

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting People and Organisational Development Committee</p> <p>Date of Meeting 08 November 2023</p> <p>Agenda item: 4.2c</p>
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Policy / Procedure Review and Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Learning & Development Policy
Policy Owner	Kelly McFadyen. Learning and Development Manager.
Lead Executive	Neil Lewis. Director of People and Organisational Development.
PHW / All Wales?	PHW
Date of last Review	N/A – New Policy
Is the current policy / procedure within date?	N/A
Approving Body /Group	People & OD Committee
Version Number	1

Section 2 – Recommendation

FOR APPROVING BODY:

That the People and Organisational Development Committee:

- **Considers** the information contained within the Policy and Equalities Impact Assessment
- **Note** that the Leadership Team have endorsed the Policy to the People and Organisational Development Committee for approval
- **Approve** the Policy

3 – Details of the Review:

Background:

Reason for review	The existing learning and development policy and the Statutory & Mandatory Training policy were overdue for review and have now been merged
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Consultation:

Has this Policy / Procedure been through the appropriate consultation process?	Yes
Date range of consultation:	21/08/2023 -29/09/2023
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	
No feedback provided during consultation period.	
Had this policy / procedure been considered by any other groups?	Yes Local Partnership Forum
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	
The Leadership Team also considered and commented as necessary on the Policy during October 2023.	

4 – Impact Assessments

Equality and Health Impact Assessment	Has been completed and included as an appendix
Risk and Assurance	N/A
Health and Care Standards	<p>This Policy / Procedure supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes</p> <p>Theme 7 - Staff and Resources Choose an item. Choose an item.</p>
Financial implications	Development activities can be sourced from the following, or a combination of the following: 1. Central budget 2. Local budgets 3. Sponsorship/bursaries (including commissioned learning) 4. Self-funding
People implications	N/A

5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Once approved, the policy will be translated and launched via the staff and manager bulletins and updated intranet pages.	Within 4 weeks of approval	Kelly McFadyen



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Reference Number: XXXX
Version Number: XXX
Date of next review: XXX

LEARNING AND DEVELOPMENT POLICY

Policy Statement

Public Health Wales recognises the critical role that learning and development plays in fostering growth, progress and delivering high-quality services to the public and our colleagues. We are at our best when we seek to learn from others and share our skills and knowledge and, through continuous learning and development, we can achieve personal and organisational growth while ensuring safe and effective practices. Ultimately this will help us maintain fair and efficient management and ensure our workforce are equipped to address current and future demands.

Therefore, it is imperative that all staff demonstrate essential knowledge and skills as mandated by Welsh Government, the NHS in Wales, or Public Health Wales itself (via Subject Matter Experts), as outlined in Appendix A. Ensuring the completion of statutory and mandatory training at the specified intervals plays a critical and essential role in ensuring that we fulfil our duty of care to ourselves and others, creating a safe working environment and minimising risks to our well-being, as well as that of our colleagues and service users.

Policy Commitment

This policy is designed to fulfil two important objectives. Firstly, it outlines the training that Public Health Wales must provide, and staff are required to attend, to meet the organisation's statutory and mandatory learning requirements effectively. By adhering to this policy, we ensure compliance and alignment with the necessary standards (Appendix B). Through the NHS Wales Shared Service Partnership (NWSSP), a suite of e-learning programmes has been developed to meet the learning outcomes as set out in the Skills for Health UK Core Skills Training Framework

(<https://www.skillsforhealth.org.uk/core-skills-training-framework/>)

Secondly, the policy aims to promote fair and equitable access to learning and development opportunities for all colleagues to ensure safe and effective delivery of their roles and responsibilities. All colleagues should be encouraged to request time for development purposes (excluding statutory and mandatory training), should be supported to identify areas for development and take time to learn from others as well as reflecting on how they can share their skills and knowledge with colleagues inside and outside of their teams. The organisation will make reasonable efforts to accommodate these requests, taking into consideration the need for appropriate cover to maintain service delivery standards.

