

# SCREENING TEMPLATE

For further information on screening, please refer to the 'Guidance Notes', which are also available in hard copy from your organisation's equality contact

## 1.1 Title of policy/decision

Staff with working restrictions across SET for nursing staff

## 1.2 Description of policy/decision

- What is it trying to achieve? (aims/objectives)
- Establish staff working restrictions
- Establish Custom and Practice and the impact of this on safe and effective care
- Improve the utilisation of existing staff and reduce bank and agency spend by giving Ward Sisters and Clinical Managers clear visibility of staff contracted hours.
- To ensure safe/appropriate staffing for all departments using fair and consistent off duties.
- To minimise clinical risk associated with the level and skill mix of nurse staffing levels.
- To ensure that the required number of in patient beds are safely staffed to meet elective and emergency demand.
- **how will this be achieved? (key elements)**  
through improved planning of clinical and non clinical "non-effective" working days e.g. A/leave, sickness and study leave).
- To provide effective management of the nursing/midwifery/theatre staff (hereafter referred to as nursing) establishments, thereby driving efficiencies in the nursing workforce across wards/departments.
- Adherence and management of the Trust Family Friendly Policy
- **what are the key constraints? (e.g. financial, legislative)**
- resistance to change
- manpower
- people have had the same working patterns for a period of time and may be reluctant to change
- culture

## 1.3 Main stakeholders affected

(e.g. staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions/professional organisations or private sector organisations)

- Staff
- Trade Unions
- Patients and clients
- Relatives

#### **1.4 Other policies/decisions with a bearing on this policy/decision**

- Bank & Agency Expenditure for Nursing (qualified & unqualified)
- PfA and workforce control targets
- Financial balance
- Workforce control
- Annual Leave policy
- Managing of Attendance Protocol
- Family friendly policy
- Study Leave
- Continuing Professional Development
- Special Leave

## (2) SCREENING THE POLICY/DECISION

### 2.1 In terms of groupings under Section 75, what is the make up of those affected by the policy/decision ?

<b>Group</b>	<b>Please provide details</b>			
Gender	Of the staff included in the E Rostering project 34 (18%) are male and 370 (92%) are female.			
Age	<20	1	0%	
	21-30	92	23%	
	31-40	124	31%	
	41-50	107	26%	
	51+	80	20%	
Religion	Roman Catholic	96	24%	
	Protestant	254	63%	
	Not known	54	13%	
Political Opinion	No direct information gathered on political opinion. Council voting patterns have been considered.			
Marital Status	Married	263	65%	
	Single	125	31%	
	Divorced	4	1%	
	Separated, Widowed and Other	12	3%	
Dependent Status	As the majority of staff are female and many work part-time it is likely that they may have caring responsibilities.			
Disability	Not routinely recorded by the Trust but the Trust is aware of the under reporting of disability by staff			
Ethnicity	Not gathered routinely though there are a very small number of staff from an ethnic minority			
Sexual Orientation	No direct information is gathered on sexual orientation. Population trends of 10% are assumed for gay, lesbian and bisexual individuals – data source: Rainbow Project.			

