

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

Part 1: Specialty/Foundation Details

1.1 Name of Specialty/Foundation School:	Urology
1.2 Head of Specialty/Foundation Manager:	Prof Nigel Standfield
1.3 Training Programme Directors Involved:	Prof Jayanta Barua Mr John Peters Mr Mathias Winkler Mr Jeff Webster
1.4 Trainee Representative/s:	Ben Lamb Charlotte Dunford Hamid Abboudi
1.5 EIA Lead for Project Board:	Paul Martin
1.6 Contact Details:	
1.7 Date EIA Undertaken:	10 th March 2017
1.8 Date EIA Considered by EoE Project Board:	Planned to be considered by 21 st March Meeting
1.9 Project Board Decision:	Accept () Reject () Modifications:
1.10 Date of Formal Review:	

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:

As part of the ongoing EoE Repatriation Programme, current planning incorporates the handing back of posts in Urology. A full breakdown of the plans for these posts, including their locations, is given below.

October 2017: 1 post at Southend and 1 post at The Lister
 October 2018: 1 post at The Lister and 2 posts at Watford General Hospital

These plans only currently involve transferring the management of these posts from London & South East to The East of England Local Area Team and on a phased basis, starting in October 2017.

There are no envisaged impacts on current trainees, including in terms of any consequential programme reconfigurations or in terms of the support provided by Health Education England to trainees, including via our network of Training Programme Directors.

2.2 Is this a new or existing programme/rotation/support service or policy?

New () Existing (X)

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)

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?

These changes are considered to be low risk in terms of potential impacts as they only relate to the repatriation of vacant posts from one HEE Local Area Team to another. Current trainees are specifically excluded from these processes and any repatriated posts will form part of our East of England training programmes and as such will be locally/nationally advertised (as appropriate) and open to any interested and suitable qualified applicant

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:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex and

<p>as per our existing recruitment processes and Equal Opportunities Policies.</p> <p>Our Training Programme Directors will also continue to support trainees, taking into account individual circumstances whenever possible and having regard to the constraints of any training programme.</p>	Sexual orientation
---	---------------------------

Equality Group	Positive Impact (benefits) Please number each one and provide a brief description	Negative Impact (disadvantage) or potential negative impact Please number each one and provide a brief description	Please rate each negative impact 'low', 'medium' or 'high' See Explanatory Note	
Age	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	Low (X) Medium () High ()	
Disabled People	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	Although HEE believes that these changes represent a low risk to this group of trainees, HEE is aware that any changes could impact on disabled people, especially if as a result of posts being handed back programmes are reconfigured, resulting in a longer commute or working day, especially for existing trainees. This is why existing trainees have been excluded from this process. Our Training Programme Directors (and other trainee support) will continue to work with trainees when issues are identified and will try and accommodate any reasonable requests,	Low (X) Medium () High ()	

		subject to the constraints of the training programme and the needs of individual trainees.		
Gender Reassignment	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	Low (X) Medium () High ()	
Marriage & Civil Partnerships	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	Low (X) Medium () High ()	
Pregnancy & Maternity	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	Although HEE believes that these changes represent a low risk to this group of trainees, HEE is aware that any changes could impact on pregnancy & maternity trainees, especially if as a result of posts being handed back programmes are reconfigured, resulting in a longer commute or working day, especially for existing trainees. This is why existing trainees have been excluded from this process. Our Training Programme Directors (and other trainee support) will continue to work with trainees when issues are identified and will try and accommodate any reasonable requests,	Low (X) Medium () High ()	

		subject to the constraints of the training programme and the needs of individual trainees.		
Race	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	Low (X) Medium () High ()	
Religion or Belief	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	Low (X) Medium () High ()	
Women	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	Although HEE believes that these changes represent a low risk to this group of trainees, HEE is aware that any changes could impact on women (and some men) with additional care responsibilities, especially if as a result of posts being handed back programmes are reconfigured, resulting in a longer commute or working day, especially for existing trainees. This is why existing trainees have been excluded from this process. Our Training Programme Directors (and other trainee support) will continue to work with trainees when issues are identified and will try and accommodate any	Low (X) Medium () High ()	