Supporting Procedures and Written Control Documents

Other related documents are:

My Contribution
Pay Progression
All Wales Disciplinary Policy and Procedure

Scope

This policy sets out statutory and mandatory training requirements for all staff working within Public Health Wales. A table of statutory/mandatory training is noted in appendix A of this policy. This appendix will be updated to reflect changes in legal/organisational requirements when they occur.

There may be additional training that applies to staff in particular roles or environments that are not noted in the Policy. It is intended that the same principles apply regarding training that is deemed essential for a specific role, training that is not optional but a vital component and therefore needs planning and monitoring. If necessary, People and OD will provide guidance and support to ensure individuals are supported appropriately in fulfilling training requirements for their role.

This Policy also covers how personal and professional development and growth is supported within PHW.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	Board/Committee
Approval Date	
Review Date	July 2023
Date of Publication:	
Group with authority to approve supporting procedures	People & OD Committee
Accountable Executive Director/Director	Neil Lewis. Director of People and OD.
Author	Kelly McFadyen. Learning and Development Manager.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or [Corporate Governance](#).

Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	July 2023			Statutory & Mandatory Training and the Learning & development Policy have been merged

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1. Responsibilities

1.1 PHW Colleagues

All PHW colleagues are responsible for:

Ensuring they complete/ attend all training applicable to them. Statutory and Mandatory training should be completed within the first 12 weeks, with specified modules prioritised in the first week and first four weeks as detailed in the corporate induction ([Induction SharePoint](#)) , and refreshed at the intervals set out in Appendix A.

Demonstrating their completion by signing in at classroom training sessions and successfully completing required e-learning modules.

Discussing with their managers during My Contribution/appraisal/ job planning reviews to proactively plan and allocate time for any statutory and mandatory or other training they believe they would benefit from undertaking.

Participating openly and honestly in their My Contribution/appraisal process/pay progression discussions to explore and seek out development opportunities based on organisational, team and individual needs. This should be done in accordance with the Supporting Learning and Development Process document which details the process for requesting study leave and funding if relevant. Please note: all colleagues are to ensure that, prior to applying for further development opportunities, they are fully compliant with statutory and mandatory training requirements.

Completing the training as agreed, contributing own resources (e.g. time, financial contributions if necessary) and sharing learning with colleagues as appropriate.

1.2 Line Managers

Line Managers are responsible for:

Ensuring their own statutory and mandatory compliance and for monitoring the compliance of their direct reports using ESR and BI. This includes: assessing learning needs (for example, if a training courses has more than one set of learning outcomes depending on role/ level, it is the line managers responsibility to assess which level of training is suitable), discussing and recording training requirements during My Contribution discussion/job planning/pay progression review, allocating sufficient time for training, and

addressing individual needs. Further support can be sought from subject matter experts or the People Support team.

Understanding, enabling and pro-actively supporting further development opportunities for their staff in line with current and future business needs using the principles below:

<p>Development needs can be broadly split into three areas:</p> <p>Essential - development required to deliver the work, statutory and mandatory training, Continuous Professional Development (CPD) essential to revalidation/registration in a professional role, learning to support a new policy/technology.</p> <p>Enhancing - improving / enhancing the quality and delivery of the work/service.</p> <p>Evolving - Personal development opportunities which may link to future roles/responsibilities.</p>
<p>The 70-20-10 Model for Learning and Development is a commonly used formula within learning and development.</p> <p>It holds that individuals obtain 70% of their knowledge from job-related experiences, 20% from interactions with others, and 10% from formal educational events.</p> <p>More information can be found on the Learning and Development staff intranet pages.</p>
<p>Managers should:</p> <ul style="list-style-type: none">• Discuss requests and development activity with their direct reports• Decide on the application, based on availability of budget, benefit and impact to the business, amount of time requested and the impact on the team including the ability of the team to cover work if necessary• Agree and document the time/support agreed• Agree on the activity in line with the 70-20-10 Model for Learning and Development.

Capturing individual development plans through the My Contribution process as well as considering wider, more future-focussed development requirements which should be captured in workforce

plans and which in turn will feed into the organisational learning plan.

