



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy:</b> Savings Proposal – Delay recruitment of proposed additional PHA funded Care Opinion post which is currently vacant		
<b>Lead Manager:</b> John McGarvey	<b>Title:</b> Assistant Director Professional Nursing – Governance, Safe & Effective Care	
<b>Directorate:</b> Professional Nursing and Midwifery and Allied Health Professionals (PNM&AHPs)	<b>Department:</b> Patient Client Experience	
<b>Contact details:</b> John McGarvey Address: Trust Headquarters, MDEC    Tel: 028 71 345171 Ext 232403 Email: john.mcgarvey@westerntrust.hscni.net		
<p>As part of the requirement to submit savings proposal that will contribute to the overall Trust financial plan for 2024/25, the Professional Nursing, Midwifery &amp; Allied Health Professional (AHP) Services Directorate proposes to delay the employment of additional post to support the continued roll out of Care Opinion across the Trust. The PHA have allocated each Trust an additional recurrent 0.5 WTE Band 6 post to enable Trusts to fully implement the Care Opinion system as a key Patient &amp; Client Experience feedback tool.</p> <p>All further expansion of Care Opinion system will be suspended and the level of support to those trained to provide responses will be capped at its current level.</p> <p>Whilst the delay in recruitment for a further post holder to support the Care Opinion system may impact service delivery within Trust services, the impact of this delay will not disproportionately affect the overall impact of use of Care Opinion within the trust. The embedment of Care Opinion system continues through the work of the current Band 7 Patient Client Experience (PCE) lead for the trust. All service users will continue to have access to conventional mechanisms and lines of reporting to share and log their experience and views about the services that the Trust provides.</p>		
<b>Final Recommendations:</b> (please tick as appropriate)		
1.	<b>GREEN:</b> No equality issues/impact: no further action	✓
2.	<b>AMBER:</b> Minor equality issues/impact: actions identified	
3.	<b>RED:</b> Major equality issues/impact: full EQIA recommended	
<p>Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.</p>		
<b>Final Approval Date:</b>		

Use the Guidance Notes to help you complete this document.

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### **1.1 Title of policy or proposal – Savings Proposal – – Delay recruitment of proposed additional PHA funded Care Opinion post which is currently vacant**

#### **1.2 Description of policy or proposal**

As part of its requirement to submit savings proposal that will contribute to the overall Trust financial plan for 2024/25, the Professional Nursing, Midwifery & AHP Services Directorate proposes to delay the employment of additional post to support the continued roll out of Care Opinion across the Trust. The PHA have allocated each Trust an additional recurrent 0.5 WTE Band 6 post to enable Trusts to fully implement the Care Opinion system as a key Patient & Client Experience feedback tool.

Optimum staffing levels agreed by Care Opinion leads in Public Health Agency (PHA) and Trust staff to implement the Care Opinion system effectively currently stands at 1.5 whole time equivalent (WTE) staff. It can be assumed that this delay in recruitment can impact the overall potential effectiveness of the service as it continues to run at reduced capacity with 1.0 WTE member of staff. This may also delay the opportunity for all those accessing services not currently using Care Opinion to provide direct feedback to their service user experience which may result in lost opportunities to learn and shape how services are provided.

The Trusts Investment through Involvement work plan for 24/25 may be impacted by this measure and the ability to meet and maintain activity targets set regionally by the PHA.

There is strong evidence that timely responses to stories submitted via Care Opinion which are negative or critical in their content avoids the submission of formal complaints and all of the associated work that this generates.

85% of current stories received are categorised as being complimentary or positive and this direct feedback to staff and teams delivering services acts as a moral boosting validation of the services they provide.

