



**GIG**  
CYMRU  
**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

---

# HEIW Integrated Equality Impact Assessment (EIA) June 2024

---

Integrated Equality Impact Assessment May 2022 V3

Revised June 2024 V4.0

Gareth Lloyd-Richards and Mark Casling



## Overview

---

**Please ensure that you have made both the Equality, Diversity and Inclusion (EDI) Lead and The Welsh Language Team aware that you are undertaking the process. The EDI Lead will then allocate a Unique ID\* for your EIA.**

**It is recommended that the accompanying support and guidance document (v9) is consulted when considering and undertaking an Equality Impact Assessment (EIA).**

To achieve better outcomes for people an integrated equality impact assessment should be an integral part of the initial development, monitoring or review of the organisation's activities. Ensuring equality is at the heart of our activity through maximising co-production, building upon positive impacts, reducing, or mitigating negative impacts and enhancing our work towards achieving a more equal Wales through our Public Sector Equality Duty (PSED).

To ensure HEIW areas of work are developed, designed, and delivered fairly in accordance with Equality, Welsh Language and Human Rights Legislation, please complete the Integrated Equality Impact Assessment form, highlighting:

- The purpose, aims and objectives of the activity
- How you have engaged and consulted with people who are affected
- What evidence you have used to understand impacts on people
- Actions to be taken to address any negative impacts
- Actions to be taken opportunities for further developing positive impacts
- Specific alignment to socio-economic duty as appropriate
- Specific alignment to the Well-being of Future Generations (Wales) Act 2015
- How you will monitor and review activity

## Our Approach

Undertaking an Integrated EIA is a bespoke and proportionate process, one size does not fit all. It is less about compliance and more about doing the right thing to improve services for people, whatever their backgrounds or circumstances

# EIA PROCESS



## HEIW Integrated Equality Impact Assessment (EIA)

Serial Number	<b>3162</b>
---------------	-------------

Notification of undertaking EIA		Registration details		Date EIA initiated:	24 Mar 2025
EDI / EIA Lead	<input checked="" type="checkbox"/>	Type of EIA	Service/Function	Date EIA Agreed:	13 Aug 2025
Welsh Language Team	<input checked="" type="checkbox"/>	New Work / Review	New Work	Date of EIA Review:	

<b>Title of policy, activity, area of work etc:</b>
Implementation of a national, quality-assured competency framework that supports band 5 nurses in their progression to a band 6 role.
<b>Name of Team / Department / Directorate:</b>
Nursing and Midwifery Workforce Transformation Team delivering the Strategic Nursing Workforce Plan, of which this action sits within.
<b>Name, role and contact details of the Individual responsible for the EIA (EIA Responsible Owner):</b>
Gail Huntley Harries, Workforce Modernisation Manager <a href="mailto:gail.harries-huntley@wales.nhs.uk">gail.harries-huntley@wales.nhs.uk</a>
<b>Name, role and contact details of the Individual(s) undertaking the EIA (if not above):</b>
Annabel Green, Clinical Lead Implementation of the Nursing Workforce Plan.

## Section 1 - Purpose, objective and aims

---

Please provide a brief description of the area of work, including:

- What is the overall objective or purpose?
- What are the stated aims and who are the impacted groups / individuals?
- How will the aims be achieved?
- What will the measure of success be, and the time frame for achieving this?
- How are the purpose and aims relevant to the Equality, Diversity, and Inclusion of the intended beneficiaries?
- If the EIA will cover a review of an existing area of work, the EIA only needs to cover any changes or amendments. These should be identified below.

### Introduction

Further to 2022-23 pay review negotiations, Welsh Government published a final package of measures for 2022-23 and 2023-24; this included both pay and non-pay measures. HEIW has been asked to coordinate a response on the following commitment

- Review career progression arrangements starting with nurse and other health care professional's progression from band 5-6.
- Shared aim of improving ability for individual progression in their professional field/staff group.
- Development of a framework (including an implementation plan for career progression).

The proposal is for developing an all-Wales competency framework for nurses that provides additional support during the transition of newly qualified nurses into confident registrants prepared to progress to band 6. A competency framework will also promote resilience, aid retention; and provide the foundation for safe practice.

### Background

Nurses are the largest staff group within the NHS and band 5 Registered Nurses are the largest group within the nursing profession with a head count of 13,194 (September 2024 ESR). The beginning of a nurse's career can be a challenging time, and first experiences can influence the retention of newly qualified nurses and their career progression. The transition from student to newly qualified nurse is a big step, and following registration newly qualified nurses may feel socially isolated, overwhelmed, anxious and lack confidence by increases in accountability<sup>1</sup>. Lack of experience can affect self-confidence which can impact mental wellbeing and desire to stay in the profession. so, the importance of supporting our workforce through all stages of their career, but particularly at the start is well-defined.