Responding to development requests which fall outside of the formal My Contribution conversations.

Considering the development needs of new colleagues during the Onboarding and Induction process and plan support as required.

1.3 Organisation

The Chief Executive is responsible for Public Health Wales' overall Statutory and Mandatory Training compliance of 85% as set by the Welsh Government*. The People and Organisational Development Directorate support this target by providing updated information on Statutory and Mandatory training requirements for all staff. The Learning and Development Team's responsibilities include procurement of training provision, scheduling training, collaborating with national groups and internal subject matter experts, reporting compliance information, communicating changes in learning requirements, advise on and address specific development needs and activities.

*Individuals should strive to be always 100% compliant and must be fully compliant for Pay Progression. The 85% Welsh Government target takes into account non-compliance in circumstances such as secondments, long-term sickness absence and parental leave.

2. Recording and Reporting

Statutory and Mandatory Training e-learning courses update employee records once fully completed/ successfully passed. Classroom attendance is manually recorded by the People and Organisational Development Directorate on receipt of signed registers. In the event of any issues with updating records, People Support should be contacted.

Compliance monitoring, recording, and reporting is completed through ESR and OLM. Managers can view compliance data and records relating to staff within their teams and export relevant reports via the Business Intelligence option on ESR.

The Executive Team receive monthly high-level directorate and divisional compliance reports. Team and individual compliance breakdowns are obtained locally through ESR and BI.

All staff should record any additional learning and development activity undertaken in ESR. Line Managers are required to approve on ESR that this learning and development activity has taken place. Please see guidance here: [ESR Guidance \(sharepoint.com\)](#).

3. Transfer of Training Records

When employees join Public Health Wales from another NHS organisation, their training records should automatically be transferred. Based on the line manager's assessment of their current training needs and past completion, Public Health Wales can assume compliance from the date training was successfully finished in their previous organisation. Employees will not be required to repeat the training until the compliance period ends. However, all staff should ensure they are familiar with local fire safety and information governance practices. More guidance on how to manage organisational and individual data can be found here: [Information Governance Page](#).

4. Diversity and Inclusion

Public Health Wales is committed to implementing the policy in an inclusive way and one that meets the needs of all colleagues. Line managers are empowered to ensure the effective implementation of this policy and its supporting procedures, taking into consideration the unique needs of individuals within their teams. Colleagues and managers should discuss any individual needs openly, respectfully and with a view that reasonable adjustments will be supported.

Further advice can be sought from the People and Organisational Development team and/or an appropriate Staff Diversity Network.

In addition, aligned to Being our Best – our values-based behavioural framework, equality, diversity and inclusion objectives should also be discussed.

5. Welsh Language

As a bilingual public body in Wales, Public Health Wales is proud to offer some training opportunities in Welsh for our staff in line with our [Welsh Language Standards](#). Here are details of some of these training opportunities:

- The mandatory training on ESR for all members of staff, including health and safety, violence against women and safeguarding, are available in either Welsh or English for staff to complete

- One of the mandatory training modules covers Welsh Language Awareness, which explains why and how Public Health Wales offers services in both Welsh and English to our customers, stakeholders and service users
- All members of staff are encouraged to learn, improve and use their Welsh language skills while at work and most Welsh courses are provided free of charge. Details of Welsh courses available are here: [Dysgu Cymraeg / Learning Welsh \(sharepoint.com\)](#) Once you've found a suitable course, remember to discuss this in detail with your line manager.
- Further training on the Welsh Language at Public Health Wales is available via the Welsh Language Team. Please contact them on the e-mail address below for further information.

Other training opportunities for staff may be offered in Welsh from time to time, depending on demand. For further information on this, please contact the Organisational Development team or the Welsh Language Team: Cymraeg.ICC@wales.nhs.uk / Welsh.PHW@wales.nhs.uk

6. Non-Compliance

Completion of statutory and mandatory training is an essential requirement at Public Health Wales. The organisation is committed to providing its workforce with the necessary resources, including the My Contribution process, to facilitate learning and development. It is important that as an organisation we strive to achieve full compliance with core statutory and mandatory training before pursuing further development opportunities. This will ensure that we fulfil our duty of care to ourselves and others, creating a safe working environment and minimising risks to our well-being, as well as that of our colleagues and service users. Non-compliance with training may impact the organisation's ability to ensure the safety of employees, visitors, service users, and their information. Therefore, Public Health Wales takes mandatory training seriously to maintain a secure and competent environment.

