



LA035

EQUALITY ANALYSIS TOOL

INITIAL SCREENING TOOL

Title of policy/service/function/procedure/programme/ or strategy being assessed: TP096 Individual Learning Account Policy

(Please remember that even informal policies & procedures need to be equality analysed.)

Is it new **or revised**

(If revised, please attach a copy of the original Equality Analysis.)

Senior Manager Responsible _____ Mark Whitbread _____

Department _____ Clinical, Education and Standards _____

Section _____

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Date: 12/07/2011	Owner: Equality and Inclusion

EQUALITY ANALYSIS SCREENING TEAM (Please enter below the names of the project team members who carried out this initial screening with you and their role in the screening (e.g. team colleague or critical friend)).

Name	Department	Role
Donia Harker	Training	Project Manager for ILA
John Hailstone	Training	Critical friend
Peter Hannell	Staff side	Critical friend
Christine McMahan	Programme Office	Team colleague

Date of screening _____02/04/14_____

Please summarise below the aims and objectives of this policy/service/function etc. including any intended outcomes.

The Individual Learning Account (ILA) is a project designed to ensure all clinical staff receive statutory and mandatory training, by providing protected training hours. Each frontline member of staff subject to a change of roster on the 8th September 2014 will receive an account of 24 hour, which they will then be able to utilise to book themselves on to statutory and mandatory training courses. These hours have been created by adjusting the rotas.

Aims/objectives

- To increase the number of clinical members of staff receiving statutory and mandatory training annually.
- To increase the number of hours clinical staff members receive training, and the frequency of training per annum.
- To provide a booking system for individual staff members to use to book themselves on to an appropriate course.
- To improve patient care and compliance to clinical indicators by giving staff timely access to training.
- To ensure clinical staff remaining current and up to date with the professional requirements consummate to their job role by providing regular, accessible training.

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Attached for information is the draft process map for the ILA, outlining how ILA will be accessed and managed.

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

- Patients – clinical staff will receive regular training which will include clinical updates and ‘hot topics’ leading to improved patient care and compliance to clinical indicators, improving the patient experience. This in turn will reduce the risk of malpractice or clinical negligence claims.
- Clinical frontline staff – it is intended the ILA will allow clinical staff the opportunity to comply with professional requirements regarding on going training. Staff will have flexibility to book training at times that is convenient to them improving their work/life balance. It is also intended that ILA will positively influence staff satisfaction levels and levels of engagement.
- The trust - having a better trained and more confident workforce thus improving patient care. Demonstrates compliance to the trusts objectives and supports the application for foundation trust status. It is intended that ILA will positively influence the staff survey results, especially the questions regarding training and professional development.
- External Stakeholders - Achieve regulatory and statutory compliance. Meet reporting requirements of including (but not limited to) CQC, NHSLA, Monitor, CCGs and the Health & Safety Executive.

Please state in the table below whether the policy/service/function etc. could have any potential impact on anyone from a “protected characteristic” group, whether service users, staff or other stakeholders

“Protected Characteristic Group”	Is there likely to be a positive or neutral impact in regard to:	If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for a “protected characteristic” group or for another reason?
Age	Adverse – it is anticipated that ‘older’ members of staff might	Staff will be supported by complex management teams giving them the opportunity to develop their IT skills.

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	not be confident or competent in using IT skills.	
Disability	Positive impact – when booking a training course a member of staff will be able to request e.g. material to be available on a certain colour paper or a particular font size to be used.	Those individuals on long term sick will not be affect by ILA as they will have an opportunity to complete all missed training during their return to work package.
Gender Reassignment	Neutral	
Marriage and Civil Partnership (duty only applies to elimination of discrimination)	Neutral	
Pregnancy and Maternity	Neutral	The training blocks are long enough to provide time for individuals who are on paternity leave to book training for their return, special consideration will be made for those individuals who are unable to undertake their training in the block to have it carried over to the following block. Staff returning from maternity leave will be expected to undertake all missed training as part of their return to work package.
Race	Neutral	
Religion or Belief	Neutral	Each training block is long enough to give individuals the flexibility to book training at a time which is convenient to them and allows them to observe any religious holidays consummate with their religious beliefs.
Sex	Positive impact As circa 50% of front line members of staff are female, who are often the primary care giver for either children/aged parents) the ability to book up	

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	to 3 training courses in advance will enable them to proactively manage their domestic arrangements.	
Sexual Orientation	Neutral	

Can the policy/service/function etc. be used to advance equality and foster good relations, including for example, participation in public life? If so, how?

