Equality & Health Impact Assessment for

LEARNING, EDUCATION AND DEVELOPMENT (LED) POLICY

(this EHIA also considers the supporting documents including but not limited to: Annual Leave Procedures, Flexible Working Procedure, Occasional Home/Remote Working Guidelines, Redeployment Procedure, Retirement Procedure, Working Times Procedure, Loyalty Award Procedure, Relocation Expenses Procedure)

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Workforce and OD Rebecca Corbin, LED Manager
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing, and* care for the needs of our staff.

[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		To provide a structure to ensure that staff are appropriately equipped and skilled to undertake their role and whom are committed to ensure that all staff learn and develop appropriately to meet the needs of the UHBS strategic aims and objectives.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future	**WORKFORCE MONITORING DATA** (see end of document) A **CONSULTATION** has taken place between 17.04.19 and 09.05.19 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD and the Rainbow Flag Network. A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were accessed via a Google search during March 2019 - of those accessed: • Sheffield Health and Social Care NHS Foundation Trusts – Performance Development Review (Appraisal) Policy found a potential positive impact on the basis of disability, however that training and resources could be adapted to allow staff to fully participate in the process. There was a negative impact in terms of age, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. • Plymouth Hospitals NHS Trust - Appraisal and Personal Development Policy found its policy to have no evidence to suggest there is a disproportionate impact on race, religion, disability, sex, sexual orientation, age and human rights. Also that they have no data collected for gender identity and socio-economic, therefore monitoring these areas via feedback collected from staff. • Royal Cornwall Hospitals NHS Trust – Mandatory and Statutory Training policy, found there to be no adverse impact in relation to age, sex, race/ ethnic communities/ groups, disability, religion/ other beliefs, marriage and civil partnership, pregnancy and maternity or sexual orientation. • Nottingham University Hospitals NHS Trust – Mandatory Training Policy identified some considerations in relation to disability with regards to access issues and barriers to a full learning experience i.e. physical disability and location of training, visual impairment, hearing impairment and learning disabilities. Their recommendation was to provide additional learner support brochures where specific requirements can be provided. Where a training podcast has a film clip in a script if this is available, also to provide training in different formats – classroom based podcasts are available as a back-up option to e-learning training. They also identified that staff on maternity leave would remain on their non-compliance reports as they are unable to filter them out. All remaining categories had no impact identified.

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	Wellbeing' Strategy provides an overview of health need[3].	• Royal United Hospital Bath and Royal Cornwall Hospitals NHS Trust both undertook an equality screen on their study leave policy and found there to be no adverse impact in terms of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, marriage and civil partnership. • Barnsley Clinical Commissioning Group (CCG) in their Study Leave Policy found there to be neutral impact in terms of Human rights, Carers, Disability, Religion or belief, Sexual orientation, gender reassignment, Marriage and civil partnership and other relevant groups, however identified a positive impact for age in that it ensures that staff of all age groups have fair and equitable access to study support to progress their careers in line with their individual requirements, which will allow people to pursue their own career path. In terms of sex in that it ensure that a fair process is in place regardless of sex and race in that it allows staff of any gender or race to purse their careers in line with their own individual wishes. For pregnancy and maternity to ensure that staff who choose to have children are still able to pursue the individual career path they wish to and for part or fixed term staff to ensure that a fair process is in place for equal access to training for all staff. • City College Plymouth in their Plagiarism and Academic Dishonesty Procedure EIA found their procedure to have a possible adverse impact on those with learning difficulties and disabilities, international students, partnership and part-time students and student at entry level 3 to level 1. To overcome the negative impact, 7 points were recommended in their EQIA such as the introduction of an electronic plagiarism tool, to have reviews conducted by their international office, ESOL lecturers etc. • On the ACAS website it is noted that fairness in the workplace is a vital part of a successful public body and supported by the Equality Act 2010. The aim of the Act is to improve equal job opportunities and fairness for employees and job applicants and highlighting it is unlawful to discriminate against people at work because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It also highlights the benefits of promoting equality and diversity such that employees have a better chance of getting training, career development and promotion opportunities and developing skills, knowledge and experience relevant to the role which thereby benefits the individual and the organization as a whole. • ACAS states that an employer must consider making **'reasonable adjustments'** for a disabled employee or job applicant if: o It becomes aware of their disability and/ or o They ask for adjustments to be made and/ or o A disabled employee is having difficulty with any part of their job and/ or