6.1 Funding Recovery

If the organisation provides a financial contribution towards an employees' development activity, it reserves the right to reclaim costs on a sliding scale should the individual leave the organisation within the time frames set out below.

Repayment Costs / Time Scale	
Leaving org before course completion:	Up to 100%
1 year after completion:	Up to 75%

Within 1-2 years of completion: Up to 50%
Leaving the organisation within 2-3 years of completion Up: to 25%

Factors such as the below will be considered in instances of cost recovery:

- Reason for leaving
- The return on investment gained to date
- Whether or not the individual is still working within the NHS/wider public sector or public health workforce in Wales.

For more information on Funding please refer to [Supporting Learning and Development Process doc.](#) page 10.

7. Changes to Required Statutory/Mandatory Training

Where a change to required statutory and mandatory training is required, i.e. a change to refresher period or a new subject is introduced, colleagues will be informed at the earliest opportunity by the People and Organisational Development Directorate. This includes intranet news, staff newsletter updates, and email briefings to managers. Colleagues will be given a maximum of three months to complete the updated learning, unless communicated otherwise. If colleagues wish to introduce a new module to the Statutory and Mandatory Training, they should discuss it with the People and Organisational Development Directorate and then present the case to the Senior Leadership Team in the first instance. The final decision on mandates, unless driven by legislation or policy changes, rests with the Public Health Wales Business Executive Team.

8. Review

This policy will be reviewed in 3 years' time or sooner if required.

The named lead will monitor this policy to ensure it is compliant with current legislation, to ensure it is effectively implemented, and ensure that it is reviewed in accordance with the timetable for review.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this policy. Feedback can be provided by emailing PeopleSupport.PHW@wales.nhs.uk or you may wish to feedback via your Trade Union representative.

Appendix A – Subjects

The table below sets out statutory and mandatory training subjects applicable to all staff, volunteers/placements and honorary contract holders. This is subject to change in line with national or local requirements.

	Subject	Staff Group	Frequency	Delivery Method	Comments
Core Skills/Statutory Training	Fire Safety	All Screening Staff	2 years 1 year	E-learning E-learning	UK Core Skills Training Framework
	Health and Safety Awareness	All	3 years	E-learning	
	Manual Handling Awareness	All	2 years	E-learning	
	Manual Handling – Inanimate Loads	Based on risk assessment	2 years	Classroom	
	Manual Handling – Safer People Handling	Based on risk assessment	2 years	Classroom	
	Violence and Aggression Awareness	All	Once only	E-learning	
	Violence and Aggression – Theory of Personal Safety and De-escalation	Based on risk assessment	2 years	E-learning	
	Violence and Aggression – Breakaway	Based on risk assessment	2 years	Classroom	
	Information Governance, Records Management and Cyber Security	All	2 years	E-learning	
	Equality, Diversity and Human Rights	All	3 years	E-learning	
	Safeguarding People	Level One – all	3 years	E-learning	
	Safeguarding Adults	Level Two – role	3 years	E-learning	

		dependant			
	Safeguarding Children	Level Two – role dependant	3 years	E-learning	Safeguarding Children - Roles and Competences for Healthcare Staff 02 0....pdf (wales.nhs.uk)
	People	Level 3 - Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of a child, young person or adult adults where there are safeguarding concerns (as appropriate to role).	1 year	Classroom	
	Safeguarding People	Level 4 - Specialist roles and those who have specific child and/or adult safeguarding responsibilities			
	Safeguarding People	Level 5 – Specialist Roles – designated and named professionals and equivalent roles			
	Safeguarding People	Board Level			
	Infection Prevention and Control	Level One – all Level Two – role dependant	One - 3 years Two – 1 year	E-learning E-learning	
	Resuscitation	All	3 years	E-Learning	

