

## East of England (EoE) Post Repatriation Project Equality Impact Assessment Template

### Part 1: Specialty Details

1.1 Name of Specialty:	Clinical Oncology
1.2 Head of Specialty	Dr Ian Barton (Head of School of Postgraduate Medicine)
1.3 Training Programme Directors Involved:	<i>East Anglian:</i> <b>Addenbrookes:</b> Dr Deborah Gregory
1.4 Trainee Representative/s:	Various, including at Project Board level Amy Jackson [REDACTED]
1.5 EIA Lead for Project Board:	Paul Martin
1.6 Contact Details:	[REDACTED]
1.7 Date EIA Undertaken:	Between April 2015 & March 2017
1.8 Date EIA Considered by EoE Project Board:	TBC
1.9 Project Board Decision:	Accept ( ) Reject ( )  Modifications:
1.10 Date of Formal Review:	April 2017

#### **Explanatory Note (a):**

The Project Board wants to ensure that consideration of these issues is undertaken thoroughly and that it involves not only clinical leads for the Speciality/Foundation School concerned but also trainee participation.

The whole process will be overseen by the Project Board's Equality Champion in order to provide support to clinicians but also ensure a consistent approach. The outputs from this exercise will be reported back to the full Project Board for sign off.

Parties involved in this process should familiarise themselves with the most recent Project Board Report on Public Sector Equality Duty (Version 13, August 2016) and specifically its findings and recommendations around compliance and good practice.

### Part 2: What Change is Being Assessed?

2.1. Details of programme/rotation/support service or policy being assessed:

Health Education England (HEE) is considering changing the management of a total of 13 training posts from 2016 – 2018. The posts are currently managed by London and South East (LaSE) but are actually based within East of England (EoE) Trusts and funded by EoE. These posts have historically been managed by LaSE on behalf of EoE and represent less than 1% of the total number of all Foundation and specialty posts currently managed by LaSE.

The posts currently managed by LaSE will return to EoE managed programmes by August 2018. This programme of change will take place over a three year period commencing in

August 2016 and Doctors will be recruited to EoE managed programmes in from August 2016.

The posts being considered for repatriation are based in 2 EoE NHS Acute Trusts. Trainees from LaSE are currently placed in these trusts and over the three year transition period the posts will move from LaSE managed programmes to EoE managed programmes.

The proposal is to transfer the management of these posts from LaSE to EoE in specialty training.

2.2 Is this a new or existing programme/rotation/support service or policy?	New ( ) Existing ( X )
	These transferred posts are all existing and established posts, funded through tariff by EoE or Trust funded and based within 2 EoE NHS Acute Trusts and associated EoE community placements. The proposal currently is to transfer the management of these posts from LaSE to EoE teams.
2.3 Has this been assessed before and if so please attach either existing assessment or any history?	Yes ( ) Details Attached ( ) No ( X )

**Explanatory Note (b):**

Please give full details of any training programme, rotation, support service or policy being assessed because of possible changes as a direct result of the EoE Post Repatriation Project.

This should include full details of the sites/locations covered and stakeholders affected.

Please be aware that no changes to training programmes, rotations, support services or any policy can be made before appropriate consideration has been given to the impact of such changes on our Public Sector Equality Duty and before the Project Board has considered first this EIA.

**Part 3: Equality Impact Assessment (Screening)**

<p>3.1 Could a particular group of people be affected differently in either a negative or positive way by the service / function / project / strategy / policy?</p> <p>The Project Board has given due regard to its obligations under the Equality Act 2010 and specifically how these changes might impact upon all trainees but especially for those that share protected characteristics. The Project Board took the decision early on in its planning process to “exclude”</p>	<p>Please note that the Equality Act 2010 identifies 9 “protected characteristics” that we must consider when making any decisions which could impact either positively or negatively on people sharing these facets. These are:</p> <p>Age Disability Gender Reassignment Marriage and Civil Partnership</p>
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current trainees from any repatriations (December 2015) and did this in order to minimise any impacts and ensure a safe transition to any new arrangements.