#### **Consultation and Engagement**

**Patient Client Experience Lead currently in post together with senior Trust staff have engaged with Care Opinion Leads in PHA who are aware of the delay in appointment of a band 6 staff member and have agreed to continue with current process linking with the current Patient Client Experience Lead who has agreed to keep Care Opinion Leads abreast of further recruitment updates as they arise. At present, the Patient Client Experience Lead is reviewing the post job description and personnel specification with job evaluation trust staff and will aim to progress with the recruitment process thereafter. Current savings of proposed savings proposal is £11,852**

#### **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).

The main stakeholders in this project are as follows:

- Patients / Clients and Carers
- Staff providing services in areas not currently supported by Care Opinion
- Complaints Team
- Improvement through Involvement Committee

- PCE Staff
- PHA
- Department of Health (DOH)

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

- Regional Integrate PPI / PCE Delivery Plan (Currently under development by PPI and PCE lead)
- PPI Policy compliance. Person responsible for this policy is PPI trust leads

## (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.

- The current baseline areas covered and proposed roll out plan for Care Opinion 24/25
- Western Health and Social Care Trust Census Information 2021
- Workforce Planning Information, WHSCT as of 3<sup>rd</sup> June 2024 All Staff

#### 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.

- Patient Client Experience lead currently in post regularly attends regional Patient Client Experience (PCE) meetings fortnightly with regional counterparts in the five other trusts. Also in attendance are Public Health Agency (PHA) Care Opinion Leads who are aware of the delay in appointment of band 6 0.5 Whole Time Equivalent (WTE) post. Last update regarding recruitment of band 6 post was May 2024
- Patient Client Experience Lead also attends regular update meetings with the directorates head of nursing and Midwifery and allied health professional (AHP) to maintain good channels of communication between PHA and Trust. Last update regarding the recruitment process May 24
- Patient Client Experience Leads provides regular update reports for Improvement through Involvement committee (I.T.I) who is also aware of the delay in recruitment process. Last update June 24
- Patient Client Experience Lead attends regular update meetings with complaints manger within the trust who is also aware of the delay in recruitment process. Last update June 24
- Plans to progress with recruitment of the Band 6 0.5 post has commenced June 2024 and currently being processed between job evaluation team and Patient Client Experience Lead for minimal changes to the personnel specification. A requisition will then be raise by the patient client experience lead through internal system known as the HPTS system for recruitment

## 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>Category</b>	<b>Service Users, etc. Census Information 2021 Western Health and Social Care Trust Population:</b>	<b>Staff (Workforce Planning can provide this information) Workforce Planning Information, WHSCT as of 3<sup>rd</sup> June 2024 All Staff</b>
Gender	Female 50.58% 152,563 Male 49.42% 149,055	Female 11725 Male 3041 <b>Total</b> 14766
Age	0 -15 16-24 25-44 45-64 65-74 75+ 21.17% 10.34% 24.95% 26.51% 9.74% 7.30% 63,854 31,181 75,214 79,970 29,392 22,006 (2021 Census figures)	16-24 1024 25-34 3073 35-44 3724 45-54 3492 55-64 2790 65+ 663 <b>Total</b> 14766
Religion	Catholic - 194,050 Presbyterian Church of Ireland 26,996 Church of Ireland – 34,802 Methodist Church of Ireland – 4,540 Other Religions – 2,388 No Religion – 25,107 Religion not stated – 4,860	Protestant 3253 Roman Catholic 8321 Not Determined/ Not Known 3192 <b>Total</b> 14766
Political Opinion	Not collected Based on first choice votes held by electoral office:	Broadly Unionist 950 Broadly Nationalist 2159 Other 1668 Do not wish to answer/not known 9989 <b>Total</b> 14766
Marital Status	Single Married Other 30.74% 5.50% 12.60% 92,708 107,063 37,991	Married 7817 Single 5512 Other 1437 <b>Total</b> 14766
Dependent Status	Households with dependent children 24.48% 38,219	Yes 3069 No 4428 Not Known 7269
Disability	Household with one or more persons with a limiting long term illness 43,479 44.63%	Yes 429 No 9417 Not Known 4920
Ethnicity	Arab - 0.05% - 158	Black African 61 Bangladeshi 16