## 2.2 Is there any indication or evidence of higher or lower participation or uptake by different groups?

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please provide details</b>
Gender		As Trust staff are predominately female, there may potentially be a bigger impact on female staff than male staff. The gender profile for SET workforce as at 1 January 2011 is 82% female and 18% male. The profile of staff included in this pilot project is 92% female and 8% male. Therefore, there may be a low adverse impact on female staff and the Trust is committed to monitoring the pilot E Rostering project
Age		The profile of staff involved in the E Rostering pilot shows that 46% are aged over 41 years of age. Of the SET workforce 30% are aged over 41 years of age. Therefore, there may be a low adverse impact to staff falling into this age range. It is known that a small minority of older staff members work personal shift patterns. The Trust is committed to monitoring this impact now and in the future.
Religion		Staff within the SET are 59% Protestant, 29% Roman Catholic and 11% recorded as unknown. These figures are broadly similar to the profile of staff involved in the E Rostering pilot. The Trust is committed to monitoring this for any potential impact now or in the future.
Political Opinion		The Trust does not routinely record the political opinion of its workforce. In the absence of comprehensive data the Trust relies on local Government information and commits to monitoring this now and in the future.
Marital Status		The marital status profile for SET is 67% married and 30% single. This broadly reflects the profile of the staff involved in the E Rostering project and therefore will not have an adverse impact on either married or single staff. This Trust is committed to monitoring this issue now and in the future.
Dependent Status		The Trust does not record whether or not staff have dependents but is aware of the possible caring obligations association with part-time or female employees. As the majority of staff profiled are female (92%) the proposal may have a low potential adverse impact on this group. The Trust commits to monitoring now and in the future.
Disability		Not routinely recorded by the Trust but the Trust is aware of the under reporting of disability by staff and makes every effort to

		adapt the work place and systems of work to accommodate staff with a disability. The Trust does not anticipate an adverse impact on staff but commits to monitoring now and in the future.
Ethnicity		Not gathered routinely though there are a very small number of staff from an ethnic minority working in the profile group. The Trust commits to monitoring now and in the future.
Sexual Orientation		Not gathered by the Trust but the Trust assumes a 10% representation for gay, lesbian and bisexual individuals. There is no evidence to suggest that the pilot project will have an impact on employees as a result of their sexual orientation.

**2.3 Is there any indication or evidence that different groups have different needs, experiences, issues and priorities in relation to the policy/decision?**

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please provide details</b>
Gender		See answers to section 2.2
Age		
Religion		
Political Opinion		
Marital Status		
Dependent Status		
Disability		
Ethnicity		
Sexual Orientation		

**2.4 Is it likely that the policy/decision will meet those needs?**

<b>Group</b>	<b>Yes/No/ Don't Know</b>	<b>Please briefly give details</b>
		The Trust is gathering information on personal work patterns which will enable it to assess any adverse impact on safe and effective care delivery

**2.5 Is there an opportunity to better promote equality of opportunity or good relations by altering the policy/decision or working with others in government or in the larger community?**

<b>Group</b>	<b>Suggestions</b>
	The Trust is committed to promoting equality of opportunity and good relations and will monitor the pilot project in light of these initiatives as they progress.

**2.6 What changes to the policy/decision – if any – or what additional measures would you suggest to ensure that it promotes good relations?**

<b>Group</b>	<b>Suggestions</b>
Religion	The Trust is committed to monitoring the project and making changes as and when the need is identified.
Political Opinion	
Ethnicity	

**2.7 Have previous consultations with relevant groups, organisations or individuals indicated that particular policies create problems that are**

Key stakeholders including Trade Unions and staff have been involved in the process to date.

The policy will be subject to ongoing screening.\*

Project lead has attended JCNC last 2 meetings

There was a pilot in 3 wards from June 2009 until April 2011. – in one area there was a difficulty with night duty, resolved through negotiation.

System rolled out to 20 wards and also H@N, Telephony, Domiciliary Care. All acute wards should be using the E Roster by end of April 2012.

System analyses and monitors each roster period on 6 key themes and also pulls information into a dashboard which can be accessed by Directors AD's Clinical Managers and Staff Side plus the Project steering Group

Communication sessions have been held across all sites in the Trust re the system and there are specific sessions regarding Work Life Balance in the next few weeks

Project Launched formally jointly by Trust and Allocate Software



## Project Objectives

Effectively managing and controlling the clinical workforce, including the medical staff, requires a solution across the workforce process. However, the existing manual processes for management of the clinical workforce have offered varying levels of control. This has proven difficult due for the following specific reasons:

- A lack of clarity regarding activity levels, demand and budget. In the future the Trust may want to commission additional services. However, it is a challenge to commission additional services without understanding the current baseline in terms of activity levels and the level of resource available or required to service the activity.
- No ability to link patient demand to staffing requirement thereby enabling staffing levels to be objectively set.
- Lack of bottom up, real time operational information on the clinical workforce at team level, resulting in ineffective decision-making regarding staff deployment.
- A lack of objective creation and management of substantive staff rotas and rosters resulting in ineffective use of the clinical workforce.
- Staff working preferences not being managed objectively thereby creating examples where staffing is driven by staff work patterns rather than working to a specific clinical requirement.
- Inefficiency and inaccuracy in timesheet recording, approvals and payment.
- Inefficiency and inaccuracy in absence recording and approvals.

### **Benefits of E Roster**

The benefits of an Electronic Roster system to the Trust are as follows:

1. Asst Directors / Clinical Managers would agree the staff establishment and skill mix with Ward Managers to meet demand, and then build the roster on this figure to stay within budget. E Rostering would enable the Clinical Managers to have better control to arrange cross cover across wards and / or healthcare teams.
2. Staff availability can be predetermined and clearly identified prospectively, allowing managers to take appropriate action.
3. The implementation of a Roster Policy Trust wide, with the standardisation of shift patterns would permit staff flexibility, allowing staff to be redeployed to a different area for a shift or a period of time, rather than use Bank or Agency.
4. The elimination of under-working of hours by staff. Manual rosters do not easily capture where staff work too short a shift / too few shifts in a week. E Roster would enable under / over working to be captured and rolled into the next roster period.
5. Reduction in paid unproductive time (i.e. when staff leave early at week-ends / evenings). The system has in-built rules that assist in the allocation of shifts in a more equitable manner and ensure consistency across the Trust. The system

allows for “hours for hours” shift exchange, with an automatic, accurate log of hours owed / owing being maintained.

6. Reduction of shift overlap. Overlaps would reduce as a result of more efficient rostering – a standardised set of shifts would be designed to meet the needs of the individual ward. These ‘core shifts’ would be entered into the E Roster system and staff would be allocated to the shifts in accordance with the ward requirements.
7. Improvements to rostering efficiency by better matching staff to shift requirements i.e. not having surplus staff allocated to shifts because of rostering complexities and fairer shift allocation for staff. Auto-rostering will help to ensure that staff are evenly rostered to expensive shifts, rather than covering these with agency or bank.
8. The ability of E Rostering to support flexible working can result in increased attendance rates and a reduction in short-term sickness. It can also help reduce staff turnover. By retaining talented staff, recruitment and induction costs are therefore minimised.
9. Improve management of staff leave – the number and grade of staff required for individual days and shifts (including bank holidays and annual leave periods) would reflect the service needs of the individual ward within the Head Room set by the Trust. These requirements would be input into an electronic nurse roster system, thus staff would be allocated to shifts to meet these needs. This would ensure that wards are staffed efficiently and by the appropriate grades of staff at all times, avoiding over reliance on Bank & Agency at peak times.
10. Effective management of the nursing establishment whether this is for substantive staff, Bank staff or Agency staff, thereby driving efficiencies in the nursing workforce across the wards.
11. Extensive staff information ensures that the needs of the staff are addressed with full and detailed tracking of training undertaken, sick leave, annual leave, study days, extra hours and extra duties undertaken.
12. Management Dashboards for key performance indicators for real time monitoring with accurate information to assist the organisation plan ahead and take corrective action accordingly. The reporting information would provide clarity and analysis of rosters, staff utilisation and staffing issues. Information would be available automatically via the dashboards and reports derived as required.

**2.8 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision on any of the groups under Section 75?**

2.8

Through dashboards which can be reviewed on a daily basis by the relevant managers, however the Trust will produce dashboard reports and email out to key stakeholders on a 4 weekly cycle to reflect the roster data sent to payroll.

