

EQUALITY IMPACT ASSESSMENT

ON THE

CLINICAL MANAGEMENT RESTRUCTURE PROPOSALS

CONSULTATION DATES: 22nd October to 31st January 2011

FOREWARD

Pages 3 to 8 details the Initial Equality Impact Assessment carried out on the Clinical management restructure proposals. From the initial impact assessment there is currently no adverse impact on any of the equality groups.

The purpose of the Equality Impact Assessment is to review the proposal and ascertain the risk of whether the proposal/s would have a differential impact on particular equality groups. It is therefore difficult to predict accurately the impact of the proposed changes on any of the groups at this time as a consultation process is currently underway, although the data in the initial impact assessment shows that some groups may be significantly affected in terms of numbers. The equality monitoring data that the organisation holds on some of the strands for example staff who have a disability, religion/belief, sexual orientation, shows a relatively high number of staff noted as “undefined”. CLCH is currently planning a data update exercise for all staff in order to work to improve the range of information available for all staff which can be used to inform work such as Equality Impact Assessments.

On pages 9 to 11, in the full impact assessment, we have given consideration to how we plan to mitigate any potential negative impacts, and to promote good relations and to raise any issues with EMT/JSCC on any areas where there is a potential for a negative impact on one or more of the strands of equality.

A further impact assessment is planned at the end of the consultation process when any changes to be implemented are known, in order to accurately assess whether there are any actual adverse impacts and actions that could be taken to reduce any impacts on particular groups of staff.

17 January 2010
Afusat Abdulkadir-Ayo
HR Business Partner

Equality Impact Assessment - Initial screening form for downsizing proposals

Directorate	Clinical Management
Date	24/12/10
Consultation paper	New Clinical Management and Leadership Structure for CLCH
Purpose	Initial Impact Assessment – Redundancy Not Envisaged
Associated NHS guidance	NHS Employers’ guidance document, ‘Equity in implementing organisational change’
Who does it affect?	Clinical leadership and operational management roles in bands 8a to 9
Consultation	22 nd October to 31 st January 2011

Introduction

The NHS Employers guidance document ‘Equity in implementing organisational change’ sets out a number of key principles that employers in the NHS should adhere to:

- No employee should receive less favourable treatment on grounds of age, gender, marital status, race, religion, sexual orientation, disability, working patterns, or on the grounds of trade union membership; and
- All decisions on identification of ‘at risk’ staff and redundancy criteria must be seen to be fair and transparent. As well as meeting the requirements both of equal opportunities legislation and best practice.

How to undertake the initial screening?

Prior to undertaking a full Equality Impact Assessment using the CLCH form it is advisable to undertake an initial screening of the proposals to downsize departments which may result in redundancies or redeployment.

This initial assessment form allows CLCH to consider the effect of organisational changes on particular groups of staff based upon ethnicity, gender, age and disability within the affected directorates.

If there is a disproportionate number of from equality groups who are ‘at risk’ in comparison to the total number of staff then a full Equality Impact Assessment is required. It is recommended that the benchmark is any difference of 20% based upon race, gender or disability (for example, 20% more BME staff are affected compared to the total number of staff).

By undertaking assessing a full Equality Impact Assessment on the process and decision making it will be will assessed if the downsizing process has a negative impact on particular groups and look at ways to minimize the impact (For example, training, support or redeployment). This will ensure that the process for selecting staff for redundancies are fair and transparent and in line with equal opportunities legislation.

Analysis and monitoring

Below are the tables that need completing to analyse the comparison between the total number of staff in the directorate and those staff at risk.

Directorate	Total number of staff in CLCH
Cohort 8a-9	280

Directorate	Total number of staff in scope of the proposed restructure
Cohort 8a-9	107 (plus 18 vacant posts)
Total	125

Age

Age band	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposal	C - Percentage - To calculate percentage column B divided by A x 100)
16-24	0	0	0%
25-44	167	69	41.32%
45-65	113	38	33.63%
Total	280	107	

* Use data from the beginning of the month the consultation commences.

Gender

Gender	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposals	C. Percentage - To calculate percentage column B divided by A x 100.
Men	59	21	35.59%
Women	221	86	38.91%
Total	280	107	

Race

Race	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposals	C. Percentage - To calculate percentage column B divided by A x 100.
White	218	78	35.78%
BME*	61	28	45.90%
Total	279	106	

*1 Undeclared

Disability

Disability status	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposals	C. Percentage - To calculate percentage column B divided by A x 100.
Disabled	4	1	25.00%
Not disabled	85	29	34.11%
Not declared	190	77	40.53%
Total	279	107	

*1 undefined

* BME – Black Minority Ethnic classified as any staff who do not declare themselves as White.