	Asian Other – 0.11% - 326 Black African – 0.12% - 370 Irish Traveller – 0.17% - 527 Roma – 0.01% - 43 Pakistani – 0.05% - 156 Filipino – 0.14% - 415 Mixed Ethnic Group – 0.51% Chinese – 0.21% - 640 White – 98.09% - 295,860 Indian – 0.35% - 1,041 Other Ethnicities – 0.12% Black Other – 0.06%	Black Caribbean 2 Chinese 9 Indian 204 Irish Traveller 4 Pakistani 37 White 11223 Mixed Ethnic Group 26 Other 80 Filipino 67 Black Other 1 Not Known/ not assigned 3036
Sexual Orientation	Heterosexual – 91.2% LGBTQ+ - 1.6% Not stated – 7.2%	Opposite sex 8744 Same sex 181 Same and Opposite sex 52 Do not wish to answer/not known 5789

### 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,

<b>Equality Group</b>	<b>Needs and Experiences</b>	
	<b>Service Users, etc.</b>	<b>Staff The full time Patient Client Experience Lead will continue to provide a level of support to staff who embed Care Opinion into services</b>
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	Information will be available in alternative formats and interpreters are available as per Trust policy.	Information will be available in alternative formats and interpreters are available as per Trust policy.
Ethnicity	Interpreters are available and written information can be translated into alternative languages as per Trust policy.	Written information can be translated into alternative languages as per Trust policy.
Sexual Orientation	No Identified Issues	No Identified Issues
Other Issues: e.g. Rurality  Poor Income	All service users have the opportunity to provide feedback on services through conventional feedback and engagement processes. Care Opinion can extend the range of feedback mechanisms for service users across these groups which for some may present a more appropriate and accessible means of providing feedback. Submission of care opinion stories are free to the author of the feedback via Freephone number, free postal feedback form or via direct submission of feedback online. Website features include ISL/BSL translation, audio turnout for partial sited service users as well as 95 languages and contrast/ fonts changes to suit the authors needs	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?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
<b>Disability Service Users</b>	Information will be available in alternative formats and interpreters are available as per Trust policy.
<b>Disability Staff</b>	Information will be available in alternative formats and interpreters are available as per Trust policy.
<b>Ethnicity Service Users</b>	Interpreters are available and written information can be translated into alternative languages as per Trust policy.
<b>Ethnicity Staff</b>	Written information can be translated into alternative languages as per Trust policy.
<b>Rural</b>	Ensure all staff provide information to all service users around how to provide feedback taking into consideration any unique challenges they may encounter or be exposed to
<b>Poor Incomes</b>	Ensure all staff provide information to all service users around how to provide feedback taking into consideration any unique challenges they may encounter or be exposed to
<b>Dependants</b>	Ensure all staff provide information to all service users around how to provide feedback taking into consideration any unique challenges they may encounter or be exposed to

## 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?**

The savings proposal may reduce the opportunity for some service users with disabilities from accessing this feedback mechanism and this may impacting on their opportunity to shape and influence how public services are delivered.

Awareness and use of the accessibility features within care opinion website and feedback form are covered within staff care opinion responder training therefore staff are aware to highlight these features when engaging with person with a known disability



#### (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 Question 6, 'Monitoring'.

**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
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**(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:**

<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"/>

**Please tick:**

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

**Please give reasons for your decision.**

Whilst the delay in recruiting additional staff member to support the continued roll out of the Care Opinion system across more areas of service delivery within the Trust, the impact of this delay will not disproportionately affect any of the equality groupings. The roll out of Care Opinion system will continue at its current pace through the work of the current Band 7 PCE lead for the Trust without the additional resource. All service users will continue to have access to conventional mechanisms and lines of reporting to share and log their experience and views about the services that the Trust provides.

➤ **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?**

- Comparative service user feedback data generated from the Care Opinion system from areas with and without access to care opinion.
- Other mechanisms for data collection may include feedback from compliments and complaints department as and when

**Approved Lead Officer:** John McGarvey

**Position:** John McGarvey, AD Professional Nursing

**Policy/Proposal Screened By:** John McGarvey / Michelle Scott

**Date:** 14/06/2024

**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.