



**MEWN PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
IN-COMMITTEE PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of W&OD and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Head of Workforce

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the recommendations in relation to the documents listed below.

1. Revised Local Policies for approval

112 – Early Careers: Preceptorship and Beyond

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Details of the policies and changes made are outlined in the next section.

2. All Wales Policy Update

Committee is asked to approve the following revised All Wales document:-

995 – All Wales Respect and Resolution Policy

The latest All Wales policy schedule was received on 28 June 2024 and is attached for information. This is to provide clarity and support organisations from a governance and assurance perspective i.e. that all policies remain extant.

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks. The specific changes are detailed below: -

1. Policies for approval

112 – Early Careers: Preceptorship and Beyond

- The preceptorship policy was reviewed to: -
 - Take account of the publication of the Chief Nursing Officer (CNO) commissioned project reviewing preceptorship and clinical supervision in nursing practice across NHS Wales.
 - Provide an opportunity for nurses, midwives and specialist practitioners from across the HB in the early stages of their career to build a network for support, to develop skills and knowledge and share experiences. This should also ensure new registrants are familiar with and meet their obligations under the Nursing & Midwifery Council (NMC) Code.
 - Strengthen the current support available to enable all newly qualified nurses to work confidently amidst a background of significant change within Health care services.
 - Reflect the significant changes in our workforce to incorporate and recognise the need to support the transition of all student nurses to the role of registrar including our Internationally Educated Nurses.
 - Reflect the Welsh Health Circular with regards to the supernumerary period being extended to one month and the offer of the preceptorship being offered for a minimum of 18 months. Training will also be offered in person where applicable.
- Global staff consultation has been undertaken.
- A summary EQIA has also been updated.
- The policy will be further reviewed to encompass a multi-professional approach and reflect the developments with the Interprofessional Education & Learning (IPE) strategy. Once this review has been completed, a further revised policy will be submitted.

2. All Wales Policy for approval

995 – All Wales Respect and Resolution Policy

- The revised policy was agreed at the Welsh Partnership Forum Business Meeting on 26 June 2024, the Welsh Partnership Forum on 21 March and the Medical and Dental Business Group meeting on 22 May and applies to all employees.
- There are only minor changes to the policy itself with additional text included at paragraphs 2.2 and 2.4.
- The Frequently Asked Questions (FAQs) have been significantly updated.
- The EQIA is attached.
- Global staff consultation was not required due to the minor changes made.
- The Chair of Staff Partnership Forum was content for this policy to be noted at the next Staff Partnership Meeting so that it could progress to People Committee in August 2024 for approval.

Asesiad / Assessment

The revised local policy has been shared with the Local Partnership Forums and Staff Partnership Forum for comment. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening Equality Impact Assessment (EqIA) has been updated on advice from the Corporate Policy Office.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- **TAKE ASSURANCE** that the above documents have been reviewed in line with Policy 190.
- **APPROVE** the following documents for publication: -
 - 112 – Early Careers: Preceptorship and Beyond
 - 995 – All Wales Respect and Resolution Policy
- **NOTE** the latest position on the All-Wales policy schedule.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation, which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Equality Impact Assessments have been provided for both policies.

Early careers: Preceptorship and Beyond

***Preceptorship for Newly Registered Nurses, Midwives
& accelerated preceptorship programme for use with international nurses,
returners to NMC register and registered nurses returning to clinical practice***

Policy information

Policy number: 112

Classification: Employment

Supersedes:

Version number: 4

Date of Equality Impact Assessment: 21/02/2024

Approval information

Approved by: PODCC

Date of approval: Enter approval date

Date made active: Enter date made active (completion by policy team)

Review date: October 2026

Summary of document:

Best practice for supporting Newly Registered Nurses, Midwives. & accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice .

Scope:

Registered nurses and midwives

To be read in conjunction with:

- [Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES](#)
- [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
- [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
- [Spotlight on Nursing and Midwifery, July 2023](#)
- Hywel Dda University Health Board (HDUHB) Clinical Supervision guidance document

Patient information:

Include links to [Patient Information Library](#)

Owning group:
Senior Nurse Management Team (SNMT)

Executive Director job title:
Interim Executive Director of nursing

Reviews and updates:

1. New Policy January 2012
2. Revised 20.10.2015
3. Full review 19.11.21
4. Full review

Keywords

Glossary of terms

NRN	Newly Registered Nurse
NRM	Newly Registered Midwife
ELS	Education Liaison Service
IEN	International Educated Nurses
SCPHN	Specialist Community Public Health Nurse
SPQ	Specialist Practitioner Qualification
RtP	Return to Practice

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Introduction

We will support you to be the best nurse/midwife that you can be. From day one, you will benefit from strong nursing leadership, experienced role models and a structured support network to maximise your wellbeing and professional development.

The Education liaison Service is responsible officer for preceptorship and the Executive Director of Nursing, Quality & patient Experience mandates preceptorship across the organisation.

What is preceptorship?

The aim of preceptorship is to welcome and integrate newly registered professionals into their new team and place of work. It helps these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code in their day-to-day work (NMC 2023). Preceptorship is a framework that helps newly registered professionals have the best possible start as a registered professional in the UK.