Data also shows that 20% of newly registered nurses leave in the first four years post registration, a high percentage of these are aged under 29 years.<sup>2</sup>

In 2024 a Welsh Health Circular- Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement ([WHC \(2024\) 012](#)) was issued by the CNO for Wales to Health Boards and Trusts which included an update on preceptorship standards. Following this, all Health Boards and Trusts have developed plans to implement career spanning support for the nursing workforce through restorative clinical supervision, and most of the Health Boards and Trusts also have local competency frameworks for newly registered nurses which run alongside preceptorship.

## **Overall objective**

### **Development of an All-Wales Nursing Competency Framework**

In collaboration with service representatives and the professional body for nursing, develop a national nursing competency framework. This framework will support the structured development of newly registered nurses, guiding them from initial registration to becoming confident, competent practitioners ready to apply for Band 6 positions. The framework will aim to:

- Standardise expectations and support across health boards
- Promote equity of opportunity and clarity in progression pathways
- Strengthen professional development and retention

### **Outcomes**

- A clearer understanding of career progression readiness across key healthcare professions
- A consistent, all-Wales framework to support Band 5 nurses in their early careers
- Strengthened alignment between workforce development strategies and service delivery needs

## Equality and Diversity

The competency framework must consider its relevance, accessibility, usability, and ability to complete for all nurses. Considerations are required not just for those with protected characteristics but also those that are using it in the different areas of nursing, i.e. primary, community and secondary care. This framework may also support other nurses i.e. Registered nurse associates in time and therefore considerations for their requirements needs to be factored in. It is a framework to support all nurses, potentially at different stages at their career though the primary focus is newly registered nurses to 2 years post qualification.

Within the framework considerations will be made on

- Suitability for all the roles it needs to cover. The core competencies
- the language used, having it bilingually and without jargon/abbreviations.
- Digital requirements with ability to make adaptations for ease of use i.e. font size, language, dictation and simplicity of use.
- How it supports both preceptee and preceptor, of whom may be from 5 different generations.

### Section 1 Completed:

	Name	Date
Inclusion Team	Mark Casling	14 May 2025

## Section 2 - Evidence of engagement and consultation

**We have a legal duty to engage, consult and involve people with one or more protected characteristics under the Equality Act 2010 identified as being relevant to the area of work. Please provide details on:**

- What steps you have taken to engage and consult with stakeholders, both internally and externally?
- How have people with protected characteristics been involved in developing the area of work?
- Have you considered engaging with communities and groups during the development of the area of work?
- How have/will proposals be communicated?
- What are the arrangements for engagement as the area of work is being implemented?
- How have/will people hear about engagement events?

- The initial request came from Welsh Government and they provided the initial background information. Side projects linking to this one (preceptorship and clinical supervision has been devolved to Nursing education leads for the Health Boards).
- Engagement through the development of the strategic nursing workforce plan has fed into this action being created. The strategic Nursing workforce plan aligns with national health policies, draws on insights from workforce data, nursing and stakeholder engagement, conducting a three-pillar approach and triangulating information from Our Big Conversation: workforce and population data and analytics and a review of the research, literature and horizon scanning.
- Current Roadshow of the strategic Plan that highlights this piece of work are happening across Wales, by hosting exhibition stands and presenting at health board Nursing conferences.
- Face to face meetings have been carried out in all Welsh HB/T with workforce representatives.
- Communication strategy is presented through the plan on a page with monthly meetings with the key stakeholders.
- Task and Finish group set up, with engagement and communication strategy delivery responsibilities.

- HEIW Communications and digital team have been engaged internally

### **Engagement**

Developing an over-arching communications and engagement plan is critical to the success of the implementation plan and this is a key objective of the methodology outlined above. The following points summarise the aim of the communications and engagement plan:

- Raise awareness of the competency framework being developed and how versatile it will be for the band 5 nurses, highlighting the requirements for health boards to support it with their specialist area specific competencies.
- Raise awareness of the Health Boards responsibility to create, where possible, parity across Wales to evidence a proficient nursing workforce.
- Encourage stakeholder engagement and feedback
- Methods of communication are clear, timely and relevant on an ongoing basis to keep people interested.

### **Stakeholder Mapping**

Key Stakeholders:

- Welsh Government
- Executive Director of Nursing – Meeting Chair
- Directors of Workforce and Organisational Development (DWODS) Peer Group
- Nurse Education Leads within NHS Wales Health Boards and Trusts
- Current band 5 Nursing workforce
- Royal College of Nursing (RCN)
- Unison
- Educational institutions
- NWSSP

**Super connectors and influencers**

Potential Ambassadors:

- Chief Nursing Officer for Wales
- PPDNs across Wales
- Royal College of Nursing/Unison
- Executive Directors of Nursing/Deputy Directors of Nursing