[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		o Either an employees sickness record, or delay in returning to work, is linked to their disability.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: • Our patients and their families • Managers • Our staff and their families / dependents • Workforce and OD • Payroll services (NWSSP) • The public

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Organisationally we employ very few individuals under age of 21, and have an aging workforce. There is now an expectation for all staff to complete their required level 1 statutory / mandatory training via e-learning. This expectation means that all staff of all ages are skilled up to use technology. As mentioned previously there is an aging workforce, who may not have the skills to complete this training, therefore access to classroom training is offered as an alternative. There is evidence which suggests that people over the age of 50 struggle to find a new job, training or promotion opportunities. This policy prevents discrimination and has a positive impact by setting out the processes to be followed when an employee needs to undertake and take study leave for training regardless of their age. Staff are expected to have a PADR, irrespective of age,		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	however development needs may change with age e.g. older workers on the top of a pay band may have no desire to undertake any further development. This may also be true of staff receiving a PADR in that if they are top of the scale and have no career aspirations they may feel they do not require a PADR.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Employers are required to make reasonable adjustments for disabled employees. This would include adapting and providing training materials to staff where there may be a visual or hearing impairing or learning disability. The flexibility of alternative learning offerings are now available, which includes being able to access mandatory training e-learning from home devices.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to,	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned. Women are more likely to have a break in service to raise a family, which could have an effect on their ability to undertake development and career progression.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	More female employees work part time, therefore the study leave entitlement will be pro rata based on their contracted hours.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the maternity leave. Maternity is no reason for women's careers to go on hold. Performance reviews and training can be worked around or into maternity leave. For instance a Keeping in Touch day could be used to attend a performance review – equality and human rights commission.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned. There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their career progression.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	There is no evidence to suggest that these policies have any impact on people because of their sexual orientation.		
6.9 People who communicate using the Welsh language in	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures . There are plans in place to ensure all mandatory training being offered via e-learning, will also be available to be completed in Welsh.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people being able to improve/ maintain healthy lifestyles.		
7.3 People in terms of their income	There is no evidence to suggest that		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	this Policy and accompanying procedures have an impact on people in terms of their income and employment status.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people in terms of their use of the physical environment.		
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of social and community influences on their health		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This policy and accompanying procedures have a positive impact on all groups with protective characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/ or terms and conditions and are for the benefit of one or more groups with protected characteristics. AGE – there is a requirement for all staff to complete their mandatory training via e-learning, hence use of technology – alternative offerings i.e. classroom training are being provided. DISABILITY – due consideration should be given to individual circumstances such as reasonable adjustments – this could include adapting training provisions.

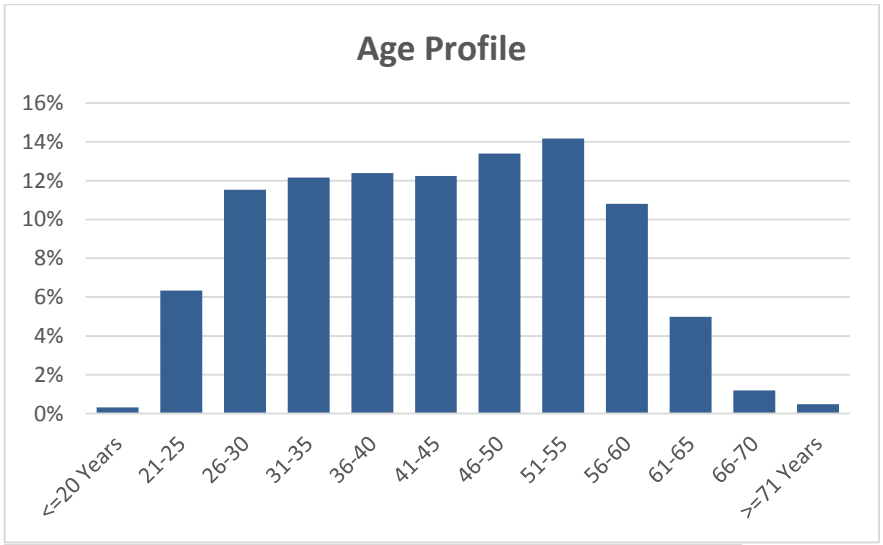
	GENDER - Women are more likely to have a break in service to raise a family, which could delay any development/ career progression they wish to pursue. MATERNITY – Considerations should be given for women on maternity to conduct a PADR/ undertake their statutory and mandatory training during a keeping in touch day. Or at least, where possible, planed around the maternity leave. RELIGION & BELIEF – Consideration should be given to cultural/ religious practices which may impact on training days – timings of break etc. WELSH LANGUAGE – Considerations should be given for the training to be provided in welsh – there is a plan in place to provide all mandatory training eLearning modules in welsh.