*Preceptorship is **not** designed to replace appraisals, be a substitute for a formal induction and mandatory training or be a way to re-test or repeat any knowledge and skills that a professional needs to register on the NMC register.*

What does it involve?

- An induction programme including statutory & mandatory training.
- Support & supervision from a Preceptor to enhance clinical skills, improve patient care & experience.
- Completion of preceptorship portfolio to support NMC revalidation.
- Opportunities to complete essential training to contribute to progression through to your next pay increment and to prepare for future career progression.
- Links to organisational policy & procedures.
- Access to external regulatory requirements.

What are the benefits of preceptorship?

Preceptorship has a variety of benefits for employers and preceptees, among others.

Benefits for nurses, midwives:

- Preceptorship offers the structured support needed to transition their knowledge into everyday practice successfully.
- It provides a foundation for a lifelong journey of reflection and the ability to self-identify continuing professional development needs.
- A positive preceptorship experience is reported to result in newly registered nurse and midwives having increased confidence and sense of belonging, feeling valued by their employer.

- An opportunity to grow the professionals that are coming behind you in practice, looking after students in practice and imparting your knowledge and experience to grow the profession.

Benefits for employers:

- Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses and midwives is important for delivering better, safe, and effective care.

A period of preceptorship immerses the newly registered nurse, midwife into their professional role and into the ways of working and culture of their new workplace. The aim of preceptorship is to ensure newly registered nurses feel valued and inspired to be competent and confident nurses who provide excellent, safe nursing care (*Gillespie, 2017*). The NMC they state: “the early experiences of nursing and midwifery professionals where support is lacking, can have subsequent, negative consequences. Lack of support can affect their confidence, their sense of being able to practise safely and whether they intend to stay in their profession” (*Spotlight on Nursing and Midwifery, July 2023*). Making the transition from student nurse/midwife, internationally educated nurses (IEN) or Return to Practice (RtP) staff to NMC registrant can be challenging, and good quality preceptorship programme can help new professionals to feel more confident in their ability to provide good quality care.

This policy applies to and recognises the value and expertise of *international nurses, returners to NMC register and registered nurses returning to clinical practice*. Hywel Dda University Health Board (HDUHB) recognise the range of challenges centred around IENs adjusting to nursing / midwifery practice in the UK.

The aim of this policy is to recognise the different stages and expertise of nurses and midwives applying the principals of Benner’s Novice to Expert Theory which presents a systematic way of understanding how a learner whether a student, new or seasoned nurse/midwife develops skills and understanding of a practice situation/event over time. By applying the principles 'novice to expert' model of clinical competence to leadership, all nurses, and midwives to which this policy refers are encouraged to consider the skills involved in moving from novice to expert alongside identifying the strengths and skills they wish to develop. Nurses and Midwives are encouraged to reflect their own values and beliefs, and the values and beliefs of those they lead and serve.

As part of a wider Career-spanning approach, which encompasses Preceptorship underpinned by Clinical Supervision, the HDUHB “Early careers - Preceptorship & Beyond” promotes individual growth and improved patient care, provides opportunities for registered nurses, midwives and SPQ & SCPHN from across the HDUHB in the early stages of their career to build a network for support, develop skills and knowledge and share experiences and support the registrant to meet their professional obligations under the NMC code.

The Chief Nursing Officer (CNO) Wales ambition is to close the vacancy gap and to attract, recruit and retain a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the population, whilst working to

their full potential. “Early careers Preceptorship & Beyond” Preceptorship for Newly Registered Nurses, Midwives & accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice is a mandatory offer and mandatory uptake of employment in HDUHB. *It supports the* CNO Wales mandate for NHS Wales to offer and deliver an all-Wales preceptorship programme, for a minimum of 18 months.

Core elements of a programme

The core elements of the programme include a preceptorship policy that defines the roles, supernumerary period, and protected time, and is standardised across the HDUHB. A formal structured programme of learning for the preceptee, identification of development for the preceptor, and the role of the preceptorship lead, monitoring and evaluation are aligned with NMC principles of preceptorship. The framework includes a core set of standards that constitute a minimum requirement for preceptorship programmes and are aimed at all settings and all fields of nursing and midwifery and has thus been established as a realistic set of standards.

Intended recipients

The NMC states “that all newly registered nursing associates, nurses, and midwives receive preceptorship in their first-year post-registration”. This HDUHB policy applies to Newly registered nurses and midwives and includes:

- all nurses and midwives who are “new registrants” admitted to the NMC register after completing a pre-registration nurse/midwifery training programme in the UK for the first time,
- all nurses and midwives completed a Return to Practice programme.
- all nurses and midwives have attained NMC registration as an IEN.
- all nurses and midwives have subsequently entered a new part of the register’.
- all newly registered nurses and midwives, as defined above, who are employed by HDUHB in a nursing/midwifery capacity, including employment through the nursing/midwifery bank.