**Section 2 Completed:**

	Name	Date
Inclusion Team	Mark Casling	14 May 2025

## Section 3 - Evidence used and considered in relation to impact on people

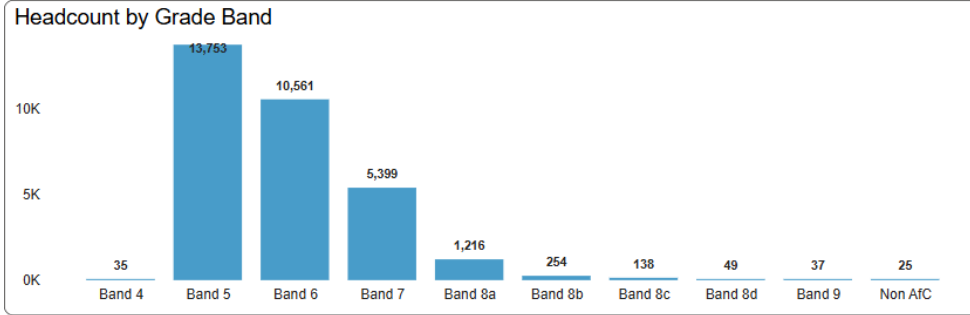
---

What evidence/data sources have you used as part of this EIA? For example:

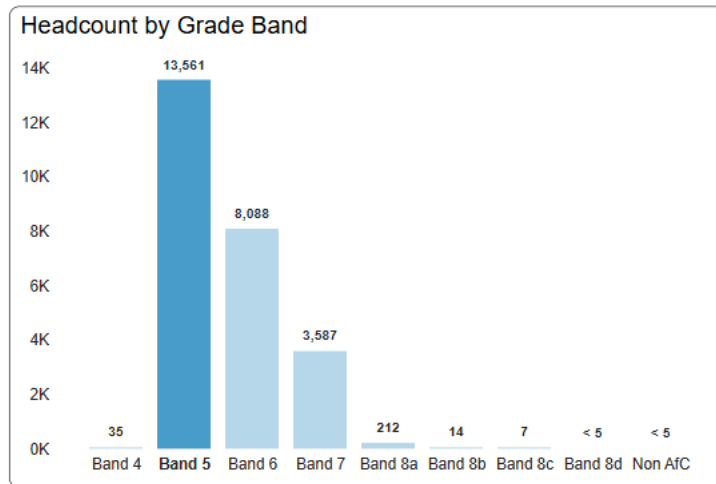
- General population/NHS Workforce data
- Workforce data (ESR equality breakdown)
- Service users' data, as applicable
- Case studies
- Engagement and involvement findings
- Qualitative and quantitative-based research
- Good practice guidelines
- Participant knowledge

The potential impact on stakeholders must be based on robust evidence which will need to be used to complete section 4

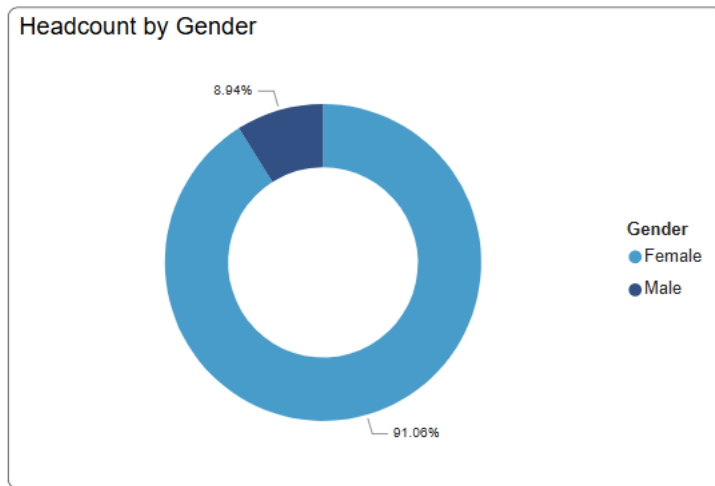
ESR data has been explored and where possible broken down by specific characteristics. The data is only as accurate as what employees have entered the system and the dashboard capability. ESR in February 2025 stated a head count of 13,753 band 5 Nurses,

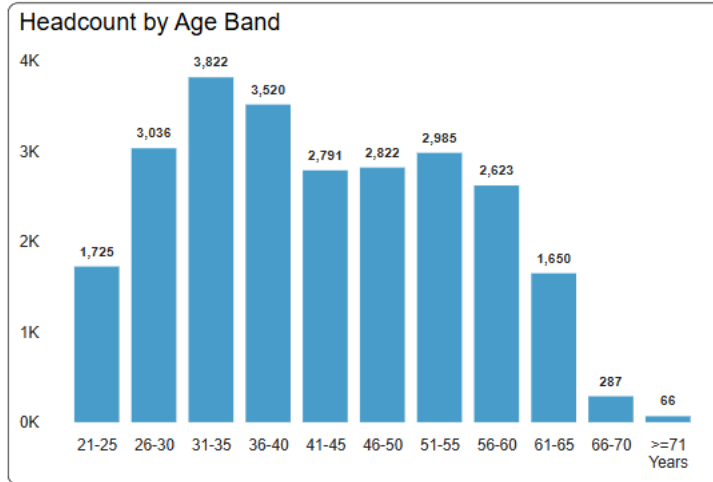


<b>13,561</b> Headcount	<b>11,879.16</b> FTE	<b>0.88</b> Participation Rate
----------------------------	-------------------------	-----------------------------------



ESR dashboard is split by role therefore the below tables demonstrate all the band 5 positions but as some roles are employed by both band 5s and band 6's there will be band 6 staff included as well. This does not detract from the overall averages as workforce demographics are representative for this EIA, and do not require true accuracy. See below available equality tables, noting that there is a percentage of data not entered onto the ESR system.