Religion/Belief

status	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposals	C. Percentage - To calculate percentage column B divided by A x 100.
Atheist	2	0	0%
Christian	97	41	42.27%
Hindu	3	2	66.67%
Do not wish to disclose	30	4	13.33%
Muslim	5	2	40.00%
Sikh	3	1	33.33%
Other	7	6	85.71%
undefined	133	51	38.35%
Total	280	107	

Sexual Orientation

status	A. Total number of staff Date*: <i>insert</i>	B. Number of substantive staff placed at risk downsizing proposals	C. Percentage - To calculate percentage column B divided by A x 100.
Bisexual	1	0	0%
Gay	3	1	33.33%
Heterosexual	91	36	39.56%
Lesbian	2	0	0%
Do not wish to disclose	25	3	12.00%
Undefined	158	67	41.77%
other	0	0	0%
Total	280	107	

Outcome

Will the downsizing proposals affect a particular group of staff based upon their age, race, gender, disability, religion or sexual orientation?	Yes	No
	High risk. Complete a full EIA.	State below how you have reached this conclusion

Conclusion

There is currently no adverse impact on any of the Equality groups.

The purpose of this initial Equality Impact Assessment is to review the proposed restructure to ascertain whether the proposal would have a differential impact on particular groups of people **due to their age, ethnicity etc.** Although there appears to be a significant impact (more than 20%) on all of the equalities groups; **Age, Gender, Race, Religion, Sexual Orientation and Disability**, it is difficult to predict accurately the impact of the proposed changes on any group until the proposed changes have been implemented. The Impact of the proposal on the entire equalities group is almost the same, with less than a 10% difference when compared, except for the Hindu religious group where the difference is more than 20% **as this is a small cohort of staff.**

Further Justification

The restructure proposal clearly states and refers to a criteria for selecting the posts affected (section 3 of consultation document) i.e. band 8a and above roles with significant management or clinical leadership component. Significant is defined as more than 50%. Any staff with over 50% site, operational management or clinical leadership was included in the selection. Staff with a clinical caseload of more than 50% were not included.

The restructure proposal also includes a commitment to redeployment of individuals affected to suitable alternative roles where possible (section 8.1), with an emphasis to support staff wishing to return to practice. It also refers to a ring-fenced process (section 7 stage 3) as the most likely process for selection to new posts. It is hoped that this process will minimise any impact on this equality group.

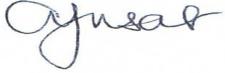
A further impact assessment will be carried out on the agreed implementation plan to identify staff groups where this is a potential risk of negative impact from any changes to be implemented and to enable actions that would help address those impacts to be identified and implemented.

Recommendation

Due to the impact on the groups stated above a full impact assessment is recommended at the end of the consultation process.

Date completed: **31 December 2010**

Name: **Afusat Abdulkadir-Ayo, HR Business Partner**

Signature: 

Date signed by Equality and Diversity team:

Signature:

Full Equality Impact Assessment – Clinical Management Restructure proposal

This Equality Impact Assessment reviews the proposed restructure to ascertain whether the changes would have a differential effect or impact on particular groups of people. Consideration is also being given to how to mitigate any potential negative impacts, and to promote good relations. Although more issues and need for action may emerge over time, the main issues have been addressed in the action plan in section (4) of this document.

1. Summary of impact identified by Equality and Diversity strand:

<p>Age Positive or Negative Impact:</p>	<p>The assessment shows an impact upon 41.32% of 25-44 group and 33.63% of 45-65 age group in this cohort. Although there is a significant impact (more than 20% are affected), <u>there is no known negative impact based upon the age groups of the staff at this time.</u> The Impact of the proposal between the age groups in this equalities group is almost the same, with less than a 10% difference.</p>
<p>Belief / Faith Positive or Negative Impact:</p>	<p>The assessment shows an impact upon Christian 42.67%, Hindu 66.67%, Muslim 40%, Sikh 33.33%, Other 85.71% and undefined is 38.35% Although there is a significant impact (more than 20%), <u>there is no known negative impact based upon belief or faith of the staff at this time.</u> The Impact of the proposal based upon the different beliefs / faiths of the staff is almost the same, with less than a 10% difference except for the Hindu group (66.67% which is due to the low number of staff in this cohort.</p>
<p>Disability Positive or Negative Impact:</p>	<p>The assessment shows an impact upon 25% of disabled staff and 34.11% of non-disabled staff in this cohort with 40.53% no declaring their disability status. Although there is a significant impact (more than 20%), <u>there is no known negative impact based upon disability status at this time.</u> The Impact of the proposal on the strands in this equalities group is almost the same, with less than a 10% difference when compared.</p>
<p>Gender Positive or Negative Impact:</p>	<p>The assessment shows an impact upon 35.39% are men and 38.91% are women in this cohort. Although there is a significant impact (more than 20%), <u>there is no known negative impact based upon gender at this time.</u> The Impact of the proposal on the strands in this equalities group is almost the same, with less than a 10% difference when compared.</p>
<p>Race Positive or Negative Impact:</p>	<p>The assessment shows an impact upon 35.78% of white staff and 45.90% BME staff are affected in this cohort. Although there is a significant impact (more than 20%), <u>there is no known negative impact based upon race at this time.</u> The Impact of the proposal on the strands in this equalities group is almost the same, with less than a 10% difference when compared.</p>
<p>Sexual Orientation Positive or Negative Impact:</p>	<p>The assessment shows an impact upon 33.33% of gay staff, 39.56% of heterosexual staff in this cohort and the other categories are 'do not wish to disclose' and 'undefined'. Although there is a significant impact (more than 20%), <u>there is no known negative impact based upon sexual orientation of the staff at this time.</u> The Impact of the proposal based upon the sexual orientation of the staff is almost the same, with less than a 10% difference</p>