NEWLY REGISTERED NURSES & MIDWIVES (PRECEPTees)

- **AWAITING PIN (Personal Identity Number)**

Any Newly Registered Nurse (NRN) Newly Registered Midwife (NRM) awaiting their PIN, must not practice as an accountable, registered practitioner, but under the direct supervision of a **registered nurse/midwife** (known as a preceptor). Accountability in this situation is taken by the preceptor for the preceptees practice until their PIN is confirmed. Preceptees must have all documentation entries they have made countersigned by a preceptor during this time.

- The preceptee awaiting their PIN will work as an Assistant Practitioner at Band 4 level.

- **REGISTERED**

The preceptee who has received their PIN from the NMC must be supported by a named preceptor for the duration of the preceptorship period. The preceptee is fully accountable (NMC Code 2018) for their own practice and must be fully aware of their competency levels and areas for personal development from documented discussions with their preceptor and from completion of their professional portfolio.

- Preceptees with a PIN do not need to work under the direct supervision of another registered practitioner but must be supported and have access to a more senior nurse for their preceptorship/novice period.

Length of programme

“Early careers Preceptorship & Beyond” Preceptorship for Newly Registered Nurses, Midwives & accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice is primarily focused on the first 3 years post registration with NMC.

Year 1 TRANSITION & TRANSFORMATION

Education Liaison Service (ELS) core & Transitional Preceptorship Programme has been specifically designed to meet the development needs of new/returning NMC registrants as defined above in section 6 and is delivered through a blended learning approach. The preceptorship consists of 14 days in total, this is separated into front loading clinical skills days, followed by transitional days with an emphasis on professionalism. Attendance at all days is mandatory and registrants need to have attended all to successfully complete the preceptorship programme and provide evidence to their line manager to support progression through the pay gateway. Recognising service specific needs, the core frontloading skills days are organised separately for adult nurses, adult community nurses, paediatric nurses, mental health and learning disability nurses. The transitional days are inclusive of all areas of nursing and midwifery practice.

All registrants are required to complete a PADR with their direct line manager before the end of Year 1. The HDUHB PADR documentation of the discussion is used as a basis to focus on and identify the nurse’s career aspirations, areas for development and interests.

The “Preceptorship and Beyond” framework is additional support for clinicians to develop in their second- & third-year post-registration. It is designed to provide support, guidance, encouragement and signposting following Year 1 preceptorship. It offers a range of structured opportunities for learning and development to help nurses shape their early career.

Year 2 SUPERVISORY

Focusses on refining appropriate specialist clinical skills through in-house training sessions alongside a streamlined set of management master classes and leadership training to refine staff’s professional autonomy.

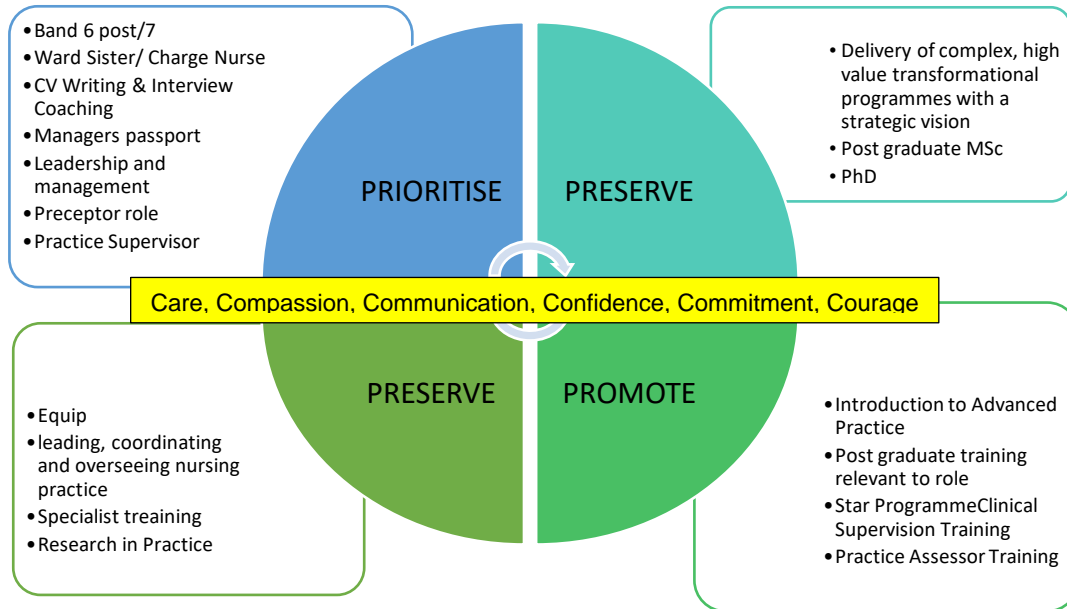
Year 3 AUTONOMY:

As for Year 2 with a continued focus **People Management**.

As well as attending all mandated sessions the framework will facilitate the provision of individualised pathways for nurses/midwives with a ‘pick and mix’ approach to developing their careers.

Career Pathways will identify a choice of pathways for NRN/NRM s which are built around the four pillars of nursing practice – clinical, education, leadership, and research. This offers NRN/NRMs flexible opportunities to develop individualised career pathways, where required.

