Local equality analysis for the introduction of the junior doctors' contract

Description of decision:
Introduction of the national junior doctors' contract

Owners of the policy:
West Suffolk NHS Foundation Trust

Annexes:
A. National equality analysis for the agreement
B. National terms and conditions
C. Current trust EDS score and documentation
D. Recent CQC report
E. WSH equality data: junior doctor workforce by equality dimensions, part-time working rates by gender, gender split by specialty group
F. 2015 National NHS Staff Survey Summary Results from WSH
G. Email from Trust Chief Executive to all junior doctors

What are the main aims, purpose and outcomes of the functions, strategy, project or policy and how does it fit in with the wider aims of the organisation?

1. To introduce the national junior doctors' contract at West Suffolk NHS Foundation Trust

2. Nationally, the aims of the contract are:

   a. To enable employers to roster doctors when needed across seven days including evenings and weekends, more affordably to support the delivery of a seven-day NHS for patients in accordance with the clinical standards developed by the seven-days-a-week forum
   b. To end time-served automatic annual pay progression (AAPP) and establish a pay model based on the level of responsibility of the role performed
   c. To provide doctors with greater certainty and predictability of earnings by: (i) increasing basic pay, and (ii) reducing the proportion of overall pay that is derived from (variable) additional payments.
   d. To ensure that doctors working the most unsocial hours/patterns are paid accordingly
   e. To provide incentives to encourage entry into hard-to-fill training programmes or clinical academic training programmes and/or undertake beneficial research work
   f. To provide stronger measures to ensure adherence to safe working hours and patterns
   g. To improve training/support for training

List the main activities of the function, project/policy (for strategies list the main policy areas)

3. The new contract will apply to all doctors who: (as) commence work for the first time, and/or (b) take up a new contract of employment after the new contract is introduced. The new contract sets out their terms of employment.

Who are the key stakeholders?

4. The key stakeholders include:
   a. The trust's current and future junior doctors
   b. The trust's other clinical and non-clinical staff
   c. Patients

How will the function, policy or strategy be put into practice and who will be responsible for it?

5. The new contract was introduced with effect from 3 August 2016 subject to a phased implementation from December 2016 to October 2017.

6. The contract will be implemented by Mrs Jan Bloomfield, Executive Director of Workforce and Communications and a team led by Mrs Liz Houghton, Deputy Director of Human Resources with support from Mrs Sarah Gull, WSH Guardian of Safe Working and in consultation with the Trust Negotiating Committee (Medical and Dental).

   The implementation timetable is contained in the embedded spread sheet.

Rota Transition Timeline.xlsx

How will progress be measured?

7. Data contained in Annex E – WSH equality data will be updated and reviewed annually in June to identify if there have been any changes in the proportion of staff in the protected groups. WSH NHS national staff survey data will also be reviewed annually to identify any changes or trends. Feedback will also be sought from Junior Doctors' Forum members and the Champion for Flexible Training. This monitoring data will inform the review and updating of this Equality Impact Assessment. The Trust's Workforce Development Manager will be responsible for ensuring progress is measured and reports made to the Junior Doctors' Forum and Trust Board (see paragraph 23 below).

What data is available to help inform the impact assessment? Check available data, research studies, reports, audits, surveys, feedback etc concerning each equality target group (race, religion/belief, disability, gender, sexual orientation and age) for this particular function or policy and list them below for each area.

8. The following data is available:
   a. Current EDS Score and documentation **Annex C** (*all equality target groups*)
   b. CQC Quality Report 4.8.16 **Annex D** *(all equality target groups)*
   c. Proportion of doctor workforce by the equality dimensions September 2016 (source ESR) **Annex E** *(all equality target groups)*
   d. Doctor gender split by specialty group September 2016 (source ESR) **Annex E** *(gender)*
   e. Doctor part time working rates by gender *(source ESR)* **Annex E** *(gender)*

f. 2015 National NHS Staff Survey Results **Annex F** *(all equality target groups)*

Where, if any, are the gaps in the information required? What are the reasons for any lack of information? List them below in each area of race, religion/belief, disability, gender, sexual orientation and age.

9. All the information required is available.

Is additional information required? If yes, what is needed and how will this be carried out?