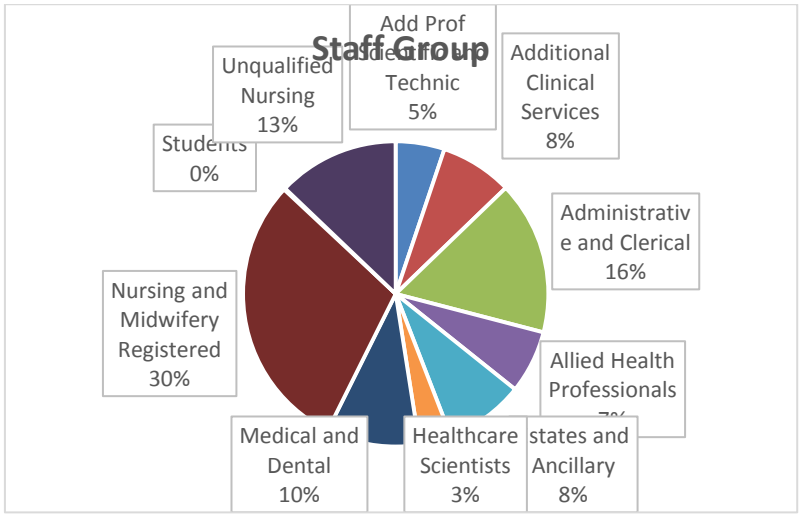
Action Plan for Mitigation / Improvement and Implementation

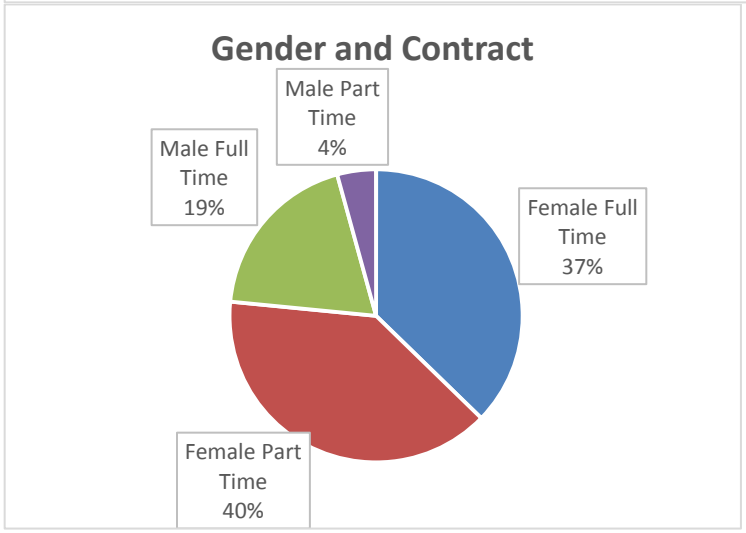
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

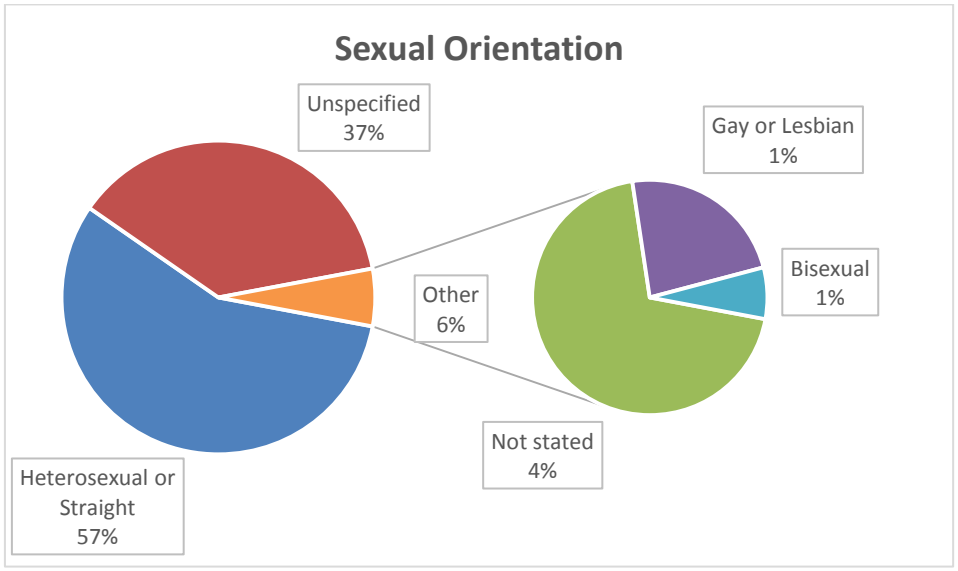
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: o continues unchanged as there are no significant negative impacts o adjusts to account for the negative impacts o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) o stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group This EHIA will be published on the UHB internet and intranet sites. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required	WF Gov Manager	May 2019 On approval 2022	