It should also be stressed that these proposals do not change our recruitment or allocation processes, our equal opportunity or diversity policies or the support which we will continue to provide to trainees, including new trainees eventually appointed to expanded EoE programmes.

A detailed summary of the review undertaken is given in Appendix 1 (EoE Repatriation Project – Current Trainees/Posts (2016/17) and Public Sector Equality Duty) and data is presented in Appendix 2 (Protected Characteristics ) but the following summarises the main findings:

Pregnancy and Maternity  
 Race  
 Religion or Belief  
 Sex and  
 Sexual orientation

<b>Equality Group</b>	<b>Positive Impact (benefits)</b>  <b>Please number each one and provide a brief description</b>	<b>Negative Impact (disadvantage) or potential negative impact</b>  <b>Please number each one and provide a brief description</b>	<b>Please rate each negative impact 'low', 'medium' or 'high'</b>  <b>See Explanatory Note ©</b>
Age	1) It is hoped that expanding opportunities within EoE will provide additional opportunities for all potential trainees, including those that share protected characteristics; 2) Separating LaSE and EoE rotations will also result in programmes that are more locally focused and thus reduce the need to rotate across two large and separate geographic areas; 3) It is also hoped that by allowing EoE to assume management of their posts will help	No negative impacts were identified by this process.	Low ( X ) Medium ( ) High ( )

	improve local accountability, ownership and provide the opportunity for EoE to better respond to the needs of local stakeholders, including trainees and patients.		
Disabled People	As above.	1) The Project Board does not feel that changing the management of posts in itself will have any impact, positive or negative. 2) It was noted that a surprising finding was how no trainees described or declared themselves as having a disability. This may provide the opportunity for HEE to use these changes to encourage more applications from persons who share this protected characteristic.	Low (X) Medium () High ()
Gender Reassignment	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()
Marriage & Civil Partnerships	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()
Pregnancy & Maternity	As above.	1) The Project Board does not feel that changing the management of posts in itself will have any impact, positive or negative, although it is noted that repatriation of Mount Vernon posts creates a large geographic rotation which the TPD and Trainee Rep have attested to causing difficulty for some	Low (X) Medium () High ()

		<p>trainees</p> <p>2) However, it accepts that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE.</p> <p>3) Please see comments below relating to "Women".</p>	
Race	As above.	<p>1) It was noted that a review of the trainee's data suggests 36% of trainees did not state race and 45% of trainees identified their race as British (White).</p> <p>2) It should be noted however that no negative impacts were identified by this process.</p>	<p>Low (X)</p> <p>Medium ( )</p> <p>High ( )</p>
Religion or Belief	As above.	No negative impacts were identified by this process.	<p>Low (X)</p> <p>Medium ( )</p> <p>High ( )</p>
Women	<p>1) This exercise has demonstrated that the evidence which we hold suggests that a large number of current trainees within EoE training programmes affected by these proposals do include potentially a significant cohort of trainees that share protected characteristics, especially in terms of the number of female (55%), but please remember that protection exists equally for both sexes) trainees in training.</p>	<p>1) This initiative may provide HEE with an opportunity to review and address any historical underrepresentation.</p> <p>2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE This could have a disproportionate impact on female trainees because of their possible additional care responsibilities.</p>	<p>Low (X)</p> <p>Medium ( )</p> <p>High ( )</p>

Men	As above, 45% of the current EoE trainees are male.	1) This initiative may therefore provide HEE with an opportunity to review and address any historical underrepresentation; 2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times; and especially within EoE. This could have an impact on some male trainees because of their possible additional care responsibilities.	Low (X) Medium () High ()
Sexual Orientation	As above.	No negative impacts were identified by this process.	Low (X) Medium () High ()

### Explanatory Note ©: How to Assess Negative Impacts

Low = The change is not thought to be discriminatory according to current legislation or HEE policy and procedures. Although the changes may impact on some people, we are confident that our existing processes and support structures should be able to deal with any issues on a case by case basis. No modifications are thought necessary. **Please go to Question 3.2 below.**

Medium = It is not thought to be discriminatory according to current legislation or HEE policy and procedures but is not in line with best practice and may impact on some trainees that share protected characteristics. Consideration needs to be given to the recommended mitigations suggested. **Please go to Question 3.2 below.**

High = It is thought to be discriminatory according to current anti-discrimination legislation (i.e. it is unlawful), and also breaches HEE policy and procedures. The proposed change immediate action.