10. No additional information is required.

Analysis of the introduction of the new contract

11. Impact analysis detailed in the table below.

Does or could the policy or function have any influence on any of the equality strands in relation to: • Promoting equality • Eliminating discrimination • Achieving equality	Yes	No
Race		X
Religion or belief		X
Disability	X	
Gender	X	
Sexual orientation		X
Age		X
Gender reassignment		X
Maternity and pregnancy	X	
Marriage and civil partnership		X

Assess the likely impact on equality

12. Potential impacts analysis detailed in the table below.

<table>
<tr><th colspan="4">Could the function/strategy/project/policy in the way it is planned/delivered have a negative impact on any of the equality target groups (i.e. it could disadvantage them) or could it have a positive impact on any of the groups, contribute to promoting equality, equal opportunities or improve relations?</th></tr>
<tr><th>Group affected</th><th>Positive impact(s)</th><th>Negative impact(s)</th><th>Reason(s)</th></tr>
<tr><td colspan="4">(i) Replacing time elapsed and broad banding pay system with one based on equal pay for work of equal value means some will do better than others compared to current arrangements. This will impact on those who work part-time, are carers (in both cases a greater proportion of women than men) and take maternity leave (women). In some specialities with a disproportionate number of women, these doctors will be advantaged less than other doctors under the new pay structure because the level of additional payments for Saturday working which doctors in that field are likely to receive will be less than those in specialties predominantly receiving SIPSs.

(ii) Increased rostering of staff in evenings and weekends may improve conditions for doctors working part-time because they may be able to arrange cheaper and more informal childcare arrangements in the evenings and weekends if they have family support. Equally in some circumstances it may impact on those with childcare responsibilities who do not have such opportunities, given the higher cost of childcare at those times. These may be disproportionately women.

(iii) A range of measures to be introduced will, in particular, help those with caring responsibilities (predominantly women) who might include part time workers taking longer to complete their training. Some of the proposals will also benefit those with disabilities and those who are married or in civil partnerships. The measures are: accelerated training support, rostering and flexible working, deployment, pay protection, unsocial hours package, nodal adjustments to front load pay levels and comprehensive national equalities monitoring. (Details are provided in the Equalities Statement published by the Department of Health in May 2016.)</td></tr>
<tr><td>Ethnic groups</td><td></td><td></td><td></td></tr>
<tr><td>Faith groups</td><td></td><td></td><td></td></tr>
<tr><td>Disability groups</td><td>X</td><td>X</td><td>Point (i) above
Point (iii) above</td></tr>
<tr><td>Gender groups</td><td>X</td><td>X</td><td>Point (i) above
Point (ii) above
Point (iii) above</td></tr>
<tr><td>Sexual orientation groups</td><td></td><td></td><td></td></tr>
<tr><td>Age groups</td><td></td><td></td><td></td></tr>
<tr><td>Gender reassignment</td><td></td><td></td><td></td></tr>
<tr><td>Maternity and pregnancy</td><td></td><td>X</td><td>Point (i) above</td></tr>
<tr><td>Marriage and civil partnership</td><td>X</td><td></td><td>Point (iii) above</td></tr>
</table>

Where you have indicated there is a negative impact on any group is that impact:	Yes	No
Lawful? i.e. it is not discriminatory under anti-discrimination legislation	X	
Intended?		X

13. The Trust considers that the potential negative impacts are lawful and they are not intentional.

Can changes be made to the function or policy?

14. There are no practical local variations that can be made to the national contract.

Can the policy or function be implemented in a different way?

15. There are no practical local variations that can be made in the implementation of the national contract.

Is it possible to consider a different policy, which still achieves your aim but avoids any adverse impact?

16. It is not possible to consider a different policy that would still achieve the aim of the national contract (see **Annex G** email from Trust Chief Executive dated 11.10.16 for detail).

