Midwifery Rostering Policy

### 1.2 Description of policy or proposal

The Policy requires updating and has been reviewed by the E-Rostering Steering Group chaired by Director of Nursing and attended by Trade Union Rep. The document presents a rostering policy for the nursing and midwifery workforce of the Western Health and Social Care Trust. The policy aims to promote good practice in the preparation of rosters and guide Line Managers and their staff on the principles of effective rostering.

The electronic rostering system has assisted the Ward Sisters, Charge Nurses and Team Leaders in the timely preparation of rosters and enables them to effectively manage the staffing resource available to them. The system also has the capacity to produce valuable management information which is not possible from a manual system. Regardless of the method used, this policy presents a number of good practice principles to be adhered to in the preparation of effective rosters

### 1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, 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).

- Ward Sisters, Charge Nurses & Team Leaders
- Nursing & Midwifery Staff of AFC Grades

- Bank & Agency
- E-Roster Team
- Human Resources, Workforce Planning Team, Terms & Conditions Team, & Employee Relations Team
- Business Service Organisation Payroll
- Trade Unions

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

- Nursing & Midwifery Roster Policy 2019 (old version)

Close alignment with

- WHSCT Managing Attendance Policy
- WHSCT Flexible Working Policy
- Delivering Care a Regional Framework Policy within Northern Ireland (*DOH 2015*)

## 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 information on nursing staff within WHSCT - Nov 23

#### 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.

Initial engagement involved Roster Manager, Lead Nurses and Senior Service Managers, Trade Union comments – March 2011

Updated version 2019 – Circulated draft to Lead Nurses and membership of Trust Nursing and Midwifery Governance Nursing Workforce and Education Sub-group  
– 23<sup>rd</sup> May 2018

Updated version 2023 – TNMG & Nursing Workforce & Education Sub Group

## 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.

	<b>CATEGORIES</b>	<b>NO OF STAFF Nursing &amp; Midwifery Staff Only Workforce Information received 28 November 2023</b>
<b>GENDER</b>	Female	5195
	Male	574
	<b>TOTAL</b>	<b>5769</b>
<b>RELIGION</b>	Protestant	1137
	Roman Catholic	3277
	Not Determined/Not Known	1355
	<b>TOTAL</b>	<b>5769</b>
<b>POLITICAL OPINION</b>	Broadly Unionist	265
	Broadly Nationalist	619
	Other	507
	Do not wish to answer/not known	4378
	<b>TOTAL</b>	<b>5769</b>
<b>AGE</b>	16-24	373
	25-34	1365
	35-44	1415
	45-54	1271
	55-64	1089
	65+	256
	<b>TOTAL</b>	<b>5769</b>
<b>MARITAL STATUS</b>	Married	3125
	Single	2119
	Other	525
	<b>TOTAL</b>	<b>5769</b>
<b>DEPENDANT STATUS</b>	Yes	1129
	No	1346
	Not Known	3294
	<b>TOTAL</b>	<b>5769</b>
<b>DISABILITY</b>	Yes	145
	No	3060
	Not Known	2564
	<b>TOTAL</b>	<b>5769</b>
<b>ETHNICITY</b>	Bangladeshi	0
	Black African	15
	Black Caribbean	2

	Black Other	1
	Chinese	2
	Filipino	31
	Indian	75
	Irish Traveller	2
	Mixed Ethnic Group	6
	Not assigned	1744
	Other	37
	Pakistani	3
	White	3851
	<b>TOTAL</b>	<b>5769</b>
<b>SEXUAL ORIENTATION ATTRACTED TO</b>	Opposite sex	2802
	Same sex	52
	Same and Opposite sex	13
	Do not wish to answer/not known	2902
	<b>TOTAL</b>	<b>5769</b>

### 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.

	<b>Needs and Experiences</b>
<b>Equality Group</b>	<b>Staff</b>
Gender	No identified issues
Age	No identified issues
Religion	No identified issues
Political Opinion	No identified issues
Marital Status	No identified issues
Dependent Status	No identified issues
Disability	Information will be provided in alternative formats as required e.g. large font, Braille etc. Interpreters will be available as per Trust policy
Ethnicity	Information will be available in alternative languages, as per Trust policy
Sexual Orientation	No identified issues
Other Issues: e.g. Rurality	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.

N/A

## 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	Information will be provided in alternative formats as required e.g. large font, Braille etc. Interpreters will be available as per Trust policy
Ethnicity	Information will be available in alternative languages, 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	No implications	
Political Opinion	No implications	
Ethnicity	No implications	

**(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?**

--

#### (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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> 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 SCREENING?

A full Equality Screening 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)**

Please tick:

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

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

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).

Through the process of completing the Equality Screening no specific equality or concerns have been identified.

This policy is applicable to nursing and midwifery staff where rosters are used to manage duty hours to support the delivery of Trust services.

The objectives of the Trust include the promotion of health and wellbeing and a commitment to equality and human rights which improve the working lives of staff. The overarching principles underpinning rostering is to ensure the effective management of the Trust's staffing resource to:

- Ensure safe and appropriate staffing levels for all wards and departments using flexible, fair and consistent rosters.
- Minimise clinical and non clinical risk by ensuring that the appropriate number and skill mix of staff is available to meet the service demand and workload within the agreed funded staff establishment.
- Support the effective management of staffing establishments, thereby generating efficiencies in the nursing and midwifery workforce across all services.
- Improve the monitoring of absence across the organisation, enabling comparisons, and identifying trends.
- Improve the quality of management information on the deployment of nursing and midwifery staff and the employment of temporary staff including bank and agency staff.
- Staff who work part-time or fixed roster patterns must not be disadvantaged through the application of this policy.

The policy will be communicated to Managers and Staff through the various directorate meetings and sent out electronically through Trust Communication and can be viewed on the Trust Intranet under Policies.

**(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?**

Internal Audit have confirmed Audit review from Jan 2024.

**Approved Lead Officer:** Brendan McGrath

**Position:** Assistant Director of Nursing

**Policy/Proposal Screened By:** Brendan McGrath, E-Roster Lead

**Date:** 28<sup>th</sup> November 2023

**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](mailto: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.