	Basic Life Support (CPR) Adults/Paediatric	Role dependant	1 year	Classroom	
Additional Mandatory	Violence Against Women, Domestic Abuse and Sexual Violence	All	3 years	E-learning	
	Violence Against Women, Domestic Abuse and Sexual Violence Group 2	All clinical screening staff and pathway staff	3 years	Classroom	
	Welsh Language Awareness	All	3 years	E-learning	Mandated by the Welsh Government “more than just words” action plan.
	Dementia Awareness	All	Once only	E-learning	
	Counter Fraud Awareness	All	Once only	E-learning	
	Putting Things Right	All	Once only	E-learning	
	Paul Ridd Learning Disability Awareness	All	Once only	E-learning	
	Foundations In Improvement	All	Once only	E-learning	
	Managing Attendance At Work	All Line Managers	3 years	Classroom	
	DSE Assessment	Screening Staff	Once only or following desk move	e-learning	Screening only
	Stress Awareness	Screening Staff	3 years	Face to face or e-learning	
	Customer Care	Screening Staff	3 years	Classroom	
	Anaphylaxis	Breast Test Wales Radiographic Staff	1 year	Face to face or e-learning	
	ANTT – Aseptic, Non-Touch Technique	Breast Test Wales Radiographic Staff	Once Only	e-learning	

	Mental Capacity	Level 1 Level 2 – staff who take informed consent or assess capacity	3 years 3 years	E-learning Elearning/Classroom	
	Radiation Protection	Breast Test Wales Radiographic Staff	Once Only	E-Learning	

Appendix B: Legislative and Regulatory Framework

Subject	Legislation or Policy
Safeguarding Children	Children Act 1989 and 2004 Working Together 2006 Laming Report 2003 Intercollegiate Document 2014 The Social Services and Wellbeing (Wales) Act 2014
Violence and Aggression	Conflict Resolution Training - Implementing the National Syllabus 2004 (NHSLA st3) A Professional Approach to Managing Security in the NHS 2003 Welsh Violence and Aggression Passport Scheme
Health and Safety	Health and Safety at Work Act (1974) Management of Health and Safety at Work Regulations (1999) COSHH Regulations 2004
Equality, Diversity & Human Rights	Equality Act 2010
Fire Safety	Fire Precautions Act (1971) amended (1999) Management of Health and Safety at Work Regulations (1999) Health and Safety at Work Act 1974 Regulatory Reform (Fire Safety) Order 2005 Firecode HTM 83 - Fire Safety in Healthcare Premises 1994.
Infection Prevention and Control	Clinical Negligence Scheme for Trusts Standards for Health Services in Wales. MRSA Reduction (Key local and national target) (NHSLA st2 & 4) National Infection Control Training. Health and Care Standards in Wales, 2015. WG Strategy for the Prevention of HCAI – ‘Commitment to

	<p>purpose', 2011. WG HCAI Code of Practice, 2014.</p> <p>Health and Safety at Work Act 1974</p> <p>COSHH</p> <p>NHS Wales Delivery Framework 2015/16 and Future Plans</p>
Information Governance	<p>Caldicott Principles into Practice</p> <p>Data Protection Act 1998</p> <p>Health and Social Care Act 2008</p> <p>Confidentiality: Code of Practice for Health and Social Care in Wales</p> <p>Access to Health Records Act 1990</p> <p>Freedom of Information Act 2000</p> <p>Human Rights Act 1998</p> <p>Wales Accord for the Sharing of Personal Information (WASPI)</p> <p>Section 251 of the National Health Service Act 2006</p>
Manual Handling	<p>Health and Safety at Work Act (1974) (NHSLA st2)</p> <p>Management of Health and Safety at Work Regulations (1999)</p> <p>Manual Handling Operations Regulations (1992).</p> <p>Welsh Manual Handling Passport Scheme</p>
Risk Management	<p>Risk Management in the NHS</p> <p>Management of Health and Safety at Work Regulations (1999)</p> <p>Health and Safety at Work Act (1974)</p>
Violence Against Women	<p>Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015</p> <p>Serious Crimes Act 2015</p>
Safeguarding Adults	<p>Patient Safety (NHSLA st3)</p> <p>The Social Services and Wellbeing (Wales) Act 2014</p>
WRAP	Counter-Terrorism and Security Act 2015
Welsh Language	<p>Welsh Language (Wales) Measure 2011</p> <p>Welsh Language Standards (No. 7) Regulations 2018</p> <p>More Than Just Words</p>