What previous or planned engagement (both locally and nationally) on this function/topic/policy/area/project has taken place/will take place with groups/individuals from equality target groups?
Summary of engagement carried out or planned
(i) Presentation/Q&A PGME lunchtime lecture 5.10.16 (all trust junior doctors invited to attend) (ii) Discussions with Foundation Trainee Quality Assurance Group members 28.9.16, 12.10.16 (iii) Email communication to all trust junior doctors inviting them to raise any equality concerns about the new contract 19.10.16. (iv) Discussed as a standing item as the Trust Negotiating Committee (Medical and Dental) 16.11.16 Since points (i) and (iii) above included all trust junior doctors the trust is confident that it has sought to engage with individuals in all the equality target groups.

Have you involved your staff (who have or will have direct experience of implementing the strategy/policy/working on the project) in taking forward this impact assessment? If yes, how?

17. The new contract will be implemented by the Medical Staffing team supported by the Guardian of Safe Working. They have been involved in taking forward this impact assessment by reviewing and commenting on draft versions of the assessment. The draft assessment has also been shared with the Trust Negotiating Committee (Medical and Dental).

Make a decision on the policy

Summarise the findings and give an overview on whether the function or policy will promote equality and diversity

18. The legitimate aims of introducing the contract include a range of benefits for doctors, patients and the public, for example:
    a. Stronger safeguards in relation to working hours that go further than the Working Time Regulations than is the case under the existing contract
    b. Continuity and stability through the development of standard terms for junior doctors that all employers can use, particularly to support doctors as they are rotating.
    c. External scrutiny of hours by the CQC with a new guardian of safe working to ensure doctors do not work when tired.
    d. Clear links between pay and responsibility
    e. Supporting rostering of doctors by ensuring that pay enhancements are directed towards those working most frequently and intensively, to support the provision of care for patients across seven days

    The Trust concludes that the legitimate aims of introducing the contract, including but not limited to those set out above, outweigh any indirect negative effect on particular protected characteristics.

19. Policy Decision risks are detailed in the following table:

What is the potential risk on equality?		
Highly likely to have an adverse effect on equality. **High risk**	May possibly have an adverse effect. **Moderate risk**	Probably will not have an adverse effect. **Low risk**
Highly likely to promote equality of opportunity and good relations **High potential**	May have the potential to promote equality and good relations **Moderate potential**	Probably will not promote equality or good relations **Low potential**
If the potential for risk and benefit occurred, how substantial would there be in terms of the number of people affected and the severity of the problem?		
Lots of people from different groups may be affected to some extent	A few people may be adversely affected to some extent	
A few people may be affected but the effect on them will be highly adverse	A lot of people may be severely affected	

What practical actions are required to reduce or remove any adverse/negative impact?

20. The Trust will implement all the measures contained within the national contract aimed at addressing the potential impact of the new contract on the affected groups.

Give details of how the results of the impact assessment will be published

21. The results of the impact assessment will be published on the Trust's website.

Give details of the monitoring arrangement

22. Progress will be monitored by the Guardian of Safe Working and the Trust Junior Doctors' Forum and the Trust Board. An annual report will be prepared for the Junior Doctors' Forum by the Workforce Development Manager (Trust lead for equality and diversity) and this will comprise a review of this equality impact assessment (see 7. above measuring progress). The Trust Board will also monitor progress and will be informed via the annual Equality and Diversity report to the board (generally June each year).

ANNEXES

Annex A: National Equality Analysis for the Agreement

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512696/jd-eia.pdf

Annex B: National Terms and Conditions

http://www.nhsemployers.org/case-studies-and-resources/2016/07/junior-doctors-terms-and-conditions-of-service-july-2016

Annex C: Current EDS Score and Documentation

FINAL EDS Report.docx

Annex D: West Suffolk NHSFT CQC Report August 2016

http://www.cqc.org.uk/provider/RGR?referer=widget3

Annex E: WSH Equality Data

Junior doctor workforce by equality dimensions, part-time working rates by gender, gender split by specialty group NB: this data includes Trust doctors who are not subject to the national contract but are included in the Trust's Electronic Staff Record (ESR). The Trust had 149 approved training posts as at 19.19.16. Some of these posts are vacant.

Annex - Equality Data.xlsx

Annex F: 2015 National NHS Staff survey – Summary Results from WSH

NHS_staff_survey_2015_RGR_sum.pdf

Annex G: Email from Trust Chief Executive to all Trust junior doctors 11.10.16

Junior Contract CEO Letter.docx