Human Rights Possible breach of the Human Rights Act	Neutral Impact
HR issues only: Positive or Negative Impact:	Neutral Impact

Please continue and attach a separate sheet if necessary

2. Give details of involvement and consultation or research undertaken for each relevant equality and diversity strand, upon which this policy has had an impact either internally or externally:

Age, Disability, Belief / Faith, Gender, Race, Sexual Orientation,	Consultation on the proposal for change started on 22 nd of October and will end on the 31 st December 2010 and 31 st January 2011. A total of 5 collective consultation meetings and 5 consultation workshops and several HR surgeries have been held with those staff directly and indirectly affected by this change. In addition, several team meetings have taken place and all staff affected has been offered the opportunity of one-to-one meetings.
--	---

Please continue and attach a separate sheet if necessary

3. Recommendations to improve this service, policy or function:

The need for the organization to provide ample opportunities for affected staff members to discuss/explore options and increase their confidence in exercising their rights and responsibilities throughout the transition period
Clearly set out selection criteria as part of the process for recruiting into the new posts.
Clear outline of the ring-fenced selection process

Set out the process for the redeployment of those individuals who are not successful in the recruitment process to suitable alternative roles and include consideration of the particular circumstances of staff for example caring responsibilities, health considerations in identifying potential alternative roles.
Clearly set out process for supporting staff wishing to return to practice
Provide support in terms of CV writing, completing application forms, interview skills, interview confidence.
Provide support in terms of emotional well being and managing stress during this period of change.
Improve the extent of the equality monitoring data available
Consider additional actions and risks raised through the staff consultation process, adding them to this action plan where applicable

Please continue and attach a separate sheet if necessary

4. Actions required to implement the EIA recommendations:

One of the most important aspects of this Equality Impact Assessment is to complete an action plan and to raise any issues to the JSCC/EMT which details plans to mitigate against any areas where there is a potential to have a negative impact on one or more of the strands of equality.

Action Plan:	Responsibility:	Date to be completed:
Clearly set out processes in the implementation document	JC/MH	ongoing
Clearly set out selection criteria as part of the process for recruiting into the new posts.	JC/MH	ongoing

Clear outline of the ring-fenced selection process	JC/MH	ongoing
Set out the process for the redeployment of those individuals who are not successful in the recruitment process to suitable alternative roles.	JC/MH	ongoing
Clearly set out process for supporting staff wishing to return to practice	JC/MH	ongoing
Provide support in terms of CV writing, Completing application forms, Interview skills.	MH	ongoing
Provide support in terms of Emotional well being and managing stress during this period of change	MH	January 2011
Take action to safeguard a fair and non-discriminatory recruitment process for new posts – including refreshed Recruitment & Selection training and with a robust integration of Equality and Diversity training	JC/MH	January 2011
Improve the extent of the equality monitoring data available in those areas where data is not available	MH	January 2011
Consider additional actions and risks raised through the staff consultation process, adding them to this action plan where applicable	JC/MH/SS	ongoing

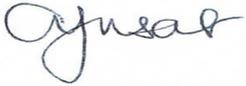
Please continue and attach a separate sheet if necessary

5. If no actions to be taken with respect to the recommendations please give reasons below:

Action plan review date: **Ongoing until the completion of the restructure**

Name of person responsible for review: **Equalities and Diversity Team**

EIA Assessor(s): **Afusat Abdulkadir-Ayo, HR Business Partner**



Signed:

Name Head of Service: **Jane Clegg, Director of Operations**



Signed:

Date Completed: **17 January 2010**

1. Signed electronic version to Head of Equality & Human Rights for authorisation.
2. Once authorised keep in your team for audit purposes.
2. Send the revised electronic copy to Head of Equality & Human Rights for publication on website.

Date sent to Head of Equality & Human Rights: **17 January 2011**