Figure One provides an illustrative model of the Framework based on NMC Code 2018:



Supernumerary period

All NRN/NRMs must have a minimum of one month supernumerary period from when they begin working as a registrant - this is pro rata . Some areas will offer longer periods of supernumerary status (for example, intensive care units and other specialist areas). This should be in addition to induction requirements, however individual needs should be recognised as required by the NMC principles of preceptorship (5.2) . [nmc-principles-for-preceptorship-a5.pdf](#) (opens in a new tab).

The gold standard will include additional protected time for the preceptee for development and meetings with their preceptor. A core standard of eight hours' protected time is also recommended for each preceptor per year to accommodate their development, meetings, and peer support needs.

Meeting requirements

To facilitate the preceptee's socialisation and integration into their new work area, the first meeting with the preceptor should take place within their first two weeks of joining the HDUHB as a NRN/NRM of receiving their PIN or earlier where feasible. In the first year, bi-monthly meetings should be recorded in the preceptee's professional portfolio with an interim meeting halfway through the preceptorship period and a final sign-off meeting towards the end of the preceptorship period. A gold standard includes that these meetings should be around an hour long and should include protected time for both preceptee and preceptor.

Roles

The following role descriptors are required:

Preceptorship lead

The Education Liaison Service (ELS) are the nominated preceptorship leads.

The ELS act as a central point of contact within the HDUHB, and are responsible for the co-ordination, delivery, facilitation, evaluation, and monitoring of the preceptorship programme. They are responsible for the development and review of both programme and policy in collaboration with operational and professional practice development teams.

In addition, the role includes the promotion of the value and benefits of preceptorship within HDUHB. The preceptorship lead reports to the Executive Director of Nursing, Quality & Patient Experience via Senior Nursing and Midwifery team forum.

Preceptor

Any registered nurse / midwife of an equivalent or senior level to the preceptee, and within the same discipline (i.e., nursing/midwifery), may be a preceptor. They should have a minimum of 12 months' experience post-registration, with experience of working within the setting, and they should attend initial training or development. Each new registrant will have access to a preceptor within their own discipline. They are required to:

- Act as professional role models
- Receive ongoing support and actively engage in professional development.
- Be supportive and constructive in their approach to the preceptee.
- Share effective practice and learn from others.
- Seek and receive feedback on the quality of all aspects of their preceptorship role.

Preceptee

- Be an accountable professional and take a proactive approach & accountability and responsibility for their own learning.
- Practice in accordance with the NMC Code: *Professional standards of practice and behaviour for nurses and midwives* (NMC 2018)
- Attend 100% of the preceptorship programme
- Identify timely to their manager and ELN if a preceptor is not available.
- Identify individual specific learning needs and develop support plans for addressing these needs with the preceptor.
- Utilise and prioritise their protected learning time to successfully complete their preceptorship.
- Be aware of the relevant policies and procedures and a clear understanding of the expected standards, competencies and objectives required by their employer.
- Complete role-specific workplace induction as appropriate to clinical areas.

The preceptee has the responsibility to attend each day of the programme. If the preceptee misses any days of the programme, they are able to arrange the missed sessions with another preceptorship group running within the HDUHB.

Where a preceptee does not attend the programme or leaves any day early the ELS will inform the new registrant's line manager

Preceptorship champion

The role of the preceptorship champion is determined by the clinical manager (the roles and expectations are outlined in the Professional portfolio given to all NQN/NRN pages 29-30) and will promote the value and benefit of preceptorship within the HDUHB.

Board members, Heads of Service, and Operational Managers

Executive board members, Assistant Directors, Heads of Service, senior and operational managers and staff at all levels will assume corporate responsibility for the implementation of the Early careers: Preceptorship and Beyond: Preceptorship for Newly Registered Nurses, Midwives.

& accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice

Compliance

The ELS will hold a central register of attendance. Nonattendance of preceptees will be brought to the attention of the preceptees line manager.

Evaluation

To ensure the programme meets as many needs as possible feedback will be actively sought from preceptees, preceptors and wider operational teams. Each programme will be evaluated by the ELS and adjustments made to take feedback into account.

Standardised documentation

Completion of the HDUHB standardised Professional Portfolio is required. This is available via the ELS. Individual NRN/NRM can add additional information according to their needs.

NMC revalidation

As part of the Early careers: Preceptorship and Beyond the ELS will review registrant's professional portfolio in preparation for their NMC revalidation with their operational line manager.

Clinical Supervision

Clinical Supervision underpins the Early Careers - Preceptorship and Beyond.

Clinical supervision is practiced across nursing, midwifery, and other healthcare professions. Clinical supervision is *"a formal process of professional support, reflection and learning that contributes to*

individual development' (Butterworth 2022 p20). By underpinning the programme with formal clinical supervision staff will:

- Feel supported.
- Experience less stress, burnout, and sickness absence.
- Develop personally and professionally.
- Be less inclined to leave the profession.
- See increased confidence levels.
- Feel less isolated.