Template Equality & Health Impact Assessment for *Learning and Development Policy*

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	People and Organisational Development Kelly McFadyen Learning and Development Manager Kelly.McFadyen@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	All staff working within Public Health Wales (including volunteers, temporary staff and those on honorary contracts) are required to demonstrate essential knowledge and skills set out either in law or those which have been mandated either by Welsh Government, the NHS in Wales or by Public Health Wales itself. This policy sets out what that training is, the legislative/regulatory framework it sits in, how to access learning and responsibilities and ensures all staff have a consistent and structured approach to accessing time (with or without funding) for further development activity.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> population data 	Staff groups – ESR UK Core Skills Training Framework

	<ul style="list-style-type: none"> • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>Welsh Language Standards 2018 National Training Framework – Violence Against Women, Domestic Abuse and Sexual Violence (2015) Act Good Work – A Dementia Learning & Development Framework for Wales</p> <p>Staff data All-Wales L&D Managers Group input Staff Survey 2019 Current policies Staff Networks (Women, Carers, LGBT, Disability, Men, Welsh, REACH) Work How It Works Best Our Conversation</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>All staff, including volunteers, temporary staff and those on honorary contracts</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There should be no positive or negative impact on any specific age groups as the policy will be applied consistently to all staff and each case reviewed and assessed on its own merit. Trade Union partners raised a concern that colleagues nearing retirement who access funded learning may be put off from	The policy (pre-approval) will be amended to reflect the need for Assistant Director of Organisational Development and Assistant Director of Finance input prior to pursuing recovery. However, all managers should consider the relevance of and how essential learning is for an individual or group to	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	applying (and as a result become de-skilled) or may be more likely to be affected by monies being recovered if they retire within a given timescales.	be able to carry out their responsibilities and balance the organisation's ability to receive a return on investment.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Persons with learning disabilities may be affected and anyone using assistive technology for sight and/or hearing loss Persons on long-term sickness may be 'out of compliance' in reporting Managers should give fair consideration to any additional time or funding needed to participate in	Where identified, the technology should be tested at national level. Subject matter experts exist in the organisation and can run 121 coaching sessions if e-learning is unsuitable – if other delivery methods exist (such as workbook or classroom), they can be deployed Exception	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	<p>(including travel to and from) any learning event.</p> <p>5.9% of staff in Public Health Wales have disclosed a disability (the number of those with agreed flexible full time working patterns is unknown)</p>	<p>reporting in the directorate</p> <p>Reasonable or tailored adjustments should be considered by the manager (with support from the People and Organisational Development team where needed) in line with normal practise. Individuals should not unreasonably be refused time off or financial support for learning on the basis of a reasonable adjustment being required. Managers should consider accessible learning</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
		options when discussing development with all staff. Whilst not responsible for offerings outside of the organisation, learning events run within PHW should, as far as is practicable, take into account varying working patterns.	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or	However, 91% of part time staff in Public Health Wales are female which may make access to courses and learning more challenging than for full time staff. There should be no positive or negative impact on any gender or person	Managers should consider accessible learning options when discussing development with all staff. Whilst not responsible for offerings outside of the organisation, learning events run within PHW should, as far as is	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	undergoing gender reassignment.	practicable, take into account varying working patterns.	
6.4 People who are married or who have a civil partner.	There should be no positive or negative impact on anyone who is married or has a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	<p>Women on maternity leave may be 'out of compliance' on statutory courses for the duration of their leave.</p> <p>Colleagues currently on maternity or other parental leave may not be aware of courses/development opportunities that may require registration during their leave period and/or</p>	<p>Individuals should be compliant at all times and steps can be taken to ensure training due during a period of leave is completed before it starts. Individuals may also opt to use KIT days to complete/attend training and/or managers can provide exception reporting.</p>	