For this section, to have parable data and to be as specific as possible the Staff group “Nursing and Midwifery” and “Qualified” has been chosen but all roles with Nursing as a titled included, Midwifery ones excluded. This is presuming that staffs primary role is registered on ESR (noting some employee will have dual qualifications.)

When considering all the roles that a band 5 nurse can do, on ESR these are titled: Staff Nurse, community nurse, community practitioner, enrolled nurse, practice nurse (primary care), practice research nurse, and specialist nurse practitioner.



## ESR Workforce Equality Information



View as Graphs

Data as at  
Feb 2025

Disability Status	% of Total Headcount
Yes	5.75%
No	79.12%
Not Disclosed	2.02%
Unknown	13.13%

Nationality	% of Total Headcount
UK	78.13%
EU	1.77%
Non EU	9.30%
EEA	0.02%
NonEU	0.00%
Unknown	10.80%

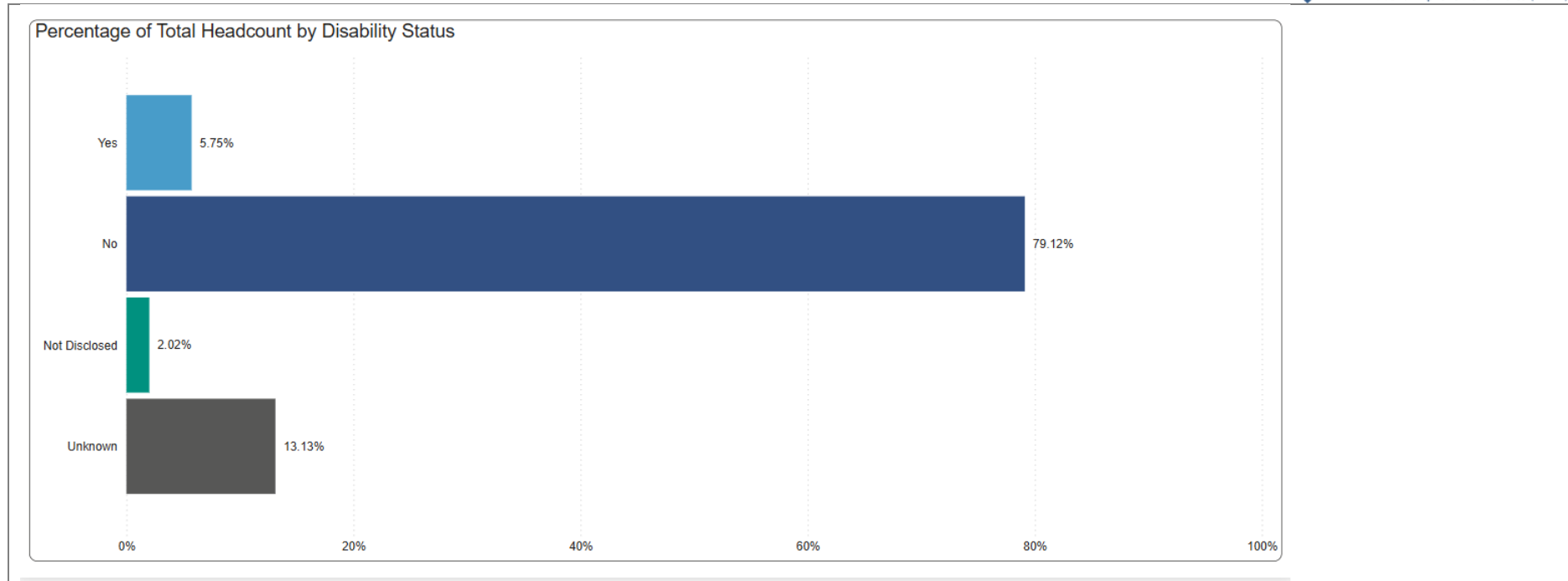
Ethnicity	% of Total Headcount
Unknown	8.74%
Not Stated	2.25%
Other Ethnic Groups	2.07%
White	76.74%
Mixed / Multiple ethnic groups	0.88%
Black / African / Caribbean / Black British	1.85%
Asian / Asian British	7.47%