CNO Wales 2023 has mandated the implementation of clinical supervision principles for the Welsh nursing workforce. Refer to HDUHB Clinical Supervision Guidance Document

References

- Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)
- The Capital Nurse Preceptorship Framework for London | Health Education England (hee.nhs.uk)
- NHS England » National preceptorship framework for nursing
- Principles of preceptorship - The Nursing and Midwifery Council (nmc.org.uk)
- once-for-wales-preceptorship-portfolio-final-22-1.pdf (rcm.org.uk)
- Register as a nurse or midwife if you trained outside the UK - The Nursing and Midwifery Council (nmc.org.uk)
- More support needed for international nurses and midwives - The Nursing and Midwifery Council (nmc.org.uk)
- Are we doing enough to support experienced internationally educated nurses (IENs) to transition successfully into work in the UK NHS? - Evidence-Based Nursing blog (bmj.com)
- Spotlight on Nursing and Midwifery, July 2023)

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and they can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

They will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	21.02.24
Screening conducted by (name and email address):	Blanche Sutton Team Leader Education Liaison Service BLANCHE.SUTTON@WALES.NHS.UK
Title of programme, policy or project being screened:	112 - Early careers: Preceptorship and Beyond

Description of the programme/policy/project being screened (including key aims and objectives)

Early careers: Preceptorship and Beyond
Preceptorship for Newly Registered Nurses, Midwives and accelerated preceptorship programme for use with international nurses, returners to Nursing and Midwifery Council (NMC) register and registered nurses returning to clinical practice.

The aim of this policy is to the above identified staff to be the best nurse/midwife that they can be. They will benefit from strong nursing leadership, experienced role models and a structured support network to maximise their wellbeing and professional development.

The aim of preceptorship is to welcome and integrate newly registered professionals into their new team and place of work. It helps these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code in their day-to-day work (NMC 2023). Preceptorship is a framework that helps newly registered professionals have the best possible start as a registered professional in the UK.

*Preceptorship is **not** designed to replace appraisals, be a substitute for a formal induction and mandatory training or be a way to re-test or repeat any knowledge and skills that a professional needs to register on the NMC register.*

The Chief Nursing Officer (CNO) Wales ambition is to close the vacancy gap and to attract, recruit and retain a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the population, whilst working to their full potential. Early careers Preceptorship and Beyond Preceptorship for Newly Registered Nurses, Midwives and accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice is a mandatory offer and mandatory uptake of employment in Hywel Dda University Health Board (HDdUHB). It supports the CNO Wales vision of mandating the offer and delivery of an All-Wales Preceptorship programme.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The Royal College of Nursing (RCN) Wales in September 2023 published its Annual Report on the state of the nursing workforce in Wales, Nursing in Numbers 2023. The RCN calls for urgent investment in nursing as vacancies rise in Wales with the new data showing a reliance on agency nursing and staff working thousands of extra hours every week. Sept 2023 figures showed that HDdUHB, spent £38m on agency staff.

The report reveals that in 2022 NHS Wales has 2,717 registered nurse vacancies. This has risen from 1,719 in 2021. The report also reveals that every week in NHS Wales nurses work an additional 69,877 hours over and above their normal hours. This is the equivalent of an extra 1,863 full-time nurses.

The effect of these pressures on staff wellbeing is clear with fewer nursing staff now saying they feel enthusiastic about their job. The number who feel they're too busy to provide the level of care they would like to give has grown by 9% (RCN 2023).

The RCN Wales report, Retaining Nurses: What's important? (2022) provided an insight into what health bodies across England and Wales are doing to address the rate of attrition. It recommended that Health Boards drive the development and implementation of plans to address the rate of attrition focusing on areas such as:

- Staff wellbeing
- Early identification and intervention
- Career pathways and professional development
- Staff engagement
- Staff communication.

The RCN 2022, said that events, including the UK's exit from the European Union and the Covid-19 pandemic, had both highlighted and worsened long-term problems with workforce supply in health and social care. It argued that for many years nursing staff have been 'shouting about' the impact of growing staff shortages and rising demand on their ability to deliver care that is safe and effective. The RCN argued that the impact of these pressures is now *beyond concerning*, with patient safety, care outcomes, staff retention and staff wellbeing affected.

The report highlighted that going into the Covid-19 pandemic in January 2020, 73% of nursing staff surveyed said that staffing levels on their last shift were not sufficient to meet all the needs of the patients safely and effectively. **In 2022, it said this had risen to 83%.**

[The nursing workforce: Royal College of Nursing report - House of Lords Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/2023/09/27/nursing-workforce-rcn-wales-report)

By developing a more consistent approach to support in the early years post qualification, the number of nurses and midwives choosing to leave the profession in the early years may be reduced.

This Health Board does not collate specific data for NRN/NRM leaving the organisation. Anecdotally feedback from organisational development managers collating exit interview data suggests the recurring themes for nurses and midwives leaving our employment is:

- Staff are stressed, they're overwhelmed, their well-being's not looked after, and they're seeing the impact of this on patients and they're leaving.
- Poor team support
- Lack of visible leadership across all levels
- Reality of working in the Health Board is not what is expected when being recruited
- Bullying culture and lack of support
- The Health Board values are not visible across all departments and all bands of staff from Band 1 – Executive level.

