



Yorkshire and the Humber

WORKFORCE AMBITIONS - EQUALITY IMPACT ASSESSMENT Refreshed and Updated July 2010

1. This EqIA has been carried out in respect of the refreshed and updated *Workforce Ambitions* July 2010.
2. The *Workforce Ambitions* refresh
 - sets the current context and future intentions for strategic workforce planning and education commissioning within Yorkshire and the Humber (Y&H) from 2009 to 2014
 - describes key changes required in the workforce and in education to deliver priorities
 - outlines a high level education commissioning plan for 2010/11
 - contributes to the SHA functions of capacity building, thought leadership and accountability and assurance
 - these objectives will be delivered by work in the 11 strategic priority areas (page 2) each of which has the potential to impact on the equality agenda.
3. NHS commissioners and providers have statutory duties to implement equality in their workforce. The SHA's role is to assure itself that the NHS employers in its area are meeting their statutory responsibilities.
4. A network for equality and diversity (E&D) leads of NHS organisations in the Y&H region has been established, meeting quarterly to provide a forum for the sharing of developments in the field of diversity. These equality and diversity leads come from a variety of roles and levels, and the group provides them with support and ideas. The SHA recognises the need to improve the quality and availability of data about diversity in the workforce and in service provision, and ways of improving data quality is a regular feature on the network's agenda.

Workforce planning

5. Workforce planning is primarily done by NHS provider organisations, with service commissioners (PCTs) assessing the quality of these plans.

The role of the SHA is to provide strategic leadership and to quality assure the workforce planning process in each local health community. In relation to E&D the SHA should ensure that employers are collecting data which is as complete as possible. It is proposed that this is assured through a self-assessment approach, with each organisation being responsible for regularly checking its data quality. In future E&D monitoring will be built into the annual workforce planning cycle through the Single Accountability and Assurance process.

6. A primary aim of workforce planning in relation to E&D is that the NHS workforce should strive to represent the population it serves. The ability to monitor this is limited by the availability of some data:
 - Population data is available through the Office of National Statistics on age, gender, race, disability and religion. Sexual orientation is not asked for in the census but estimates are available from other research.
 - NHS workforce data is available from the electronic staff record (ESR). The ESR has fields for all six of the required categories, and it is possible to analyse the profile for a given organisation, profession, role etc. In practice data is readily available on age, gender and race. Data on religion, disability and sexual orientation is less robust across Y&H, varying from around 30% in some health communities to very low in others. The reasons may be because the data was not collected on appointment or has not been refreshed, or in some cases that the individual chose not to disclose it. In the meantime the ESR data quality project is helping to improve overall data quality. Equality policies must be actively promoted so that individuals can see the benefit of disclosing their personal data.

Education commissioning for health professions

7. All contracts between the SHA and university providers have clauses relating to E&D, and providers have to satisfy the SHA in this respect before contracts are awarded.
8. The higher education sector in general has a good track record in eliminating unlawful discrimination and promoting good relationships between minority groups. All the universities providing health professional education in Y&H have comprehensive policies and services promoting E&D. All universities have nationally-funded disability support units. All departments providing health-related courses should in fact have carried out a full EqIA – this should in future be required in the SHA’s contracts. All students have access to disability support funding via the Higher Education Funding Council. The SHA has put a system in place which considers specific cases of student hardship where additional support is required.
9. Attention is now being paid to university recruitment procedures so that cohorts reflect the population.
10. The universities provide the SHA with student monitoring data on age, gender, race and disability. Data on race and disability is sometimes incomplete however because students choose not to disclose it. Data is not routinely collected on religion and sexual orientation and thought will need to be given as to how to remedy this. The universities need to actively explain what they do to promote equality in order to encourage students to provide diversity data.
11. The equality/diversity monitoring data is examined at annual contract review meetings between the SHA and each university. The profile of the student population is expected at least to match the local population, and if possible to match the national profile. The universities do play a positive role in trying to attract under-represented minority groups: this includes their “widening access” programmes which encourage a range of under-represented sectors of the population to enter higher education.

12. Student placements present a particular challenge, where students with disabilities have to satisfy the provider's risk assessment. A balance has to be struck between choice/equal opportunities and the duty of care to patients/clients. Historically placement providers have tended to be risk-averse. The risks involved in placements should be managed ethically and openly, each case being judged individually.
13. A particular issue is that the majority of health professional students are female and the proportion is rising. Positive action is being taken to attract more male applicants through locally-based recruitment initiatives led jointly by the SHA and the universities.
14. One obstacle to achieving full equality of opportunity for people with a disability is the requirements of some of the regulatory bodies. The General Medical Council has produced some excellent toolkits to promote equality, though the other regulatory bodies less so. The Department of Health has a role in challenging the regulatory bodies where they do not appear to be promoting equality or implementing the latest legislation.
15. The SHA has a duty to ensure that applicants with a disability have a proper impact assessment undertaken and are not rejected purely on the grounds of a particular disability.
16. The SHA commissions the Open University (part-time) pre-registration nursing programme. This allows those NHS staff unable to access the full time programmes because of personal/economic circumstances to undertake professional education/training.

