Analysing the Impact on Equalities

Title: RETENTION AND EXIT TERMS FOR BUSINESS CASE CRITICAL STAFF IN PCTs & SHAs & (SpHAs, ENDPBs and Provider Development Authority)

Relevant line in DH Business Plan 2011-2015: Section B Para 10 page 4

What are the intended outcomes of this work? Include outline of objectives and function aims

Prior to the abolition of PCTs and SHAs over the next 2-3 years (will also include similar process for abolished SpHAs & ENDPBs and to the new Provider Development Authority) as indicated in the White Paper: Equity and Excellence - Liberating the NHS - action needs to be taken to ensure that these institutions, whilst making designated progressive management costs savings, remain viable. In effect the aim is to offer an incentive through the means of a guaranteed severance payment to persuade business critical staff to stay with their organisations until the crucial statutory functions are transferred or cease. [N.B the guidance has been produced as a co-production between DH and the SHAs and the final guidance will be co-owned between them.

Who will be affected? e.g. staff, patients, service users etc

Staff in PCTs and SHAs.

These are affected in two groups: those who are deemed to have business critical skills carrying out essential statutory and business functions; and those who don't for whom there will be no attempt to prevent them leaving voluntarily or under any normal redundancy arrangements. Clearly differentiation between the two groups means those in group one have access to incentives not available to group two.

Impact on equalities will centre on a) the principle of differentiation and b) the criteria for deciding on business criticality and to whom it applies and the process to make that decision within the target staff population in terms of fairness and strict adherence to business issues. (i.e. clearly taking no adverse account of age, race, disability, gender, gender reassignment, sexual orietation, religion or belief, pregnancy & maternity, or caring duties. The guidance on which this Equality Analysis is being made will set the broad parameters of the work which will be implemented at regional and PCT level - this will include the setting of their own business critical criteria (under the principle of organisational subsidiarity). The critera organisations use to identify business critical posts must be objective and non-discriminatory. Similarly the process to make the differentiation between those who have access to guarantee and those who do not will be done at a similar level of autonomous devolved responsibility. The most critical posts will be at SHA/PCT Chief Executive Level and other senior financial duties which underpin the delivery of the organisations' statutory and financial obligations

Evidence The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current <u>DH Transparency Plan</u>.

What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.

Since the key activity will taken at an SHA/PCT level evidence of the impact can only be done there. National focus has to be at the level of the principle underpinning the activity. Early indications from SHAs and PCTs indicated that key staff were planning to leave in advance of the dates for their organisations transfer of functions. In that context at a national level (with TUs and NHS employers) the objective justification for giving business critical staff an incentive to stay with organisations until critical functions have been transferred was discussed and agreed. Alternative arrangements to RETs were considered but in all cases it was necessary to determine the roles essential to the work continuing efficiently and achieving work continuty objectives. We therefore concluded that the RET scheme provides the most proportionate way of achieving the legitimate aim of ensuring business continutiy.

Composition of the workforce and whether differentiation between group a) to whom this guaranteed incentive is offered and group b) to whom it is not - and impact by protected Group is not held centrally - and cannot be determined until the implementers decide on critical business definitions for their particular organisations. Hence it is not possible to complete sections below. Guidance indicates the need for local organisations to conduct their own equality analysis before and after business critical roles are determined A review of staff impacted should be undertaken by those organisations to meet their own responsibilities under the Equality Act 2010. Also, WD need to reinforce the need for the Equality Act 2010 positive action provisions to be considered by local organisations as part of their determinations.

Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.

As above

Gender Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).

As above

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

As above

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

As above

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

As above

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

As above

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

As above

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

As above

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

As above

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

As above

Engagement and involvement

Was this work subject to the requirements of the cross-government <u>Code of Practice on Consultation?</u>

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Yes - this has been done under the aegis of the Social Partnership Forum SPF (brings together TUs, employers and DH) in the HR framework sub-group - Task and Finish Group. All sides have discussed the design of the policy and brought their own information to the table to assist in its design.

{SPF is the partnership arrangement which represents all TUs and staff groups - ranging from UNISON,UNITE,BMA,RCN.RCM,GMB,CSP to much smaller groups representing podiatrists etc. All HR issues which are shared between TUs,Employers and DH use this forum for discussion and clearing jointly agreed HR policy. Since October the SPF have formally met five times - 15th Oct,22nd Nov, 3rd Dec, 13th Dec,7th January,26th January

How have you engaged stakeholders in testing the policy or programme proposals?

Yes - see above

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Minutes of meetings attached

Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Differential impact (as indicated in text above) occurs between group a), and b) & it is likely will show a differential impact on some IA qualifying groups - although which ones and how cannot be predicted at this stage. In either case any adverse effect is likely to be mitigated by the obligation that the guidance puts on the implementing organisations to a) carry out the whole process in the fairest way possible and with attention to Equality Legislation and its obligations and b) their requirent to do their own Equality Analysis.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups

Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

See above

Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

See above

Promote good relations between groups Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

As above

What is the overall impact? Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

N/A

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Implementing bodies - PCTs and SHAs will be required do their own Equality Analysis and publish the results. Individual organisations will be responsible for activity to underpin the fairness of the process and for adoption of more detailed mitigating arrangements Specific guidance to this effect is included in the policy document

Action planning for improvement Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

N/A

Please give an outline of your **next steps** based on the challenges and opportunities you have identified.

Following publication of the guidance SHAs and PCTs will work with their HR specilaists to enuse maximum compliance of their local process with Equality Legislation.

Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the challenges and priorities identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

For the record

Name of person who carried out this assessment:

Colin Day

Date assessment completed:

25th February 2011

Name of responsible Director/Director General:

Nic Greenfield

Date assessment was signed:

25th February 2011

Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for each policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			