

**RAPID Equality and Diversity Impact Assessment Tool**

The purpose of an Equality Impact Assessment is to improve the work of the Trust by ensuring that it does not discriminate and that, where possible, promotes equality. It is a way to ensure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. As a public authority the Trust is required to carry out an assessment on all of its approved documents.

|                                  |  |
|----------------------------------|--|
| Name of document being assessed: | Implementation of New Junior Doctor Contract |
|----------------------------------|--|

**State the name and job role of the reviewer:**

|           |                        |
|-----------|------------------------|
| Name:     | James Claydon          |
| Job Role: | Medical Workforce Lead |
| Date:     | 10 October 2016        |

**Choose either Positive or Negative impact. POSITIVE it could benefit or would have very little or no impact. NEGATIVE, it could disadvantage. If you choose NEGATIVE you will be required to complete a FULL EQUALITY IMPACT ASSESSMENT**

|   |          |
|---|----------|
| Minority ethnic including Gypsy/travellers, refugees and asylum seekers | Positive |
| Women and men   | Positive |
| People in religious/faith groups  | Positive |
| Disabled people   | Positive |
| Older people  | Positive |
| Children and young people   | Positive |
| Lesbian, gay, bisexual and transgender people                           | Positive |
| Marriage and Civil Partnership status                                   | Positive |
| Maternity status  | Positive |
| People of low income  | Positive |
| People with learning disabilities                                       | Positive |
| People with mental health problems                                      | Positive |
| Homeless people   | Positive |
| People involved in criminal justice system                              | Positive |
| Staff   | Positive |
| Diet and nutrition  | Positive |
| Exercise and physical activity  | Positive |
| Substance use: tobacco, alcohol or drugs                                | Positive |
| Risk taking behaviour   | Positive |
| Education and learning, or skills                                       | Positive |
| Social status   | Positive |
| Employment (paid or unpaid)   | Positive |
| Social family support   | Positive |
| Stress  | Positive |
| Income  | Positive |

**This is a controlled document.** Whilst it may be printed the electronic version on the Trust's Intranet is the controlled copy. Any printed copies are not controlled.

Cambridgeshire Community Services NHS Trust: providing services across Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk

|  |          |
|--|----------|
| Discrimination   | Positive |
| Equality of opportunity  | Positive |
| Relations between groups   | Positive |
| Living conditions  | Positive |
| Working conditions   | Positive |
| Pollution or climate change  | Positive |
| Accidental injuries or public safety   | Positive |
| Transmission of infectious disease   | Positive |
| Health care  | Positive |
| Transport  | Positive |
| Social services  | Positive |
| Housing services   | Positive |
| Education  | Positive |
| Any other areas  | Positive |
| Were any NEGATIVE impacts identified?  | NO       |
| <b>If YES please contact the Assistant Director of Corporate Governance who is the Equality &amp; Diversity Lead for the Trust to complete a full Equality Impact Assessment</b> |          |

## FULL Equality &amp; Diversity Impact Assessment Form

|   |  |
|---|--|
| <b>Name of Proposal (policy/strategy/function/service being assessed)</b> | Implementation of New Junior Doctor Contract   |
| Those involved in assessment:   | James Claydon  |
| Is this a new proposal?   | Yes  |
| Date of Initial Screening:  | 10 October 2016  |
| What are the aims, objectives?  | Implement the new junior doctor contract   |
| Who will benefit?   | Junior doctors   |
| Who are the main stakeholders?  | Junior doctors, consultants, service managers  |
| What are the desired outcomes?  | Implement the new junior doctor contract   |
| What factors could detract from the desired outcomes?                     | Low morale   |
| What factors could contribute to the desired outcomes?                    | Efficient and effective engagement with the junior doctors   |
| Who is responsible?   | Medical Director   |
| Have you consulted on the proposal? If so with whom? If not why not?      | No.<br>National negotiation between NHS Employers on behalf of all NHS Organisations and the Junior Doctors Committee of the BMA on behalf of all Junior Doctors |

| Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick ) |  | Yes | No |
|--|--|-----|----|
| Age  | <u>Consider:</u> Elderly, or young people  |     | √  |
| Disability   | <u>Consider:</u> Physical, visual, aural impairment<br>Mental or learning difficulties                                   |     | √  |
| Gender Reassignment  | <u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned |     | √  |
| Marriage and Civil Partnership   | <u>Consider:</u> Impact relevant to employment and /or_training  |     | √  |
| Pregnancy and maternity  | <u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater                                       |     | √  |
| Race   | <u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group                                       |     | √  |
| Religion and Belief  | <u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief                              |     | √  |
| Sex / Gender   | <u>Consider:</u> Male and Female   |     | √  |
| Sexual Orientation   | <u>Consider:</u> Know or perceived orientation   |     | √  |

What information and evidence do you have about the groups that you have selected above?

Information from staff in post list

**Consider:** Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

**How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People**

**Examples of impact re given below:**

- a) Moving a Dental Clinic, which may have an impact on people with limited mobility/access to transport etc

- b) Planning to extend access to contraceptive services in primary care without considering how these services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

| Summary                                     |   |
|---|---|
| Positive impacts (note the groups affected) | Negative impacts (note the groups affected) |

Summarise the negative impacts for each group:

None

What consultation has taken place or is planned with each of the identified groups?

Not applicable

What was the outcome of the consultation undertaken?

Not applicable

What changes or actions do you propose to make or take as a result of research and/or consultation?

**Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.**

| Will the planned changes to the proposal:   | Please State Yes or No |
|---|------------------------|
| Lower the negative impact?  |                        |
| Ensure that the negative impact is legal under anti-discriminatory law?                                     |                        |
| Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact? |                        |

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

As a result of considering the Equality Assessment in accordance with his duties and obligations, including the Public Sector Equality Duties under the Equality Act, the Secretary of State has asked for a number of changes to the draft contract to address specific issues for certain protected groups. The changes are:

- Previously the proposal was that all staff, full time and part-time, would have 3 years of transitional protection. Now doctors who are part-time or who take approved time out of programme will have 3 'full' years of protection - for example, a doctor working part-time on a 0.5 whole time equivalent basis throughout transition would have 6 actual years of pay protection. This will particularly benefit senior trainees (at ST3 and above) who will receive pay under the existing contract including increments and banding possibly until 2022.
- Previously, doctors who were absent on maternity leave or carers leave on 31 October 2015 (the base date for pay protection) would be protected based on their last salary before they went on maternity leave. They will now have protection calculated as if they had not taken leave so protection will be based on the salary they would have had on 31 October 2015 (which will normally be treated as the salary they return to).
- Doctors working part-time should be able to access Saturday Intensity payments (SIPs) on a pro rated basis. This means that while a full time doctor receives a SIP when they work one Saturday in 4 or more, a part-time worker working for instance on a 50% contract would receive the payment when they work one Saturday in 8. This will be kept under review.
- Doctors working part time will similarly receive on-call availability payments on a pro rated basis.
- Doctors who have to change specialty because of a disability or caring for someone with a disability will receive pay protection on the same

basis as someone who changes to a shortage specialty.

What monitoring/evaluation/review systems have been put in place?

**Regular review at Junior Doctor Committee meeting**

When will it be reviewed?

**At the new Junior Doctor Committee meeting**

|                        |   |
|------------------------|---|
| <b>Date completed:</b> | 10 October 2016   |
| <b>Signature:</b>      | James Claydon   |
| <b>Approved by:</b>    | Dr David Vickers – Medical Director<br>Anita Pisani – Director of Workforce |
| <b>Date approved:</b>  | 14 October 2016   |