Roster analyser for each off duty over a 4 week period

Feedback from Ward Sisters and staff side (JCNC)

Staff side sit on the steering group and the project group

KPI's for Skill mix, Non clinical Time, Band & Agency use, Roster efficiency, Rule Breaking, effective use of staff use, i.e. – RGN's working NA shifts, competencies not completed, staff utilisation.

Clinical Managers will monitor KPI's – decision points, Bank & Agency, gateways.

Absenteeism/leaver rates will be monitored to see if there is any increase/decrease due to the impact of the E Roster and associated policy.

Complaints/Compliments

**(3) SHOULD THE POLICY/DECISION BE SUBJECT TO EQUALITY IMPACT ASSESSMENT?**

Equality impact assessment procedures are confined to those policies/decisions considered likely to have significant/major implications for equality of opportunity.

**If your screening has indicated that a policy/decision is likely to have an adverse differential impact, how would you categorise it?  
Please tick.**

Significant/major impact	
Low impact	x

**Do you consider that this policy/decision needs to be subjected to a full equality impact assessment?**

Yes	
No	x

Please give reasons for your decision.

Does not discriminate and is designed to meet the needs of the 9 categories

The Trust will be monitoring the project and assess any potential impact and therefore the E Roster policy will be subject to on-going equality screening. As this is a pilot project and will be implemented in a series of stages screening will be considered at various times during implementation.

**June 2012 Review:**

No issues with regards to the system

Change of shifts to facilitate staff needs facilitated by the Ward Sisters

No evidence to show that the Section 75 groups have changed

No complaints or grievances received

Roster Management Policy being signed off by JCNC June 2012 following revisions in December 2011

As noted in 2.8 of the Equality Screening a number of monitoring methods have been employed and no major impact has been identified.

Policy will reviewed in December 2012 following the policy 'sign off in June 2012'.

**July 2014 Review:**

No issues with regards to the system

Change of shifts to facilitate staff needs facilitated by the Ward Sisters

No evidence to show that the Section 75 groups have changed as no complaints or grievances received

Current draft roster policy awaiting sign off.

The Trust continues to monitor using the methods noted in 2.8 of the Equality Screening and no major impact has been identified.

Screening will be reviewed in December 2014 following the policy 'sign off.

**March 2015 Review:**

No issues with regards to the system

Change of shifts to facilitate staff needs facilitated by the Ward Sisters

No evidence to show that the Section 75 groups have changed

No complaints or grievances received

As noted in 2.8 of the Equality Screening a number of monitoring methods have been employed and no major impact has been identified.

#### **(4) DISABILITY DISCRIMINATION**

**4.1 Does the policy/decision in any way discourage disabled people from participating in public life or does it fail to promote positive attitudes towards disabled people?**

No

**4.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?**

No

**4.3 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision with reference to the disability duties?**

All the data sources are detailed in 2.8.

## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Does the policy/decision affect anyone's Human Rights? [PLEASE COMPLETE THE TABLE BELOW]

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life			x
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			X
Article 8 – Right to respect for private & family life, home and correspondence.		x	
Article 9 – Right to freedom of thought, conscience & religion			x
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X

1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 <sup>st</sup> protocol Article 2 – Right of access to education			X

*If the effect you have identified is positive or neutral please move on to **Question 5.3.***

**5.2 If you have identified a likely negative impact who is affected and how?**

There maybe be a potential low impact under article 8 but the Trust will do everything possible within its Family Friendly Policy to minimise the impact and work with staff and Unions to ensure that the E Rostering project does not adversely impact any of the 9 equality categories.

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*



**5.3 Outline any 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/decision.**

The Trust has an ongoing training strategy for all staff with regard to Equality, Diversity and Human Rights. These training courses are evaluated and adapted as necessary.

Policy/Decision Screened by: \_\_\_ Sharon McRoberts \_\_\_\_\_

Date:

\_\_\_ 10/1/2012 \_\_\_\_\_

**Please note that having completed the screening, you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.**