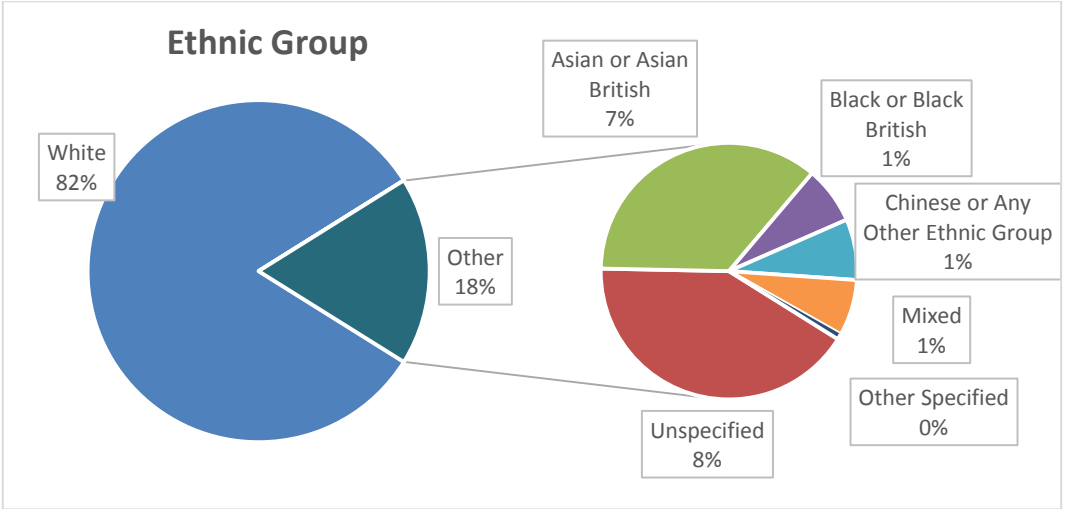
WORKFORCE MONITORING DATA (September 2018):