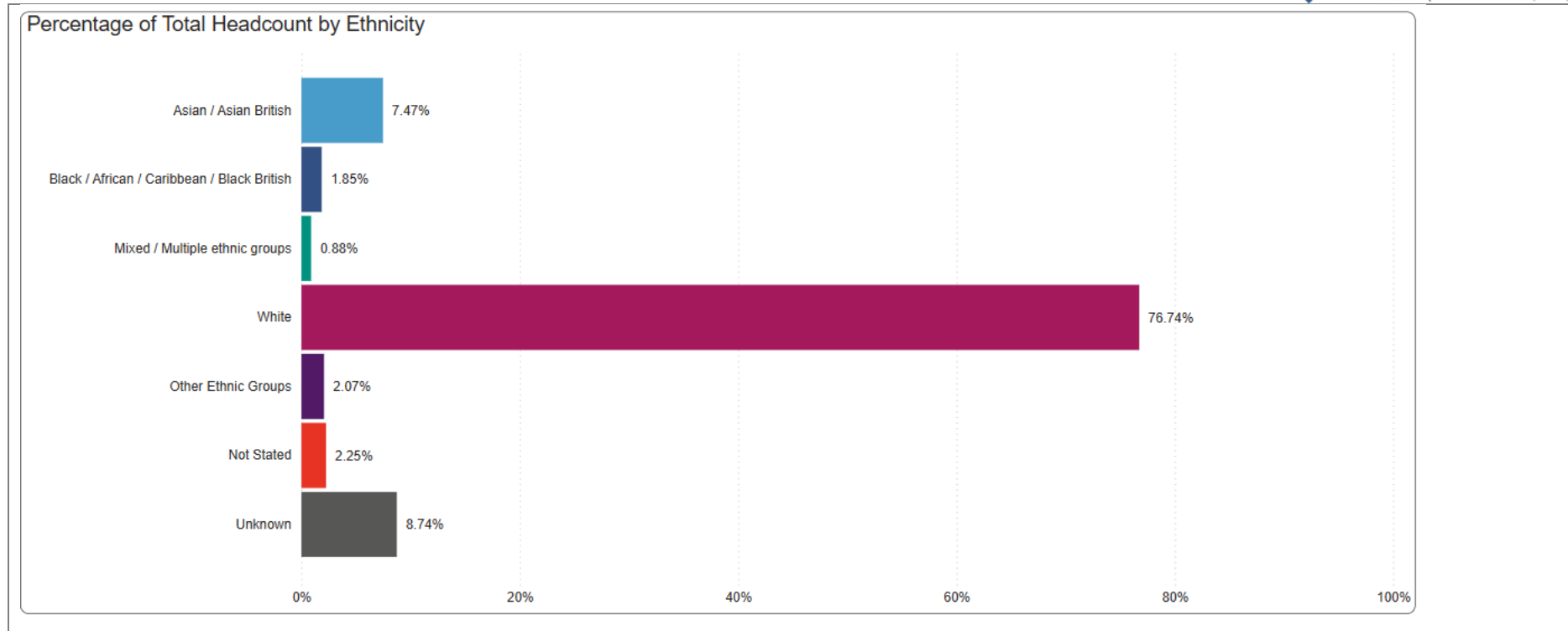
Religious Belief	% of Total Headcount
Atheism	17.89%
Buddhism	0.25%
Christianity	46.21%
Hinduism	1.03%
Islam	0.59%
Judaism	0.04%
Sikhism	0.08%
Other	10.58%
I do not wish to disclose my religion/belief	11.12%
Unknown	12.24%