**If you have rated any negative impact(s) as 'High' please complete template refer matter immediately to the Project Board.**

3.2 Please list below any actions that you have now factored into your proposals following this exercise and which you would now like the Project Board to consider before making a final decision and especially with regard to any identified negative impacts:

Low or medium	Action required to remove or	Lead	Timescale	Resource	Any other
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negative impact	minimise the impact	person		implications	comments
Low ( X ) Medium ( )	1) The impact of transferring post management has been identified as a potential risk and the Project Board will keep this under regular review.	HEE & Project Board	Ongoing	None	None
Low ( X ) Medium ( )	2) It is accepted that any subsequent changes to programmes or their reconfiguration could impact negatively, especially in terms of possibly increasing travel times and especially within EoE. This could have an impact on some female/male trainees because of their possible additional care responsibilities, on female trainees who are pregnant or with maternity responsibilities and on some trainees with disabilities.	Training Programme Directors	Ongoing		
Low ( X ) Medium ( )	2) TPDs are expected to continue to make rotational and/or placement decisions based upon the training and personal circumstances of trainees, making adjustments as appropriate and with regard to individual needs and the	Training Programme Directors	Ongoing		

	constraints of the training programme. 3) HEE will consider the underrepresentation issues identified by this process and will formally review these arrangements in April 2017.	HEE & Project Board	Ongoing		
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3.3 Could we improve any of the positive impact(s) identified? Please explain how:

The proposed regular reviews of these decisions will enable HEE to assess how effectively these changes have delivered the positives and benefits originally envisaged.3.4 If this process has not identified any negative impacts, then please explain how you reached that decision and provide reference to evidence (for example reviews undertaken, surveys, trainee feedback, etc.):

Some minor impacts have been identified (see above).

#### **Part 4: Consultations**

4.1 Please provide details of Consultations/Engagement undertaken with stakeholders and/or trainees as part of this process?

- 1) An EoE workshop to discuss repatriation took place on Thursday 7<sup>th</sup> January 2016. EoE PGD, DPGDs, EAFS FSD, DMEs, FTPDs and Medical Education Managers from NHS Trusts in the EoE attended this workshop, (Appendix 3)
- 2.) The Project Board produces a monthly Project Briefing which is sent to all stakeholders, including trainees
- 2) The Project Board publishes on its website all plans, documentation and the Risk Registers' associated with these proposals
- 3) The Project Board has two trainee representatives as part of its membership

#### **Part 5: Date & Evidence**

5.1 Please provide details of any evidence or data considered as part of this process and particularly in regard to identifying the presence of staff with

- 1) Appendix 1;
- 2) Public Sector Equality Duty Reports to Project Board (May, June, July and August 2016);



protected characteristics, any positive or negative impacts associated with your proposals or used to justify any modifications and/or mitigations:

- 3) Project Risk Register;
- 4) Issue Log and engagement feedback;
- 5) Review of Project Board Minutes and Actions (December 2015 to May 2016)
- 6) Appendix 2: Review of equalities data provided by informatics, review of OOP & LTFT data (current trainees)
- 7) TPDs are organising training in clusters of hospitals where possible to minimise commuting times, this will result in a reduction of travel times for Clinical Oncology trainees.
- 8) **Please note: All Appendices removed due to Information Governance standards**

### **Part 6: Any Other Issues You Wish to Raise**

6.1 Please include here any other issues that you feel need to be raised as part of this process and not covered elsewhere within this template:

None for the purposes of this exercise.

**END**

