

Equality Impact Assessment (EIA)

1. Introduction and overview

Title of EIA	Mandatory Training and Induction Policy		
Directorate	Workforce/Corporate	Senior Responsible Officer	Sheila Luttman/Claire Marr
What is the focus of this EIA?	<input checked="" type="checkbox"/> Workforce policy <input type="checkbox"/> Organisational strategy <input type="checkbox"/> Clinical service <input type="checkbox"/> Clinical policy <input type="checkbox"/> Other (please state):	Who will be affected? Tick all that apply.	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Carers <input type="checkbox"/> Service users <input checked="" type="checkbox"/> Other (please state): external staff/
Summary of the policy, function, practice or provision	The Trust has identified a number of statutory and mandatory training requirements for permanent and temporary staff, and provides access to a range of training offerings to meet these requirements. This is to help ensure that staff, patients and visitors are safe when working at or visiting the Trust. These training requirements are listed in the Trust's Mandatory Training and Induction Policy. The Policy also details the responsibilities of those working in the Trust in respect of Mandatory Training, and the processes by which access to training will be provided, monitored and evaluated. The EIA has been completed taking into account not just the policy documentation but the implementation of the policy through the learning management system, MyLearning.		
Summary of engagement you have planned or completed	Shared with relevant trust forums for dissemination to a wide range of staff groups and staff side.		

2. Update on previous EIA

If no previous EIA has been completed then move to section 3, 'Impact assessment'.

Title, author, and date of previous EIA	Essential Training Policy Original October 2010 Last submission January 2019	
List the actions planned in the previous EIA	Has this action progressed?	What further actions do you need to take? List and then add to section 5, 'Summary of actions'
None		

3. Impact assessment

This section looks at how your policy, function, practice or provision impacts on different groups and on human rights. It asks for evidence about barriers and what actions you can take to remove them.

Barriers are reasons why people could find it difficult to access or benefit from your policy, function, practice or provision. There are different types of barriers, including physical, social and financial barriers. Barriers can be caused by wider determinants of health (e.g. environment, income, housing); exposure to stress, trauma, and discrimination; different health behaviours (e.g. smoking, physical activity); and unequal access to and experiences of health and care.

To complete this section, you need to:

1. Find evidence and data
2. Engage with key groups for feedback
3. Plan actions based on your data and engagement

Examples of evidence and data

Workforce data, the [NHS Staff Survey](#), service user data, qualitative or quantitative research reports, census data, local health needs assessments ([East Sussex](#), [West Sussex](#), [Brighton and Hove](#)). Our expert clinical librarians in Library Services can conduct an [evidence search](#) for you.

Examples of engagement

Experts by Experience (EbEs), Working Together Groups, focus groups, surveys, meetings, Staff Side, staff networks. It is vital that you take steps to ensure service users, carers and staff have a positive experience of engagement. The [Participation Training](#) on MyLearning outlines this in more detail.

Examples of actions

You will need to identify actions to tackle physical, social, financial and other barriers. You might choose to use a [Quality Improvement](#) (QI) approach. Actions include changes to policy wording. Actions should aim to:

- Minimise disadvantages
- Meet specific needs of different groups
- Encourage access or participation among excluded groups
- Hold up the [human rights](#) principles of fairness, respect, equality, dignity and autonomy (FREDA)
- Support trauma-informed approaches by creating safe, open, and collaborative environments

You might not be able to tackle every barrier you identify. If there are reasons you can't take actions, please explain them in as much detail as you can.

Groups	Data	Engagement	Actions
	What evidence is there?	What have you learned about impacts or barriers?	List actions to take forwards
	Please try to be specific and avoid blanket statements like 'the policy does not discriminate', 'the building is fully accessible', or 'our service is open to anyone'.		
Age All age groups, including children and young people, and older adults.	This policy relates to staff so adults including older adults. Age impacts are minimal (most staff are 18-65) Staff data sources ESR Staff Survey	Most courses offer a range of access options and should there be an access issue due to age, individual need will be accommodated	<ul style="list-style-type: none"> • Pre-course questionnaire • Ensure opportunity for trainees to discuss any potential issues they may face on booking. • Pre-advice through information pages on MyLearning in respect of course content and completion expectations. • Format options where possible
Disability Under the Equality Act 2010 a disability is a physical or mental condition that has a 'substantial adverse effect' on someone's daily activities and lasts 12 months or more. Examples include: <ul style="list-style-type: none"> • Sensory impairments e.g. sight or hearing impairments • Fluctuating impairments e.g. 	<ul style="list-style-type: none"> • Pre-course questionnaires • Post course questionnaires • Venue accessibility • Keeping presentations simple and in large font. • Regular breaks irrespective of format. 	Most courses offer a range of access options and should there be an access issue due to disability, individual need will be accommodated where possible or alternative format for completion if this isn't feasible. Exemptions	<ul style="list-style-type: none"> • Pre-course questionnaire • Ensure opportunity for trainees to discuss any potential issues they may face on booking. • Pre-advice through information pages on MyLearning in respect of course content, structure and