		reasonable requests, subject to the constraints of the training programme and the needs of individual trainees.		
Men	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	Although HEE believes that these changes represent a low risk to this group of trainees, HEE is aware that any changes could impact on men with care responsibilities (and women also), especially if as a result of posts being handed back programmes are reconfigured, resulting in a longer commute or working day, especially for existing trainees. This is why existing trainees have been excluded from this process. Our Training Programme Directors (and other trainee support) will continue to work with trainees when issues are identified and will try and accommodate any reasonable requests, subject to the constraints of the training programme and the needs of individual trainees.	Low (X) Medium () High ()	
Sexual Orientation	The expansion of East of England managed programmes is hoped to give East of England greater control over recruitment locally and in so doing help with local retention and fill rates. This may also help East of England clinicians put down longer term roots locally and within the Geography.	None have been identified.	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 and refer matter immediately to the Project Board. This may necessitate a full Equality Impact Assessment or Project Board agreed revisions to your plans/proposals.

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:

Issue	Low or medium negative impact	Action required to remove or minimise the impact	Lead person	Timescale	Resource implications	Any other comments
Increased Travel or increases in length of working day	Low (X) Medium ()	Needs to be monitored closely by all involved in handback of posts and especially if resultant programme reconfigurations occur. TPDs to consider individual needs of trainees when making placement/ rotation decisions and whilst having regard to constraints of training	Project Board but jointly with HoSS and TPDs.	Ongoing during handback but with a formal review annually.	None	None

		programme.				
	Low () Medium ()					
	Low () Medium ()					
	Low () Medium ()					

3.3 Could we improve any of the positive impact(s) identified? Please explain how:

Providing additional opportunities within the East of England is considered a positive especially in terms of giving greater local control over recruitment, improving fill rates and allowing EoE to further develop its training programmes. Other benefits are thought to be allowing trainees to put down local roots and reduce the reliance on London to deliver parts of the training.

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.):

The assessment suggests that the risks or negatives associated with this proposal are low (please see parts “3.1” and “3.2” above).

That being said, we accept that there is nevertheless a potential of a slight negative impact on trainees with disability, trainees with care responsibilities or on trainees with pregnancy or maternity issues (please see “3.1” above).

This view has been informed by feedback received to date from stakeholders, a review of various pieces of equality data which we hold on current trainees and our experience of managing these programmes for many years. We expect such issues however to be managed as we have always done, with our TPDs being pivotal and by them having regard to the individual needs of the trainees

concerned, accepting the constraints of the relevant training programme.

Part 4: Consultations

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

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

- 1) This assessment has been informed by a review of the equal opportunities data held on this current cohort of trainees, by reviewing the data which we hold on Less Than Full Time Trainees and by reviewing the data held on EoE Out of Programme trainees;
- 2) The Project Board has also formally reviewed this data at its meetings held on 14th July and 11th August 2016, which includes trainee representatives;
- 3) We have also written to a range of stakeholders over the course of the last six months and have invited comments on our plans, including via our monthly Project Briefing newsletter which is also available to view on line;
- 4) Members of the Project Board have also attended a number of stakeholder meetings, including various trainee forums, and the outputs from all of these activities have been feedback to the Project Board and considered as part of this process;
- 5) Task and Finish Groups have also been established for each speciality affected by this project, all clinically led, and the HoSS have been asked whenever

possible to include trainee participation in these processes/discussions.

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:

We have serious reservations with regards to the provision of core urology to trainees within London following the repatriation of trusts in particular Watford General Hospital.

Watford General Hospital has traditionally been a cornerstone in the training of general operative urology which makes up a large component of the urology curriculum. On average trainees can achieve 50 TURPs, 40 TURBTs, 40 ureteroscopy, 40 paediatric urology cases.

The loss of this hospital will make achieving core competencies difficult for London trainees given the already distinct lack of DGH opportunities.

On review of the policy; we would expect to at least have the provision of sharing hospitals:

Page 16 of the policy states: 'TPD will continue to work with trainees on placements, taking into account as now and wherever possible the individual needs and circumstances of trainees locally, including within those programmes in EoE enlarged as a result of any post repatriations and subject to the constraints of the training programme.'

END