This presented the opportunity for the Education Liaison Service (ELS) and Skilled Nursing and Midwifery Team (SNMT) to pause and look at what has been achieved thus far and what we must do next to support the retention of nursing staff in a strategic and meaningful way to underpin improved patient care and outcomes.

The Chief Nursing Officer for Wales: priorities 2022 to 2024 outlined the strategic direction for the Nursing and Midwifery professions. "... the ambition is to close the vacancy gap and to attract, recruit and retain a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the population, whilst working to their full potential. We will grow and transform our workforce promoting multidisciplinary, multi-professional teams collaborating to improve outcomes through innovative ways of working, supported by technology". This focuses on retention, attraction, and recruitment.

Early careers: Preceptorship and Beyond is an evidenced based framework to support staff.

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓	"none identified"	
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓	"none identified"	
Gender Reassignment	✓	"none identified"	

<p>Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 			
<p>Marriage / Civil Partnership This also covers those who are not married or in a civil partnership.</p>	√	“none identified”	
<p>Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave</p>	√	“none identified”	
<p>Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p>	√	“none identified”	
<p>Religion or Belief The term ‘religion’ includes a religious or philosophical belief.</p>	√	“none identified”	
<p>Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?</p>	√	“none identified”	
<p>Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	√	“none identified”	

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through ‘unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.’</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>	√	“none identified”	
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty</p>	√	“none identified”	
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>	√	“none identified”	

Positive Impacts

Positives in relation to Protected groups and wider determinants:

- Regardless of age all staff are supported to transition to the role of registered nurse.
- Blended learning approach; large and small group work; opportunity for 1:1 with ELN. If anyone cannot attend due to illness etc there is the opportunity to access future dates to support - this is negotiated with line manager and ELS.
- We demonstrate flexibility and empathy.
- We work to Health Board policies support transgender and non-binary inclusion within the workplace. Workplace culture – creating safe and equal workplaces where everyone can thrive.
- Use appropriate language and a welcoming culture with respect and understanding.
- The Equality Act states that during employment, discrimination is unlawful where it is on the grounds of one of the nine protected characteristics. One of these is sexual orientation, which can be termed sexuality and employers are required to take reasonable steps to prevent those in employment from being subject to workplace discrimination.
- Agenda for Change (AFC) is the current National Health Service (NHS) grading and pay system and is related to job role and not individuals. There is greater acceptance of a flexible/ agile working framework which can ease financial burden. Teams enables accessibility without the need for travel.
- The Welsh Language Act **1993** (the 1993 Act) established the Welsh Language Board and provided that certain public bodies should give effect, so far as is appropriate in the circumstances and reasonably practicable, to the principle that the Welsh and English languages should be treated equally in the conduct of public business in Wales. Welsh speakers are accessible and available.

Positives in General:

What are the benefits of preceptorship?

A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are linked to **improved recruitment and retention**.

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf>

Nurse preceptors with expertise and interest in supportive and reflective approaches is significant in improving a healthy working environment. Moreover, interventions such as nursing preceptorship facilitate implementation and evaluation with scientific well used multi-method design to describe, explain, and understand possible considerations and consequences for quality improvement in healthcare.

[Nursing preceptorship, a supportive and reflective approach for promoting a healthy working environment: a multi-methods design - Verena Jochim, Kristina Rosengren, 2022 \(sagepub.com\)](#)

Benefits for nurses, midwives:

- Preceptorship offers the structured support needed to transition their knowledge into everyday practice successfully.
- It provides a foundation for a lifelong journey of reflection and the ability to self-identify continuing professional development needs.
- A positive preceptorship experience is reported to result in newly registered nurses and midwives having increased confidence and sense of belonging; and feeling valued by their employer.
- An opportunity to grow the professionals that are coming behind you in practice, looking after students in practice and imparting your knowledge and experience to grow the profession.
- The aim of preceptorship is to ensure newly registered nurses feel valued and inspired to be competent and confident nurses who provide excellent, safe nursing care (*Gillespie, 2017*).
- Recognises the different stages and expertise of nurses and midwives applying the principals of Benner's Novice to Expert Theory

Benefits for employers:

- Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses and midwives is important for delivering better, safe, and effective care.

The Chief Nursing Officer Wales' ambition is to close the vacancy gap and to attract, recruit and retain a competent, motivated, skilled nursing and midwifery workforce who have the capacity and attributes to assume their roles with confidence in meeting the needs of the population, whilst working to their full potential. Early careers Preceptorship & Beyond Preceptorship for Newly Registered Nurses, Midwives and accelerated preceptorship programme for use with international nurses, returners to NMC register and registered nurses returning to clinical practice is a mandatory offer and mandatory uptake of employment in HDdUHB. It supports the CNO Wales' vision of mandating the offer and delivery of an all-Wales preceptorship programme.

Negative Impacts

No Negative impacts of this policy implementation.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.	Yes	No
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If No negative impacts were identified, please give full justification here

Staff are mindful of working to policies relating to discrimination of any kind.

Those beginning their careers as nurses and midwives should be able to have consistent access to supportive, protected preceptorship programmes that help them cope with the challenges of practice and develop their skills.

