



**Western Health
and Social Care Trust**

Equality and Human Rights Screening Template

Title of Policy: Hard FM staffing at the new acute hospital for the south west
Lead Manager: Mary Maguire
Directorate: Planning and Performance
Department: Developing Better Services
Date: 17 November 2008

1. BACKGROUND

1.1 In June 2007 the Trust undertook a screening exercise to consider the potential equality implications for staff in Hard and Soft FM services of the proposal to appoint a private sector consortium to develop and manage the new acute hospital in Enniskillen and the new local enhanced hospital in Omagh. The screening exercise was based on SDM 10 which was a theoretical model of the staffing required in total for both hospitals under a PFI agreement with one or more private sector consortia. SDM 10 outlined a reduction in staffing in Hard and Soft FM services to reflect the fact that there will be a reduction in the number of sites serviced when the new hospitals come on line.

1.2 The conclusion of the screening exercise was that it appeared likely that the reorganisation of Hard and Soft FM services across both sites would result in adverse impacts on some staff and that the Trust needed to take steps to evaluate any potential adverse differential impacts of a service delivery model which would result in a reduction in staffing.

1.3 It was therefore agreed that an EQIA would be undertaken of the structure for the delivery of Hard and Soft FM services but on the basis of the actual staffing model proposed by the preferred bidder rather than on the theoretical model set out in SDM 10.

1.4 The Trust has now identified the Northern Ireland Health Group (NIHG) as the preferred bidder for the new acute hospital. Further work is being undertaken with NIHG over the next 4 months up to the proposed date of financial close which is 31 March 2009. In line with the previous commitment, the Trust is now evaluating the potential equality impacts for FM staff of the proposed decision to appoint NIHG as the PFI partner for the new acute hospital in relation to potential reductions in staffing.

1.5 The decision taken at the end of the screening exercise was to carry out an EQIA. However, three key factors have changed since the screening exercise was undertaken –

- the preferred bid includes the provision of Hard FM staff only with the Trust retaining responsibility for Soft FM staff;
- the preferred bid relates to staffing at the new acute hospital in Enniskillen only;
- the preferred bid does not indicate a reduction in staffing levels of Hard FM staff.

1.6 The key issue for consideration is therefore whether any potential adverse differential impacts for staff in Hard FM services are likely to arise as a result of the preferred bid by NIHG for the new acute hospital in relation to staffing levels. In order to determine this, the Trust has now undertaken a further screening exercise and the findings are set out below.

Consultation on the findings will be carried out in line with the Trust's consultation guidelines.

2. INFORMATION ABOUT THE POLICY/DECISION

2.1 In 2009 the Trust will take a decision on the appointment of NIHG to develop and manage the new acute hospital in Enniskillen. One of the results of a decision to appoint NIHG will be the transfer of responsibility for Hard FM services for the hospital to NIHG (Interserve). Soft FM services will remain the responsibility of the Trust. This screening exercise relates to the equality implications of revised staffing levels resulting from this transfer of responsibility. The screening exercise has been undertaken in accordance with the Trust's statutory duties to ensure that full information on potential equality implications is available when the decision is made.

2.2 The main stakeholders affected are Hard FM staff currently employed by the Trust to deliver services to the Erne Hospital in Enniskillen. There are 30 staff currently in post.

2.3 Other policies and decisions which have a bearing on this decision include the following which were subjected to screening/EQIA in 2004/05 –

- the effects on staff of the possibility of financing the project (i.e. both the acute hospital in Enniskillen and the district hospital in Omagh) through PPP/PFI initiatives;
- the effects on staff of posts being permanently relocated to the new acute hospital or temporarily changing base to ensure skills are maintained across both hospital sites.

3. SCREENING THE POLICY/DECISION

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

The following table shows the results of an analysis by Section 75 groupings of the **30** staff affected by this policy/decision.

Gender	27 of the staff are male and 3 are female.
Age (at 01/01/2008)	20-29 = 1 30-39 = 7 40-49 = 6 50-59 = 12 60+ = 4
Religion	16 staff are from a Protestant community background; 12 staff are from a Roman Catholic community background; 2 staff are from a non-determined community background.
Political Opinion	There is no specific information on political opinion but we consider that community background is a reasonable indicator of political opinion and it can be assumed that the 16 staff from a Protestant community background are likely to be Unionist and the 12 staff from a Roman Catholic community background are likely to be Nationalist.
Marital Status	24 staff are married and 6 are single.
Dependent Status	There is no information available on whether these staff have dependents.
Disability	None of the staff perceive themselves to be disabled.
Ethnicity	21 staff are from a White European ethnic group. The Trust has only monitored ethnicity of staff appointed within recent years and the remainder are not determined. However, it is likely that they are also White European.
Sexual Orientation	There is no information available on the sexual orientation of the staff.