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	could be accessed using KIT days.	Managers within PHW should ensure all staff on maternity/other parental leave receive notification of relevant courses in line with agreed development plans and broader communication agreements.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>There should be no positive or negative impact on anyone on the basis of nationality, race, colour, culture or ethnic origin.</p> <p>Non-English speakers will be unable to access the e-learning and alternative methods will be sought, however Public Health</p>	<p>All posts within Public Health Wales and hosted organisations require English speakers (or bilingual English/Welsh speakers). The OD and Engagement team will monitor the demand for and provision of training in the medium of Welsh.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	Wales are committed to offering opportunities to complete health and safety related training in Welsh where reasonable and practicable to do so.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	<p>There should be no positive or negative impact on anyone on the basis of religious belief/no religious belief.</p> <p>Colleagues observing Ramadan may wish to defer learning/development activities until after the fasting period if this suits their requirements.</p>	<p>Managers and the wider organisation should not unreasonably refuse the deferral of learning neither should anyone deferring learning experience any detriment e.g. during appraisals or interviews/assessments.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	There should be no positive or negative impact on anyone on the basis of sexual attraction.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There should be no positive or negative impact on anyone in any income related group. Questions have been raised over the ability of lower-income colleagues being able to pay back funding should they leave the organisation. However, assumptions about disposable income/ability to pay costs should not be made based on salary alone	Cases for recovery of costs will be handled on an individual basis and approved by both the Assistant Director of OD and the Assistant Director of Finance. There is currently no process or system to support the analysis or reporting of learning and development requests by band/salary group.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	<p>There should be no positive or negative impact on anyone according to where they live. As much as is possible, courses arranged/commissioned corporately are delivered virtually or run in various locations across Wales.</p> <p>Some colleagues may require additional time off for travel and this shouldn't lead to applications being refused. The vast majority of corporately-run courses take place virtually or in PHW sites.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None.		
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Welsh speakers will be given the opportunity to access health and safety related training in Welsh where reasonable and practicable to do so. The policy, guidance and toolkits are available in English only.	Ongoing monitoring of the demand for and provision of training in Welsh. Update the policy with any further	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
		<p>guidance/direction as set out by the Welsh Language Commissioner.</p> <p>Produce policy and associated documents into Welsh in line with organisational plans.</p>	
Treating the Welsh language no less favourably than the English language	<p>Welsh speakers will be given the opportunity to access health and safety related training in Welsh where reasonable and practicable to do so.</p> <p>The policy, guidance and toolkits are available in English only.</p>	<p>Ongoing monitoring of the demand for and provision of training in Welsh.</p> <p>Update the policy with any further guidance/direction as set out by the Welsh Language Commissioner.</p> <p>Produce policy and associated documents</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
		into Welsh in line with organisational plans.	

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as

more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None.	N/A

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	There should be no positive or negative impact on anyone experiencing health inequalities.			

7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>The requirement to complete statutory and mandatory should not impact on an individual's ability to improve/maintain a healthy lifestyle – some topics will encourage health improvement (e.g. manual handling)</p> <p>There should be no positive or negative impact on anyone in terms of their employment status.</p>			
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>There should be no positive or negative impact on anyone in terms of their wellbeing.</p>			
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • Air quality 	<p>There should be no positive or negative impact on anyone in</p>			

<ul style="list-style-type: none"> • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	terms of their living/ environmental conditions affecting health.			
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	There should be no positive or negative impact on anyone in terms of their economic conditions effecting health.			
7.7 Access and quality of services <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel 	There should be no positive or negative impact on anyone in terms of their access to services and quality of services accessed.			

7.8 Macro-economic, environmental and sustainability factors <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	There should be no positive or negative impact on anyone in terms of macro-economic, environmental and sustainability factors.			
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		

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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).