<p>Ehlers-Danlos syndromes (EDS)</p> <ul style="list-style-type: none"> • Progressive impairments e.g. dementia • Auto-immune conditions e.g. arthritis • Organ conditions e.g. respiratory conditions • Neurodevelopmental conditions e.g. neurodivergence • Learning disabilities • Mental health conditions • Impairments caused by injuries • All people diagnosed with cancer, HIV or multiple sclerosis, regardless of health status. <p>Many people have more than one disability.</p>		<p>may be applied to practical elements by SMEs/OH if required.</p> <p>Page 9 of the policy: When designing training SME's must take into consideration the Equality Impact Analysis</p> <ul style="list-style-type: none"> • Subject matter experts will demonstrate 'due regard' in the facilitation and delivery of training. Taking into account the identified impacts for those protected under the Equality Act 2010 and the need to provide reasonable adjustments in course content, location and materials. <p>Page 10 of policy: 'Commission relevant training from third parties where no internal/existing provision exists.'</p>	<p>completion expectations.</p> <ul style="list-style-type: none"> • Provide alternative format options, where possible • 1:1 support, if required • Identifying where mainstream assistive technology does not function as well as it might and addressing this-work in progress. • As part of the commissioning process for external courses, we work with providers to ensure consideration of additional needs is included and managed through active engagement with both the learner and provider. Booking remains through the LMS and the course process follows the same format as our internal courses.
<p>Gender reassignment and trans identities</p> <p>Trans identities, including non-binary</p>	<p>No direct reference during access process.</p>	<p>Venue dependent regarding facilities, most trust sites now</p>	<ul style="list-style-type: none"> • Try not to be gender specific in terminology •

people, and anyone whose gender identity is not the same as their sex recorded at birth.		have gender neutral facilities but external venues may not. MyLearning uses Trusts ESR data. Can personalize if alternative preferences expressed.	
Marriage or civil partnership (In relation to employment only) Married people and civil partners.	No direct reference during access process.	Flexibility re start times days/to accommodate childcare needs	N/A
Pregnancy and maternity Pregnant people and people who have given birth. In law a person is protected whilst they are pregnant and for 26 weeks after pregnancy. Also consider ongoing childcare needs.	<ul style="list-style-type: none"> • Pre-course questionnaires • Post course questionnaires • Venue accessibility • Regular breaks irrespective of format. • Varying start times to accommodate incapacity AM 	Most courses offer a range of access options and should there be an access issue due to pregnancy, individual need will be accommodated where possible or alternative format for completion if this isn't feasible. Exemptions may be applied to practical elements by SMEs for pregnancy period. Training requirements suspended whilst on maternity leave.	<ul style="list-style-type: none"> • Pre-course questionnaire • Ensure opportunity for trainees to discuss any potential issues they may face on booking. • Pre-advice through information pages on MyLearning in respect of course content, structure and completion expectations. • Provide alternative format options, where possible
Race Race includes: <ul style="list-style-type: none"> • Colour 	<ul style="list-style-type: none"> • Pre-course questionnaires 	Most courses offer a range of access options and should	<ul style="list-style-type: none"> • Pre-course questionnaire