There have not been any complaints about the implementation of a preceptorship policy or programme. The programme has evaluated very well and of note is clinical supervision. Feedback is sought from participants and the programme amended if necessary, through consultation with clinical managers and heads of service.

Screening Completed by:	Name	BLANCHE SUTTON
	Title	TEAM LEADER EDUCATION SERVICE
	Contact details	BLANCHE.SUTTON@WALES.NHS.UK
	Date	08.04.24
Screening Authorised by: (Project / Policy Owner)	Name	BLANCHE SUTTON
	Title	TEAM LEADER EDUCATION SERVICE
	Contact details	BLANCHE.SUTTON@WALES.NHS.UK
	Date	08.04.24
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity and Inclusion Officer
	Contact details	Alan.Winter@wales.nhs.uk
	Date	16/5/2024

NHS WALES

RESPECT AND RESOLUTION POLICY

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1. ABOUT THIS POLICY

- 1.1 We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.
- 1.2 We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.
- 1.3 We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.
- 1.4 We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.
- 1.5 If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.
- 1.6 We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.
- 1.7 This policy applies to all employees.
- 1.8 This policy has been agreed by the Wales Partnership Forum.
- 1.9 This policy constitutes the formal grievance policy.
- 1.10 The Core Principles of NHS Wales are central to this policy and apply throughout.

2. USING THIS POLICY

- 2.1 This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:
 - (a) terms and conditions of employment;
 - (b) health and safety;
 - (c) work relations;

- (d) bullying and harassment;
- (e) new working practices;
- (f) working environment;
- (g) organisational change; and
- (h) discrimination.

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

2.3 Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect. This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events, social functions or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist, needs to be actively acknowledged and addressed.

3. INFORMAL RESOLUTION

- 3.1 It is our aim that we each take ownership of our relationships so that they are as healthy as possible. To help this, a [toolkit](#) has been developed which includes these useful approaches:
- (a) Reflecting Tips on how we can have healthy relationships
 - (b) Having a Cuppa Conversation
 - (c) Discussing with an appropriate leader/manager
 - (d) Taking part in an independently Facilitated Conversation
 - (e) Accessing accredited Mediation.
- 3.2 It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.
- 3.3 Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.

4. FORMAL REQUEST FOR RESOLUTION

- 4.1 This step of the policy constitutes a formal grievance.
- 4.2 If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.
- 4.3 Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.
- 4.4 Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.
- 4.5 An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

5. FORMAL RESOLUTION MEETINGS

- 5.1 The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.
- 5.2 Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.
- 5.3 If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.
- 5.4 The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.
- 5.5 The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.
- 5.6 If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.
- 5.7 An accurate record of the meeting will be made and will be available upon request.

6. APPEALS

- 6.1 If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.
- 6.2 We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).
- 6.3 This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.
- 6.4 We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.

7. RIGHT TO BE ACCOMPANIED

- 7.1 You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.
- 7.2 At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.
- 7.3 All witnesses will also have the right to be accompanied.

8. COLLECTIVE REQUEST FOR RESOLUTION

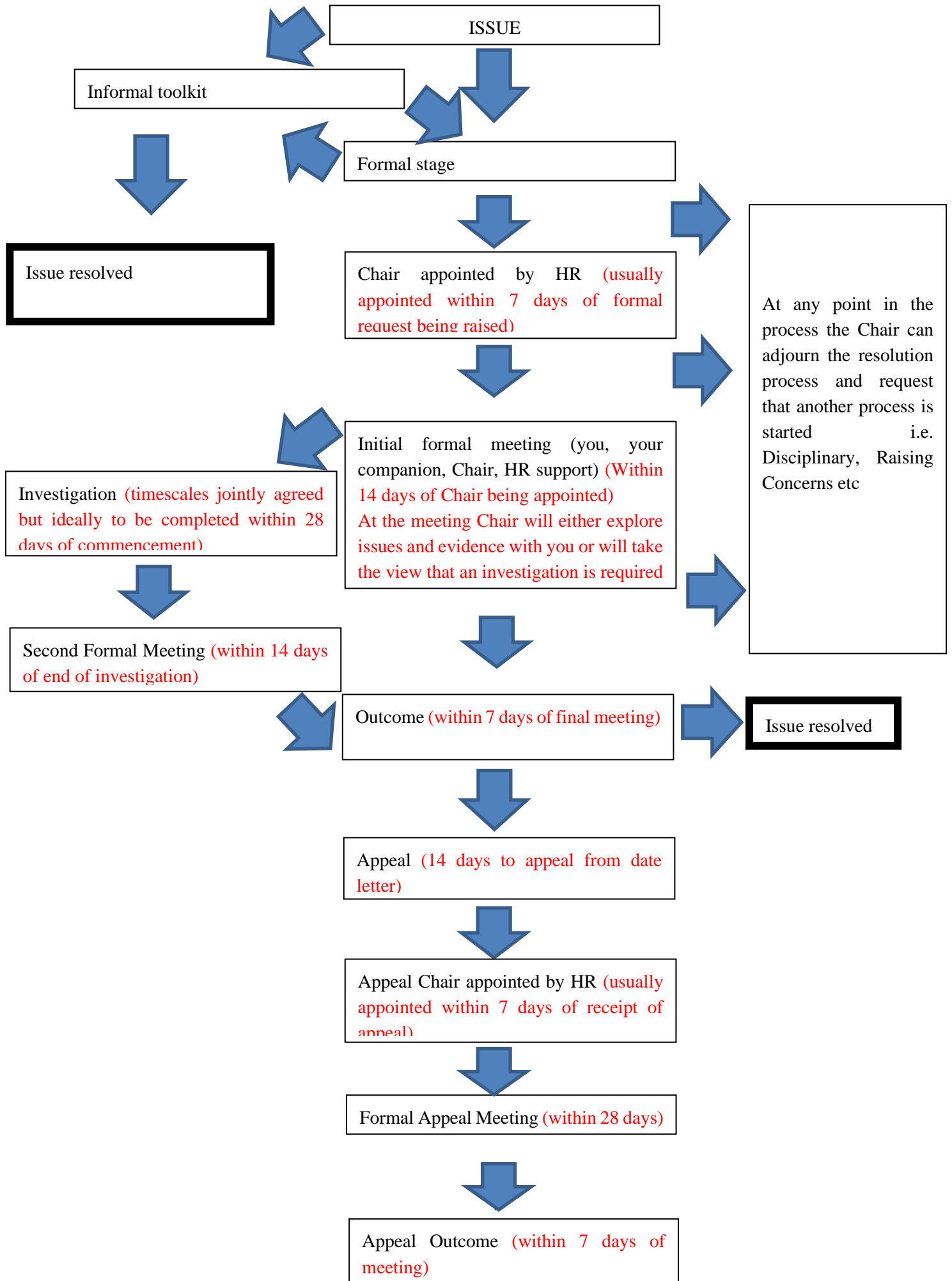
- 8.1 This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.
- 8.2 If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.
- 8.3 The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).
- 8.4 Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.

