

Equality Impact Assessment (EIA) Stage 1

<p>Policy or service being assessed: Preceptorship Policy for Registered Nurses and Allied Health Professionals</p>
<p>Lead Person: Rachel Bloor</p>
<p>Person(s) responsible for carrying out the assessment (if not the Lead Person). Rachel Bloor</p>

<p>1. Is this a new or existing policy or service?</p>	<p>Existing policy</p>
<p>2. What is the expected outcome of the service / policy? (e.g. aims, objectives and purposes of the service / policy, standards for practice).</p>	<p>The purpose of this policy is to bring quality assurance to the administration and delivery of a generic preceptorship programme across the Trust.</p>
<p>3. Does this policy / service link to others? If yes please state link below:</p>	<p>7.1 Performance improvement policy 7.2 Edward Jenner Programme – NHS Leadership Academy 7.3 Performance Development Review Policy</p>
<p>4. Who is intended to benefit from the policy / service? In what way?</p>	<p>The preceptorship policy applies to all Registered Nurses and Allied Health Professionals employed by North Staffordshire Combined Healthcare Trust.</p> <p>Those benefitting from the policy will be:</p> <ul style="list-style-type: none"> • Service users and their carers • All Registered Nurses and Allied Health Professionals • The Trust <p>Benefits will be:</p> <ul style="list-style-type: none"> • Enhances quality of patient/service user care • Enhances recruitment and retention • Reduced sickness and absence • Enhanced staff job satisfaction • Employees acting with integrity and upholding the reputation of the profession • Opportunities to identify staff that require additional support or a change of role • Practitioners who understand the regulatory impact of the care that they deliver and develop an outcome/evidence based approach • Providing a high standard of practice at all times • Making care the priority

	<ul style="list-style-type: none"> • Treating patients, service users as individuals and respecting their dignity • Working with others to protect and promote health and wellbeing of those in their care their families/carers and the wider community • Being honest, acting with integrity and upholding the reputation of the profession • Enhancing the professional image 	
<p>5. How is the policy / service to be put into practice? Who is responsible?</p>	<p>Dissemination:</p> <p style="text-align: center;">Copy of this policy will be on the intranet site in the Human Resources section of the policy folders.</p> <p>Implementing:</p> <p style="text-align: center;">The preceptorship policy is to be used by all Registered Nurses and Allied Health Professionals employed by North Staffordshire Combined Healthcare Trust.</p> <p>Monitoring:</p> <p style="text-align: center;">The monitoring of the policy will be by the Preceptorship Lead for the Trust. The Preceptorship Lead will review content of evaluations and the overall programme and adjust the programme accordingly to bring it in line with current clinical practices. Monitoring reports will be collated as required to Health Education West Midlands per the requirement within the LDA.</p> <p>Policy Lead and Executive Lead are responsible (see policy for identified responsibilities)</p>	
<p>6. How and where is information about the policy / service publicised? Example on the Trust Staff Information desk.</p>	<p>Policies folder on SID</p>	
<p>7. What regular consultation do you carry out with different communities and groups re the policy / service?</p>	<p>3 yearly review by Policy lead, or earlier if required.</p>	
<p>8. Are there concerns that the policy / service could have an adverse impact because of:</p>	<p>Yes/No</p>	<p>If YES, please state evidence (either presumed or otherwise)</p>
<ul style="list-style-type: none"> • Age (eg consider impact on younger people/ older people) 	<p>No</p>	<p>Preceptorship is undertaken by all Registered Nurses and Allied Health Professionals new to North Staffordshire Combined Healthcare Trust, regardless of age or experience.</p>

<ul style="list-style-type: none"> • Disability (remember to consider physical, mental and sensory impairments) 	No	Procedure may be extended if required due to absence such as sickness absence
<ul style="list-style-type: none"> • Sex/Gender (any particular impact on males, females, also consider impact on those responsible for childcare) 	No	
<ul style="list-style-type: none"> • Gender identity and/or gender reassignment (ie impact on people who identify as trans or non-binary) 	No	
<ul style="list-style-type: none"> • Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries) 	Yes	A copy of the policy or other documents may be made available translated in to other languages on request, though the likelihood of this is minimal.
<ul style="list-style-type: none"> • Pregnancy and maternity, including adoption (ie impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) 	No	Procedure may be extended if required due to absence such as maternity leave or parental leave
<ul style="list-style-type: none"> • Sexual Orientation (impact on people who identify as lesbian, gay or bisexual – whether stated as 'out' or not) 	No	
<ul style="list-style-type: none"> • Marriage and/or Civil Partnership (including heterosexual and same sex marriage and civil partnerships) 	No	
<ul style="list-style-type: none"> • Other equality groups? (may include groups like those living in poverty, sex workers, asylum seekers, drug addicts, prison and (ex) offending population, Romany and travelling communities and others who may be disadvantaged in some way, who may or may not be part of the groups above equality groups) 	No	

<p>9. Do the differences amount to discrimination and the potential for adverse impact in this policy?</p>	<p>No</p>	
<p>10. If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason i.e. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific services /environments</p>	<p>N/A</p>	
<p>If YES, please give reasons:</p>	<p>N/A</p>	
<p>11. Do you think this policy / service specifically contributes to promoting equality and diversity in North Staffordshire? If so, in what way? Please note any examples of good practice</p>	<p>Yes – the policy supports all newly registered clinicians to make the transition from student to an 'accountable practitioner' which supports safe and effective care and thus promotes equality and diversity within North Staffordshire.</p>	
<p>12. What approaches will you take to get feedback on your assessment?</p>	<p>It will be sent out for consultation with the draft policy to a sub group within the trust and a summary of the impact assessment will be presented with the draft document when it is presented for approval. Completed forms must be sent to the Diversity and Inclusion Lead via email: diversity@northstaffs.nhs.uk, for review, agreement and publishing on the Trust website.</p>	
<p>13. Will the assessment link to other mainstream service planning or review processes?</p>	<p>No</p>	

In the case of a negative impact being identified above, please indicate any measures planned to mitigate against this by completing Stage 2, Full Impact Assessment as below:-

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions
n/a		

Yes / No

Do you need any additional assistance to help you carry out the full assessment?	No
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Signed (Policy Lead Assessor) Rachel Bloor

Date 14/03/2017

GETTING FEEDBACK AND ADVICE

Feedback should now be sought from the Diversity and Inclusion Lead by emailing them at Diversity@northstaffs.nhs.uk

What feedback / guidance was provided?
Minor amendments made including section 8 to age, disability and maternity sections.

Counter-signed
(Diversity & Inclusion Lead)


Lesley Faux

Date 28 July 2017