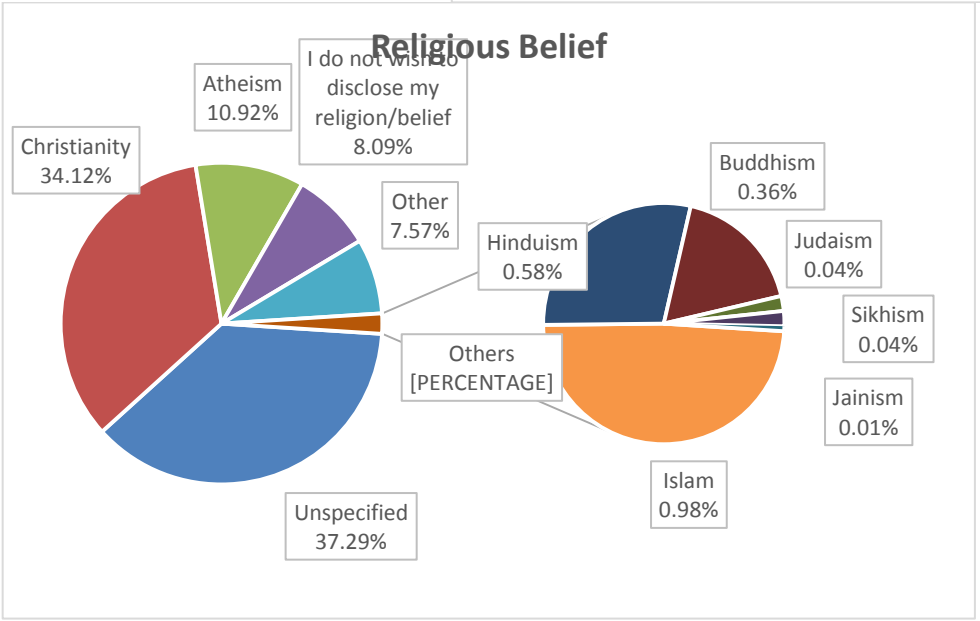

Age Profile
16%
14%
12%
10%
8%
6%
4%
2%
0%
<=20 Years
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
>=71 Years

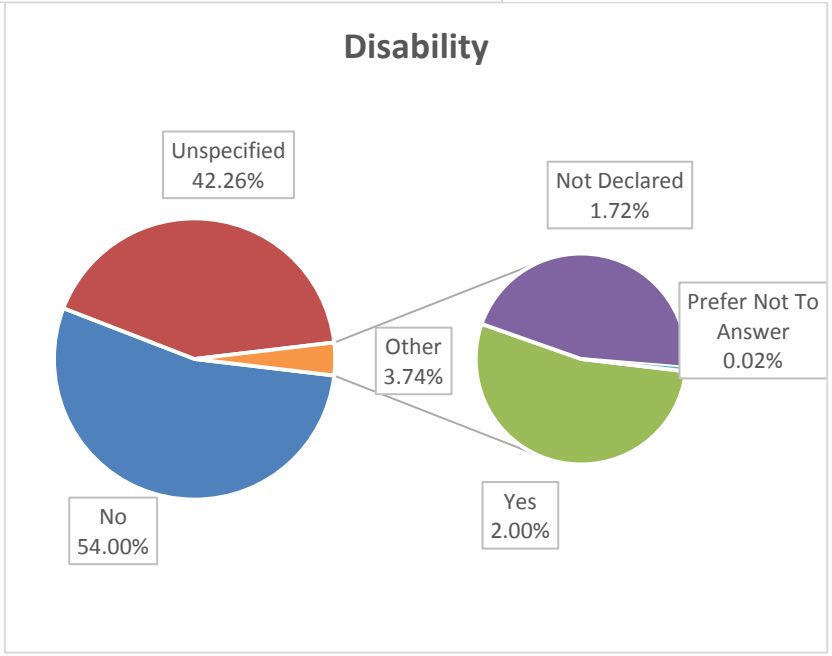

Staff Group
Add Prof Scientific and Technic 5%
Additional Clinical Services 8%
Unqualified Nursing 13%
Students 0%
Administrative and Clerical 16%
Nursing and Midwifery Registered 30%
Allied Health Professionals
Medical and Dental 10%
Healthcare Scientists 3%
states and Ancillary 8%

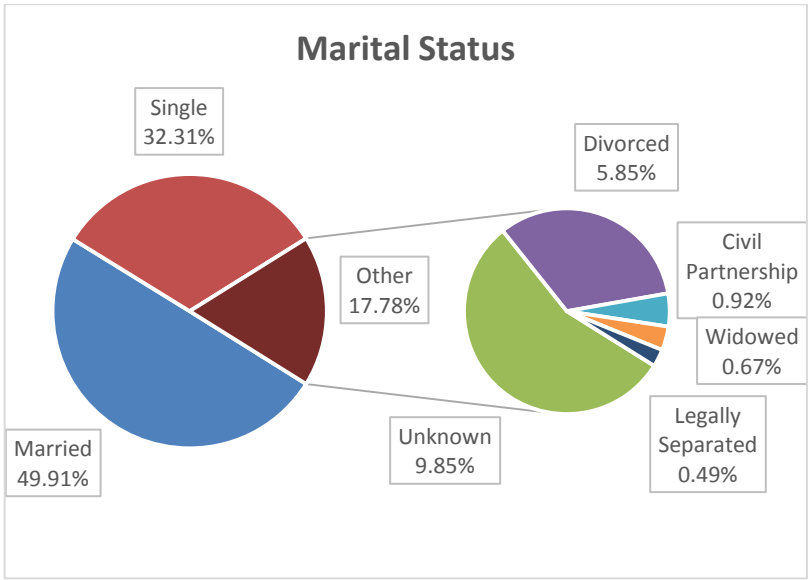

Gender and Contract
Male Part Time 4%
Male Full Time 19%
Female Full Time 37%
Female Part Time 40%