<ul style="list-style-type: none"> • Nationality (citizenship or membership of a nation) • Ethnic origin (being part of a group with shared history and cultural traditions, e.g. Irish Travellers, Jews, Roma Gypsies and Sikhs) • National origin (connection to a country through birth or family) 	<ul style="list-style-type: none"> • Post course questionnaires • 	<p>there be an access issue due to cultural beliefs, individual need will be accommodated where possible or alternative format for completion if this isn't feasible. ESOL support available to help non-english speakers as a first language, access training and maximise chances of successful completion.</p>	<ul style="list-style-type: none"> • Ensure opportunity for trainees to discuss any potential issues they may face on booking. • Pre-advice through information pages on MyLearning in respect of course content, structure and completion expectations. • Provide alternative format options, where possible • 1:1 support, if required
<p>Religion and belief</p> <p>Religion, spiritual beliefs and non-beliefs, philosophical beliefs, and related practices, communities and faith groups.</p>	<ul style="list-style-type: none"> • Pre-course questionnaires • Post course questionnaires • Breaks to accommodate prayer needs for long courses • Food restrictions/limitations asked as part of the pre-course questionnaires where hospitality is being provided 	<p>Most courses offer a range of access options and should there be an access issue due to religious beliefs, individual need will be accommodated where possible or alternative format for completion if this isn't feasible.</p>	<p>Normalising discussions about any limitations attendees might face in completing the course, pre during and post course.</p>
<p>Sex</p> <p>Gender or sex: men, women, non-binary and intersex people.</p>	<ul style="list-style-type: none"> • ESR • Pre-course questionnaires • Post course questionnaires 	<p>Being non-gender specific throughout Flexibility re start times and days of courses to</p>	<ul style="list-style-type: none"> • Generally approaching delivery in an open and inclusive way allowing for open dialogue for

		accommodate childcare needs Consideration of environment and comfort i.e menopausal discomfort	concerns to be raised if necessary.
Sexual orientation Lesbian, gay, bisexual, and queer (LGBQ+) people, heterosexual or straight people, and people who are questioning.	All courses strive to be non-judgmental and inclusive.	Wide range of examples when considering topics for case studies when applied. Open and inclusive approach to booking and course information.	<ul style="list-style-type: none"> Continue to utilise wide ranging examples of relationships and family life when using these scenarios/images for training purposes.
Armed forces communities People who serve in the armed forces, whether regular or reserve, those who have served in the past, and their families.	No specific identification of this in the broader spectrum of training. Veteran Awareness planned to be included in Trust Induction programme.	Course dependent as to relevance of disclosure i.e specific experiences in the context of discussion. As with all sessions, disclosure about any content which may be triggering is dealt with	Continue to be responsive and flexible to individual needs.
Deprivation and socio-economic disadvantage People on a low income, and people living in the most deprived areas.	New starter forms Recruitment process	Most courses are delivered virtually now with access via trust equipment or personal equipment if preferred. Where staff don't have direct access to work equipment, dedicated computers are often available to access training.	<ul style="list-style-type: none"> Option for financial support for travel costs in clear cases of hardship through recruiting team If commitments make it totally unviable to attend the day in person there is an elearning

		Where attendance is required this is generally in a location close to the persons home or work environment. The exception to this is Trust Induction which is held at a central Sussex venue which requires travel at the commencement of employment.	<p>package available</p> <ul style="list-style-type: none"> • Bank staff receive payment for attending training to maintain their competence • Working with teams where there is no dedicated training computer to identify and facilitate this going forward
Other health inclusion groups e.g. <ul style="list-style-type: none"> • People who are digitally excluded • Health literacy levels • People experiencing homelessness • People with substance misuse issues • People in contact with the justice system • Social graces 	Pre-course questionnaires Contact pre booking	Support can be accessed to gain maths and literacy skills along with basic IT skills for those without the requisite knowledge base. Functional Skills lead works with individuals who need extra support in these areas as well as ESOL needs.	<ul style="list-style-type: none"> • Signposting to support as and when identified. • Offering 1:1 guidance as appropriate • Being responsive when staff open up and ask for help
Data	Have you identified any gaps in your data?	What data can you collect moving forwards?	When will you review the data?
	We get a good range of data from the ESR system upon someone starting with this trust. For non-staff we receive ORCS forms detailing requirements. In addition, we ask for pre-course information and post course send out surveys to	I think the data we receive is right for our needs as a training team. Engagement is our best tool, this was more difficult during	We continually review how we collect data and what our needs are. This is done quarterly through the Induction Steering Group and with SMEs and

	gauge experiences and learn where there might be any gaps.	lockdown but now we have more face to face courses running it is more effective again in identifying where there may be struggles or barriers	system developers when reviewing the effectiveness of the service we offer. We are currently scoping the accessibility of all the courses we offer, determining a baseline in order to monitor improvements next year.
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4. Cumulative impact and intersectionality

This section asks about [intersectionality](#). It looks at how different types of disadvantage can come together to create new barriers. The term comes from critical race theory. People who belong to more than one protected characteristic group are often the most vulnerable and face the highest barriers with a cumulative impact.