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

The decision to transfer responsibility for Hard FM services to NIHG will affect all Hard FM staff currently providing services to the Erne Hospital and there will be no differences in respect of participation by different groups. When this group of staff is compared with the total number of Hard FM staff currently employed by the Trust, the percentages in each grouping are very similar. We have therefore concluded that there is no indication of higher or lower participation by any particular Section 75 group.

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

NIHG has indicated that they will require 34 staff to deliver Hard FM services at the new acute hospital. There will therefore be posts for all existing staff who require them within the NIHG consortium. (It should be noted that some older staff may reach retirement age before the decision takes effect and therefore may not require a post within the consortium.) We have therefore concluded that none of the Section 75 groups within the affected staff will have different needs, experiences, issue or priorities in relation to the decision.

It should be noted that this screening exercise relates to staff numbers only. The EQIA undertaken in 2004/05 gave full consideration to the issues arising for staff from a decision to finance the hospital through a Public Private Partnership arrangement, including the effects of transfer to the employ of a private sector partner, and these issues are not being reconsidered.

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

(This question is not applicable.)

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?

During the competitive dialogue phase of the procurement process (2d), the Trust obtained a considerable amount of information from NIHG regarding their approach to various issues with implications for equality of opportunity, including –

(a) Detailed proposals and processes as to how human resources issues would be dealt with (with particular attention to equal opportunities).

NIHG demonstrated a comprehensive approach to the promotion of equality of opportunity. They showed that they have in place a specific equal opportunities policy for Northern Ireland and a harassment policy which includes the promotion of a harmonious working environment and have already provided training for managers with a Section 75 focus.

(b) Detailed proposals as to how they planned to ensure fair treatment for disabled staff.

NIHG showed that they have a good understanding of their responsibilities under the Disability Discrimination Act 1995 and have a Disability Policy in place which addresses the duty to make reasonable adjustments.

(c) Proposals on how they planned to help the Trust meet the Section 75 duties.

NIHG demonstrated a comprehensive and thorough understanding of the requirements of Section 75. They gave a clear commitment to mainstreaming the need to take account of the promotion of equality of opportunity, especially in terms of employment.

(d) How they would verify and demonstrate to the Trust that their proposals comply with, inter alia, DDA requirements.

NIHG set out a commitment to a philosophy of inclusion covering staff and visitors, including an access strategy based on the Trust's requirements.

(e) How they would verify and demonstrate to the Trust that their proposals comply with, inter alia, fair employment and equality requirements.

NIHG demonstrated a good understanding of the requirements of Fair Employment and Treatment (NI) Order and the need to ensure that sub contractors comply with fair employment and equality requirements.

The Trust will continue to work with NIHG to ensure that proposals in respect of equality considerations are fully implemented in a manner which is consistent with the Trust's statutory duties.

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

There are no additional measures proposed; the Trust is satisfied that NIHG's proposals under 2d are adequate to ensure the promotion of good relations.

2.7 Have previous consultations with relevant groups, organisations or individuals indicated that particular policies create problems that are specific to them?

There were no comments made during the screening exercise undertaken in June 2007 or during the consultations which were carried out during the competitive dialogue phase which would suggest that this particular decision in relation to staffing levels and the transfer of Hard FM responsibilities will create problems for particular groups.

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

The contract between the Trust and NIHG will require the provision by the consortium of monitoring information to allow the Trust to fulfil its statutory duties in relation to equality issues.

4. SHOULD THE POLICY/DECISION BE SUBJECT TO EQUALITY IMPACT ASSESSMENT?

4.1 The findings of this screening exercise are that the decision is unlikely to have adverse equality implications for any of the Section 75 groups. It is therefore recommended that no EQIA be undertaken.

5. DISABILITY DISCRIMINATION

5.1 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?

The Trust is satisfied that NIHG's proposals in relation to disabled staff will in no way discourage them from participating in public life or fail to promote positive attitudes towards them. It should be noted that no-one in the current Hard FM workforce has indicated a disability but it is possible that disabled people may be employed in this function in future.

5.2 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?

The Trust is satisfied that NIHG's proposals are adequate and that no further opportunities are available at present.

5.3 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.

The contract between the Trust and NIHG will require the provision by the consortium of monitoring information to allow the Trust to fulfil its statutory obligations in relation to the disability duties.

6. CONSIDERATION OF HUMAN RIGHTS

6.1 Does the policy/decision affect anyone's Human Rights?

(See table overleaf.)

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 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

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

(This question is not applicable.)

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.

No actions are considered necessary.