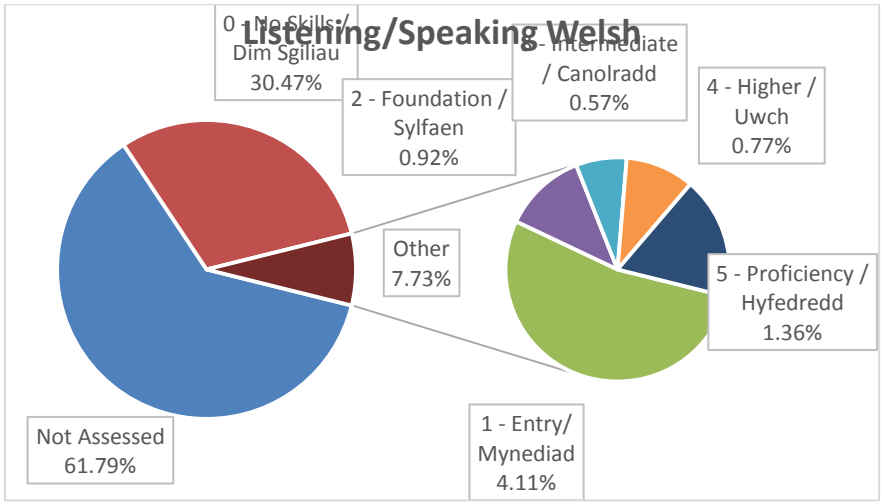

Sexual Orientation
Unspecified 37%
Gay or Lesbian 1%
Bisexual 1%
Other 6%
Not stated 4%
Heterosexual or Straight 57%

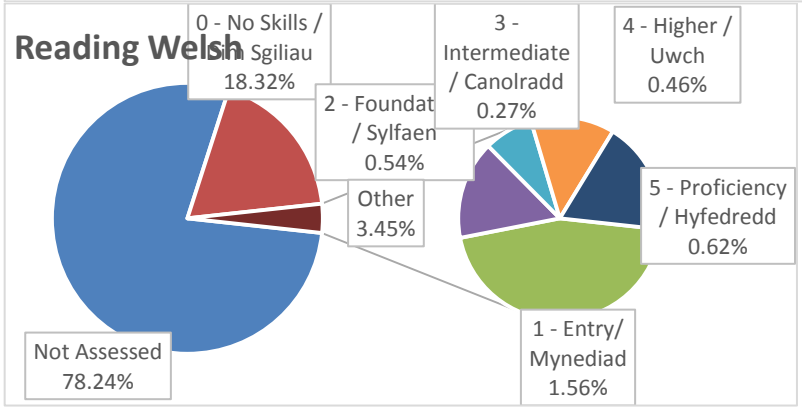

Ethnic Group
White 82%
Other 18%
Asian or Asian British 7%
Black or Black British 1%
Chinese or Any Other Ethnic Group 1%
Mixed 1%
Other Specified 0%
Unspecified 8%

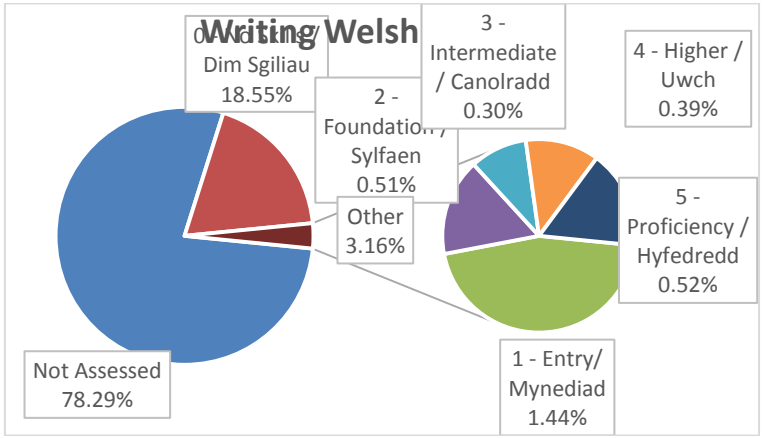

Religious Belief
Atheism 10.92%
I do not wish to disclose my religion/belief 8.09%
Christianity 34.12%
Other 7.57%
Hinduism 0.58%
Buddhism 0.36%
Judaism 0.04%
Sikhism 0.04%
Others [PERCENTAGE]
Jainism 0.01%
Islam 0.98%
Unspecified 37.29%