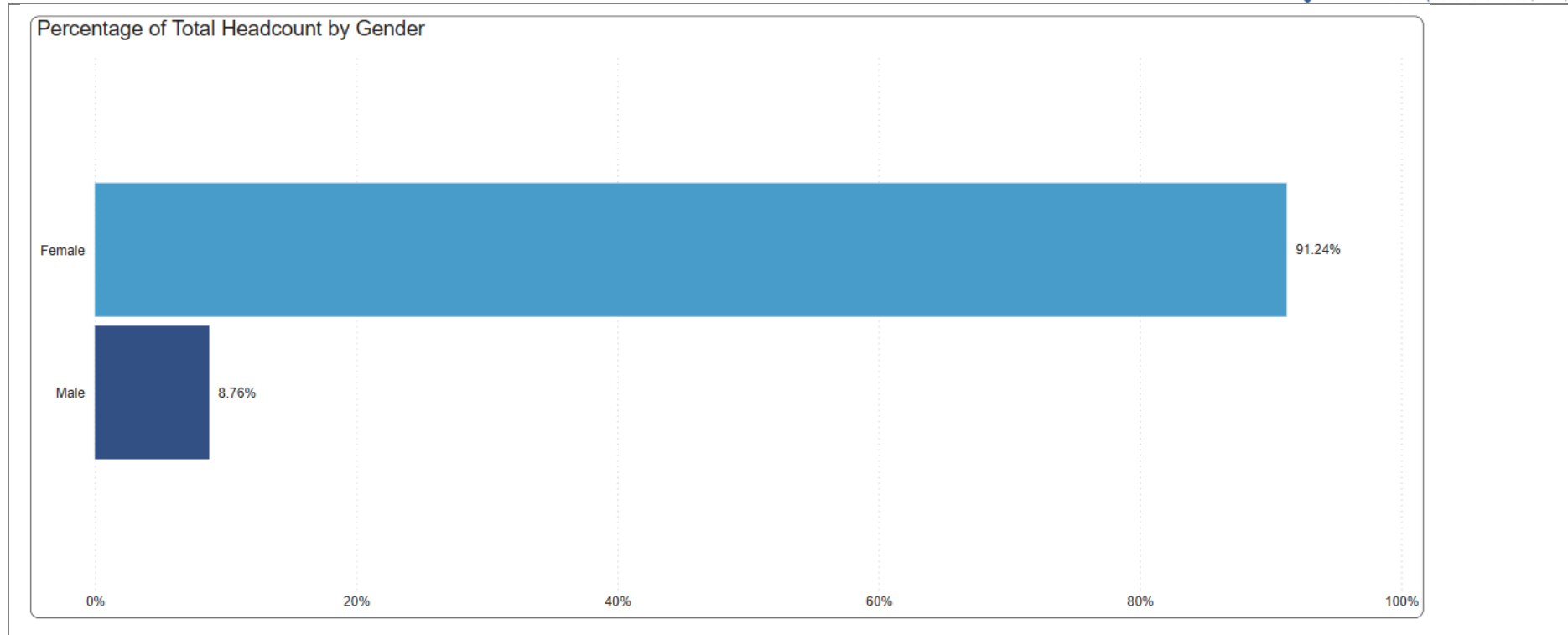
Gender	% of Total Headcount
Female	91.24%
Male	8.76%

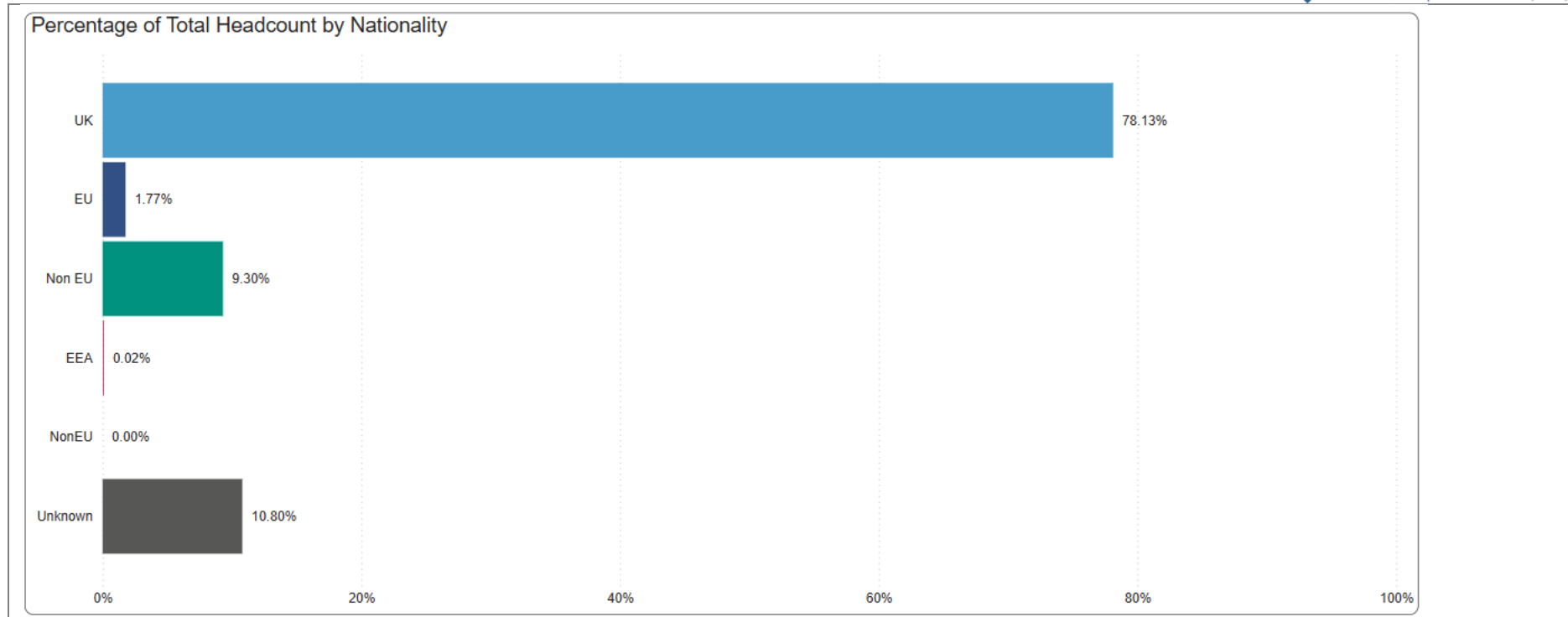
Sexual Orientation	% of Total Headcount
Bisexual	1.22%
Gay or Lesbian	1.80%
Heterosexual or Straight	79.98%
Other sexual orientation not listed	0.10%
Undecided	0.11%
Not stated (person asked but declined to provide a response)	4.35%
Unknown	12.46%