The introduction of Individual learning accounts, when it was trialled at Brent Complex saw attendance at training courses increase from circa 50% to 90%. It is anticipated that this will be replicated across the Trust when ILA is fully implemented in 2014/15. This will have a positive impact on staff morale as evidenced from the annual staff survey which has repeatedly reported low rate of satisfaction concerning training and subsequent impact on patient care.

- 2a Training did not help me do job more effectively
- 2b Training has not helped me stay up-to-date with professional requirements
- 2c Training has not helped me deliver a better patient / service user experience

The ability for members of staff to choose, rather than be allocated, dates they wish to attend training will be popular with staff. It gives staff control over their professional development.

Members of staff who are returning to work following maternity leave or long term sickness, will be able to access training as part of their return to work practice; they will be able to choose from the published training dates. Those members of staff who are close to retirement will be required to use their full allocation of 24 banked training hours. If a member of staff leaves the Service without using their full allocation of training the unused time will be reviewed against their contracted hours worked and either remunerated or paid back accordingly.

Please provide and summarise below any relevant evidence for your declaration above, including any engagement activities – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

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- Staff satisfaction as measured through the annual staff survey. The Staff Survey 2013 – Ambulance Trusts (Picker Institute Europe) cites a number of areas where improvements must be made in training and staff satisfaction:
 - 1a No health and safety training
 - 1b No equality and diversity training
 - 1c No training in how to handle violence to staff/patients/service users
 - 1d No infection control training
 - 1e No training in how to handle confidential information
 - 1f No training in how to deliver a good patient / service user experience
 - 1g No other job-relevant training, learning or development
 - 2a Training did not help me do job more effectively
 - 2b Training has not helped me stay up-to-date with professional requirements
 - 2c Training has not helped me deliver a better patient / service user experience

- Staff Side representative said that he has had conversations with Operational staff who are female who have found the current system difficult to engage with and will appreciate the flexibility and the control that ILA will enable them in particular to have concerning the booking of training courses.

- To date, attendance by Flexible Workers at training sessions has been very poor. Banking of training hours and the control individuals will have regarding attendance should see a significant improvement in the rate of attendance. Currently flexible workers are not included in ILA, however it is planned that they will be able to engage with ILA during the second phase of implementation as a result of on going roster reviews.

- The pilot at Brent Complex using the ILA approach increased attendance from circa 56% to 94.8%.

- In 2013/14 (2012/13) during periods of high demand all training was stopped – this has also occurred in previous years. This will not happen under ILA as the staff are not being abstracted from the rotas and will be able to book their training courses with high degree of confidence that the training sessions will take place.

- The intention to introduce Individual Learning Accounts was highlighted during the Time for Change consultation in 2013.

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Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No Yes

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

Evidence for true positive or adverse impact of the new system is not available – therefore after the initial implementation and review an updated EQIA will be needed to assess the impact using true data sources. This EQIA screening will need to be undertaken with appropriate representatives.

The ILA process will be reviewed at the end of the fiscal year (April 2015). This will be done by analysing staff survey results, (although initially it is unlikely to see a change) using the questions specifically relating to training, statistical analysis of the total number of courses delivered and the total number of hours of training staff members received as we all reviewing the number of complaints received by the service relating to clinical malpractice.

These same measures will then be used to review the impact of ILA at 12 months later (April 2016). It is not expected that an adverse impact will result from ILA implementation however amendments to the process will be made if this is to occur.

There is an management and handover project group meeting for at least 6 months after go – live to review and amend as required – this group will ensure the initial repeat EQIA is undertaken

You must complete a full Equality Analysis if you have identified a positive or negative potential impact for any “protected characteristic” group, which is not legal or justifiable or if you have identified any gaps in evidence which make it difficult for you to determine whether there would be adverse impact. Please insert below any issues you have identified/recommendations for the full Equality Analysis.

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If you have only identified a neutral or positive impact on any “protected characteristic” group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust’s website.

Name of Director: Paul Woodrow

Signature:

A handwritten signature in black ink, appearing to read "Paul Woodrow", with a horizontal line underneath it.

Date: 16 July 2014

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