<p>Which groups from section 3 are most likely to face barriers in relation to your policy, function, practice or provision?</p>	<p>Disabled-for those who need accessible support, the systems we currently have i.e Recite, don't always work effectively with the format of some elearning sessions especially where videos are involved. Race-language barriers can be a hurdle to overcome as it is rare to be able to change language of a course.</p>
<p>Can you identify the cumulative barriers if someone belongs to more than one of those groups?</p>	<p>Obviously the more groups someone belongs to, the bigger the challenge and the barrier they will face. eg. having a disability may affect your income or ability to work sufficient hours to generate enough income to fund travel especially at the outset of employment.</p>
<p>What data or engagement can you use to identify the cumulative barriers?</p>	<p>We are currently engaging with our non-english as a first language staff to identify the barriers they face to complete baseline training as well as career development barriers, and look for practical solutions through our Functional Skills team. Working with SMEs currently to identify how they present their courses and promote accessibility as a fundamental requirement in developing training courses. Further enhancement in the responsibilities section of the policy for trainers/SMEs reminding them to consider the accessibility of their training. Evidence of our engagement and openness to work with participants is evidenced through a range of support methodologies. Learning Support Plans are completed when trainers complete the sign up process for courses. Support Check-In's are regularly undertaken for long term courses, an example of an email response is here; <i>Thank you for organising the meeting with Glenn. We did a Dragon software preview - however to be honest I don't think I would benefit from this. I am coping ok I just need slightly more time for some things and maybe when I don't understand complicated tasks/emails it just needs to be reiterated.</i></p>

	<p>Some feedback from the overall elearning/Induction package can be found here;</p> <ol style="list-style-type: none"> 1. <i>Having the different topics separated out made it easy to choose which order I wanted to do them in which was really helpful. Adding duration times on these would help others in planning.</i> 2. <i>As someone who is neurodivergent, and dyslexic, I didn't feel the training, overall to be sensitive to that. You may want to ask the neurodivergent staff forum for some advice on applying differentiation to your teaching methodology. I know Jackie has done that and I instantly felt it in the care and effectiveness of her communications for the very well designed Induction training she organises.</i>
Timeline for actions	<ul style="list-style-type: none"> • Get standardized baseline course accessibility information on MyLearning-March 2023 • Monitor feedback from Trust Induction courses now we have returned to Face to Face to ensure staff are not being adversely affected by travelling to the central location.-March 2023 • Develop course content that works more effectively with assistive technologies-ongoing-review July 2023

5. Summary of actions

Copy and paste all of the actions you have identified so you can assign a lead person and a deadline. Add more rows as necessary.

	Actions to tackle barriers	Lead person and job title	Timeline
1	Make online (ML) information much more open with regard to type/length/format of courses so staff have clarity in respect of what to expect when signing up for a course and are able to raise concerns if they think they will be adversely affected.	Hannah Thomas-System Expert Lead	By March 2023

2	Improve course content so that it works more effectively with assistive technologies-large scale operation, will take a long time to work through	Glenn Pavey-IT and Hannah Thomas-System Expert Lead	Ongoing but review July 2023
3	Monitor feedback from Trust Induction courses now we have returned to Face to Face to ensure staff are not being adversely affected by travelling to the central location	Jackie Knights-Lead Facilitator MaST	By March 2023
4			
5			
6			

6. Sign off

The EIA is only complete once the EDI team assigns the code.

Step 1: Project team writes EIA	EIA written by: Sheila Luttman.	Date: 20/9/22
Step 2: Project team sends full draft to Equality, Diversity and Inclusion (EDI) team		
Step 3: EDI team provides comments	EIA reviewed by: Include EDI team and other reviewers. Jan Begum	Date: 07/10/2022
Step 4: Project team integrates comments		
Step 5: Project team sends to Senior Responsible Officer (SRO)		
Step 6: SRO authorises EIA The SRO is responsible for making sure EDI team comments are addressed.	EIA authorised by: SRO Claire Marr	Date: 07/12/2022
Step 7: SRO sets a review date	EIA to be reviewed by: SRO Claire Marr	Review date: November 2024
Step 8: SRO sends EIA to EDI team		
Step 9: EDI team codes and publishes EIA	EIA code: 2213 Assigned by EDI team.	Date: 08/12/2022