Learning and development for the non-registered workforce

17. The SHA published a "Widening Participation into Learning Action Plan" (November 2007). Widening participation is a term used to describe the processes and strategies aimed at those who are under-represented or under-participating in learning. Historically these groups of people have been described as 'those without qualifications, the unskilled, those on low incomes, part-time and temporary workers, older adults, those with literacy, numeracy or learning difficulties, disaffected youth and some people within minority ethnic groups'.
18. Many of the unemployed are from disadvantaged groups including BME, lone parents and people with disabilities. A large number of these individuals have either poor basic skills or no qualifications and thus they face major barriers to making a successful transition to the world of work. As a major employer the NHS has a significant role to play in promoting health and inclusion through helping people into work. Nationally some 23,000 NHS jobs are advertised each month.
19. Key elements of the Y&H Widening Participation into Learning Action Plan are:
 - attracting investment from the Skills Funding Agency (SFA)
 - matching this funding through the Support Staff Learning and Development Fund
 - promoting traineeships and apprenticeships through a range of schemes
20. Trusts receiving monies for Support Staff development from the SHA (via the Support Staff Learning and Development Fund (SSLDF) or the SFA) are now required to record all employee details for those staff accessing either funding streams on the Learning And Development

Database (LADD). The LADD can now record all standardised equal opportunities data – gender, disability, ethnicity, age, religion, and sexual orientation. Completion of the equal opportunities section within the Trusts Training and Development application processes and systems is not compulsory however and thus the completeness of the data contained within the LADD submitted on a quarterly basis by each Trust to the SHA varies. The SHA holds regular meetings with Trust Training and Development representatives to discuss the use of the SSLDF and SFA monies and the capture of equal opportunities data can be discussed at those meetings.

21. Improved capture of personal employee data (including equal opportunities data) within ESR would improve the equal opportunities data inputted into the LADD since the ESR data can be simply electronically transferred from ESR to the LADD. This would also reduce work i.e. around data inputting etc.
22. A specific E&D projects enabling closer links with diverse and marginalised communities to encourage their participation in the local health service through access to qualifications. There is work to ensure that existing staff from these communities are able to access training in order to progress their careers, to assist in ensuring that NHS staff reflect the communities they serve at all levels.
23. Dyslexia is another barrier to widening participation in learning. The British Dyslexia Association (BDA), estimate that up to 10% of the population has some degree of dyslexia, with 6% having moderate and 4% severe difficulties. Monitoring data from the universities shows that dyslexia is the most common reported disability among students - yet little national work has yet been done on this issue. The Y&H SHA will, in partnership with local NHS organisations and specialist agencies, include dyslexia and other barriers to learning within the Skills for Life Best Practice Framework. This will identify the learning issues caused by dyslexia and offer advice as to what actions/help can be given to NHS employees who have been assessed as having the condition.

Leadership development

24. The SHA is working with Bradford University Centre for Diversity and Inclusion to assess the leadership programmes against equality criteria. This will ensure a deeper level assessment than simply profiling participants in the programmes. Another aim is to promote inclusive leadership behaviour amongst participants which they will implement across their organisations and personal networks.

Conclusions and actions

25. The table below gives an update on the main actions from the original EqIA.
26. *Workforce Ambitions* and its “refresh” has not yet been published in versions to meet specific needs e.g. in other languages or large print. Such needs will be addressed as they arise.
27. This EqIA will be reviewed annually in order to identify further “levers” which can be used to influence NHS employers and education/training providers.

Prepared by the Workforce and Education Directorate

NHS Yorkshire and the Humber July 2010

Action	By When	By whom	July 2010 update
Support the employers' E&D leads network	ongoing	Gordon Smith	<p>The network has continued to develop and now features interactive workshops on priority E&D issues. These have included</p> <ul style="list-style-type: none"> • Data classification and recording • Deafness Awareness • Developing Single Equality Schemes • Introduction to the NHS National BME Network.
Support the Pacesetters programme	ongoing	Janet Smith until 30 th September 2010 then Gordon Smith up to March 2011	<p>Recruited Wave Two covering the following workforce element's</p> <ul style="list-style-type: none"> • Improving equality data capture and • Disability <p>Two of the projects have been cited as good practice by the Y & H Social Partnership Forum.</p> <p>Ongoing support, development and spread for all the projects at a regional level will be through the Pacesetters Workforce Communities of Practice.</p>
Build workforce E&D monitoring into the annual workforce planning process	March 2010	Jonathan Brown	When complete the reporting specification will be built into our Single Accountability & Assurance process
Improve E&D data within the ESR	ongoing	Jonathan Brown	Incorporated into Data Quality programme and will be ongoing throughout 2010/11
Host the equality and inclusion network for education providers	ongoing	Sharon Oliver	An active programme of sharing good practice through speakers and events. Outcomes will be reviewed in September to decide the best way forward for the network and any identified issues, outputs or mechanisms to share good practice.

Scrutinise E&D monitoring data at annual contract review meetings with education providers	ongoing	Commissioning managers	E&D data collection continues but is being increasingly refined to give a more consistent picture across the region. It has been considered at annual reviews, with some universities particularly focusing on this area to be better representative of their local population.
Encourage employers to accept students with special needs on practice placements	ongoing	Commissioning managers	There has also been more work collectively on students who require additional support and how this is dealt with in both universities and placement providers.
Encourage employers to complete the equal opportunities section of the LAM and discuss E&D monitoring data for the nonregistered workforce with trust training managers	ongoing	Gillian Kerman	Replaced LAM and have implemented the use of the LADD within FY 2009/10 in part, as a result of the need to improve the capture of equal opportunities data.
Record training data for the non-registered workforce on the ESR instead of the LAM to enable better E&D monitoring	December 2010	Gillian Kerman	Workshops and one-to-one sessions encouraging Trusts to record training data and qualifications in ESR. Further meetings planned this financial year.
Assess leadership programmes against equality criteria	ongoing	Andrea Overton	Assessment complete and report by Bradford University Centre for Diversity and Inclusion available. Action plan in response to report to be agreed September 2010 by OD Team. Learning shared and progress with action plan managed in partnership with Innov8 Alliance.