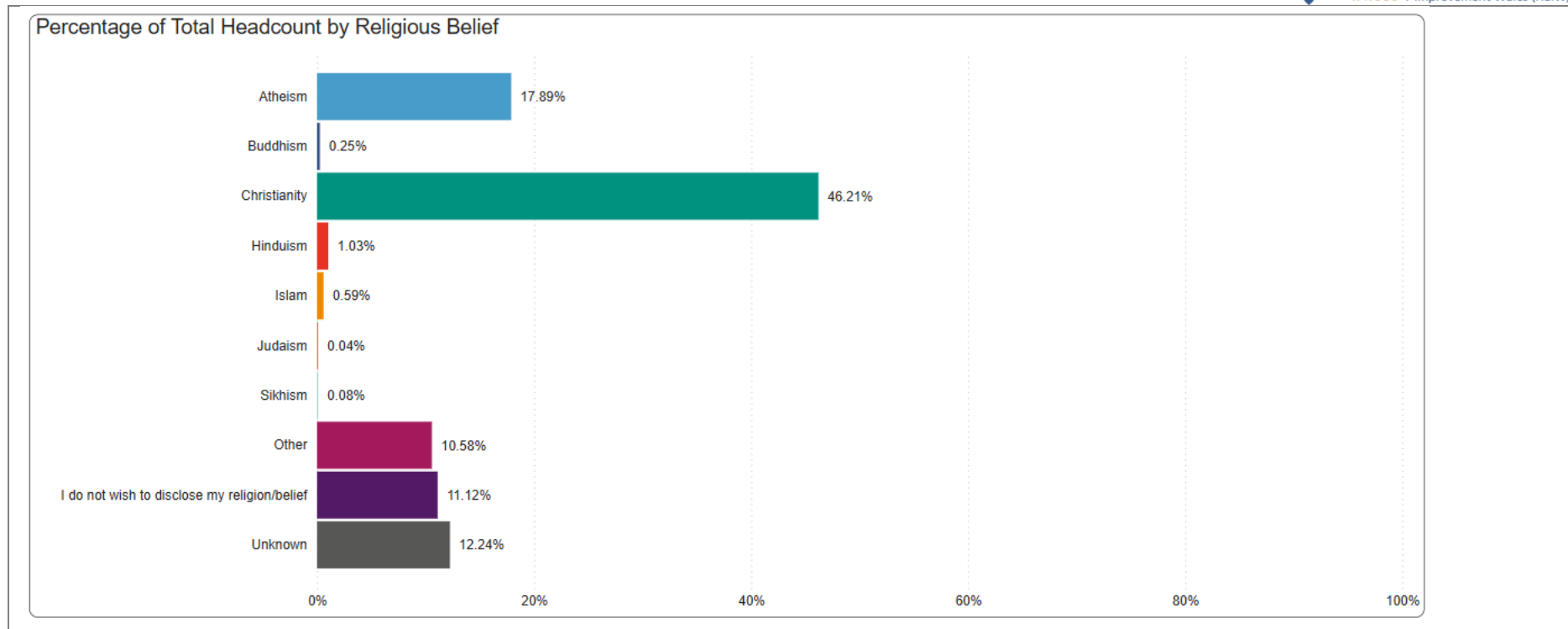
Below demonstrates the information for each equality aspect by graph.