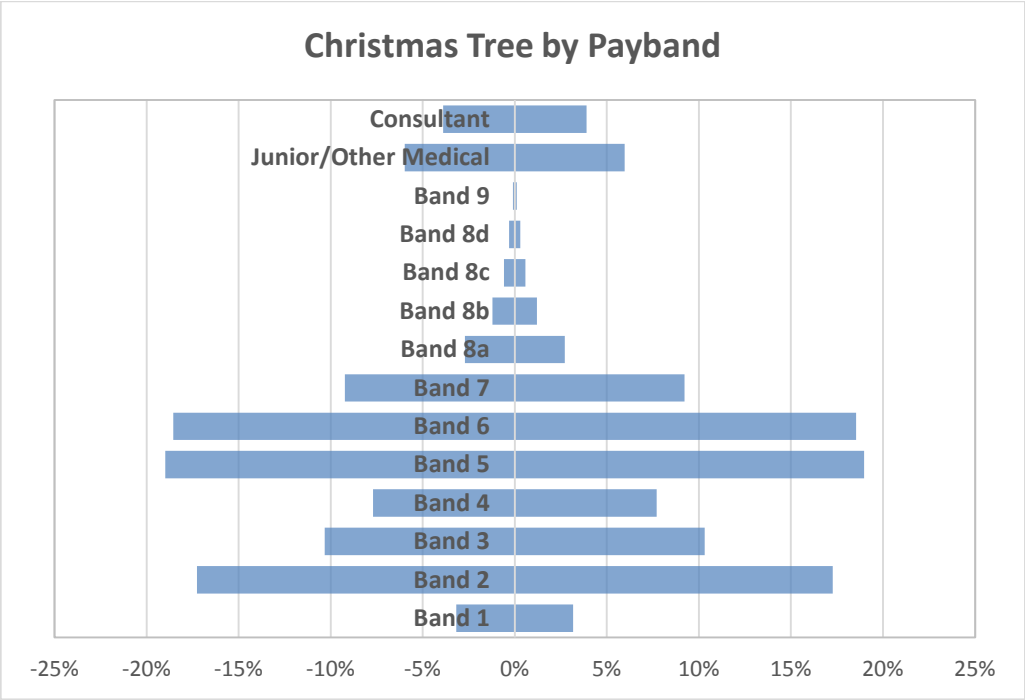

Disability
Unspecified 42.26%
Not Declared 1.72%
Other 3.74%
Prefer Not To Answer 0.02%
No 54.00%
Yes 2.00%


Marital Status
Single 32.31%
Divorced 5.85%
Other 17.78%
Civil Partnership 0.92%
Widowed 0.67%
Married 49.91%
Unknown 9.85%
Legally Separated 0.49%


Listening/Speaking Welsh
0 - No Skills / Dim Sgiliau 30.47%
3 - Intermediate / Canolradd 0.57%
2 - Foundation / Sylfaen 0.92%
4 - Higher / Uwch 0.77%
Other 7.73%
5 - Proficiency / Hyfedredd 1.36%
Not Assessed 61.79%
1 - Entry/ Mynediad 4.11%


Reading Welsh
0 - No Skills / Dim Sgiliau 18.32%
3 - Intermediate / Canolradd 0.27%
4 - Higher / Uwch 0.46%
2 - Foundat / Sylfaen 0.54%
Other 3.45%
5 - Proficiency / Hyfedredd 0.62%
Not Assessed 78.24%
1 - Entry/ Mynediad 1.56%


Writing Welsh
0 - No Skills / Dim Sgiliau 18.55%
3 - Intermediate / Canolradd 0.30%
4 - Higher / Uwch 0.39%
2 - Foundation / Sylfaen 0.51%
Other 3.16%
5 - Proficiency / Hyfedredd 0.52%
Not Assessed 78.29%
1 - Entry/ Mynediad 1.44%


Christmas Tree by Payband
Consultant
Junior/Other Medical
Band 9
Band 8d
Band 8c
Band 8b
Band 8a
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2
Band 1
-25%
-20%
-15%
-10%
-5%
0%
5%
10%
15%
20%
25%