9. OVERLAPPING REQUESTS FOR RESOLUTION AND DISCIPLINARY PROCESSES

- 9.1 Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.
- 9.2 There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.
- 9.3 In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.

10. LEARNING FROM EVENTS

- 10.1 Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.
- 10.2 This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see [toolkit](#)).



Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce & Organisational Development
Service Area	Workforce

Title of Procedure, Project, Proposal, Policy being screened:	All Wales Respect and Resolution Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements may include but are not limited to:

- terms and conditions of employment;
- health and safety;
- work relations;
- bullying and harassment;
- new working practices;
- working environment;
- organisational change; and
- discrimination.

There is a commitment to providing a working environment free from harassment and bullying and ensuring all staff are treated, and treat others, with dignity and respect. This policy covers harassment or bullying which occurs at work and out of workplace, such as on business trips or at work-related events or social functions. It covers bullying and harassment by staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The principles and values of the policy are grounded in the promotion of fair and equal treatment. A number of issues highlighted during the All Wales review were implemented including ensuring a more simple process; and effective dovetailing with the disciplinary policy.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified:					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified:					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified:					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified:					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
Justification of impact identified:					
Race / Ethnicity					

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:

Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
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Justification of impact identified:

Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	X
-----------------	--------------------------	-----------------	--------------------------	-----------	---

Justification of impact identified:

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Welsh Language					
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
Justification of impact identified: Section 4.5 explicitly states:- An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	11.7.24
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	11.7.24
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Date:-	Mar-24	Name of All Wales Policy	Last Issue Date	Original Planned Review Date	Currently Under Review	Current Position
		Disciplinary	Mar-17	Mar-20	Yes	Remains Extant*
		Organisational Change	Mar-17	Mar-20	No	Remains Extant*
		Capability	Jun-18	Jun-21	Yes	Remains Extant*
		Managing Attendance at Work	Oct-18	Dec-21	Yes	Remains Extant*
		Menopause	Dec-18	Dec-21	No	Remains Extant*
		Respect and Resolution	Apr-21	Apr-22	Yes	Remains Extant*
		Employment Break Scheme	Jan-20	Jan-23	No	Remains Extant*
		Reserve Forces Training and Mobilisation	Mar-20	Apr-23	No	Remains Extant*
		Procedure for NHS Staff to Raise Concerns	Sep-23	May-23	Yes	Remains Extant*
		Pay Progression	Jan-20	Oct-23	No	Remains Extant*
		Special Leave	Dec-20	Jan-24	No	Remains Extant*
		Recruitment and Retention Payment Protocol	Dec-20	Apr-24	No	Remains Extant*
		Secondment	Jul-21	Jul-24	No	Remains Extant*
		Flexible Working	Jan-24	N/A	No	Extant*
		Upholding Professional Standards in Wales	Oct-15	Oct-18	No	Remains Extant*

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a new approach to the review of All Wales policies and procedures.

The core element of this new approach is to move away from using a review date as a prompt for review of an existing policy, to recognise key prompts for review and to provide an option for a transactional review where changes/updates to an existing policy are more administrative than material. All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum. NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remaining extant to provide clarity and support organisations from a governance and assurance perspective.

*Extant - legal term derived from Latin for still in existence/still live