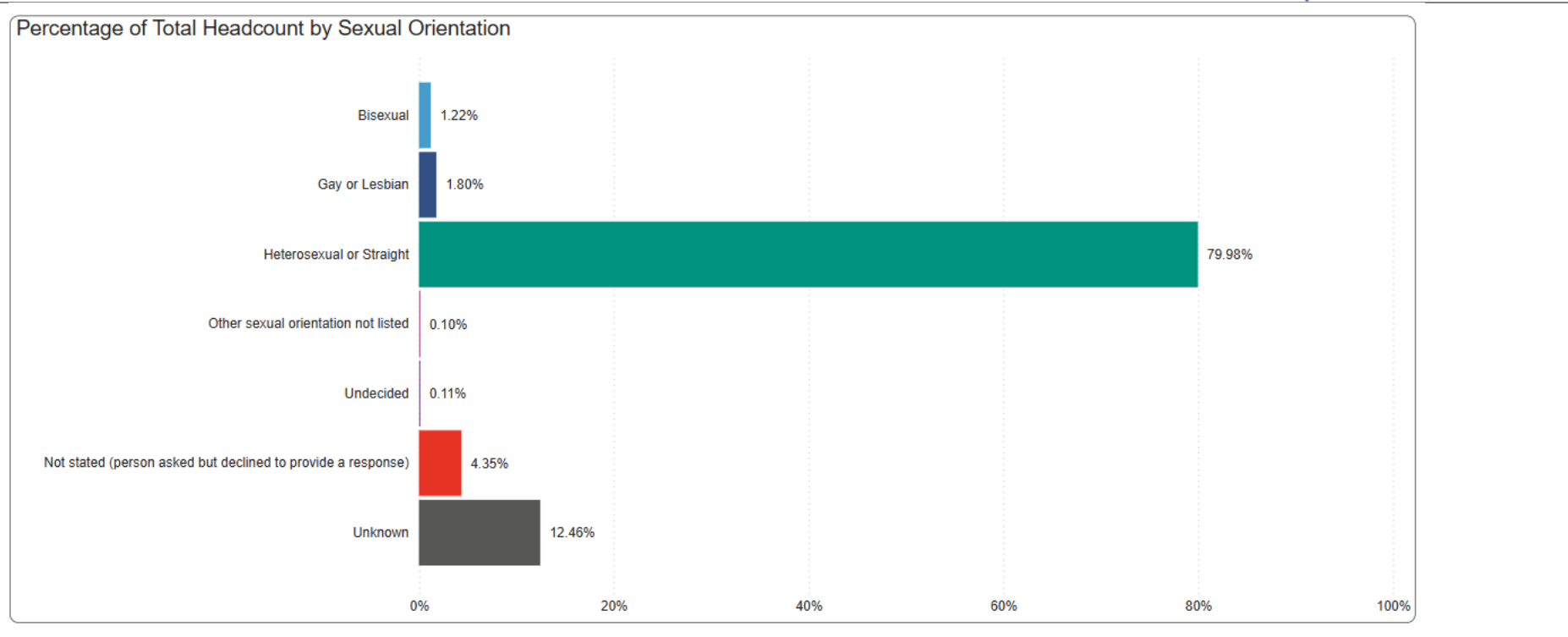












In summary over 90% of the nursing workforce is female, and over 1600 staff are working part time therefore timeframes for completing the competency framework would need to be considered going forward, as flexible working is encouraged. 79% of the workforce registered themselves heterosexual with a small percentage being either bi-sexual or gay/lesbian, but there are a proportion of staff that their sexual orientation is not stated or unknown.

Over 5% of the workforce have registered a disability therefore as previously stated accessibility and usability of the framework will need to ensure it is suitable for all.

There is a variety of religious beliefs and nationalities that work within the nursing workforce and therefore inclusivity is key, particularly supporting the preceptor/preceptee relationships at the implementation phase.

<b>Section 3 Completed:</b>		
<b>Inclusion Team</b>	<b>Name</b>	<b>Date</b>
	Mark Casling	1 Aug 2025

## Section 4 - Analysing the impacts on protected characteristics

Using the evidence collated in section 3 please identify the potential impacts on stakeholders and record:

- How do you intend to maximise positive opportunities?
- Actions to be taken to address negative impacts regarding each of the protected characteristics:

Protected Characteristic	Potential positive impacts and actions to maximise opportunities	Potential negative impacts and actions to mitigate
<b>4.1 Age</b>		
For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18.</li> <li>• between 18 and 65</li> <li>• over 65</li> </ul>	<ul style="list-style-type: none"> <li>• The competency framework can provide career progression opportunities for the newly registered nurses (of which are all ages. Also supports preceptors assessing new staff who are also of all ages.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>• Implement supportive resource to aid preceptors. Ensure the framework is usable for all.</li> </ul>	<ul style="list-style-type: none"> <li>• Younger newly registered nurses may face challenges in gaining acceptance from more experienced colleagues.</li> <li>• Older workers might need additional training to adapt to assessing new staff.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>• Provide training and support to ensure all age groups can adapt.</li> <li>• Foster an inclusive workplace culture that values contributions from all age groups.</li> </ul>

## 4.2 Persons with disability as defined in the Equality Act 2010:

<p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<ul style="list-style-type: none"> <li>The competency framework will be able to be used by staff with a variety of disabilities, providing meaningful employment opportunities.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Accessibility and usability to be a core focus in its development.</li> <li>Competency framework evaluation in development stages and post implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical environments may not be conducive to discussions and conversations required with preceptor/preceptee.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Encourage Health Boards to identify appropriate areas for conversations.</li> </ul>
--	---	---

## 4.3 Gender reassignment:

<p>Consider men, women, people undergoing gender reassignment and those who are non-binary and or intersex and may use pronouns.</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or has completed a process to change his or her gender with or without going through any medical procedures.</p>	<ul style="list-style-type: none"> <li>The framework creates parity across all nurses creating standardisation of expectations minimising discrimination risk, including those undergoing gender reassignment</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Promote an inclusive work environment that respects and supports gender diversity.</li> </ul>	<ul style="list-style-type: none"> <li>Individuals undergoing gender reassignment may face discrimination or lack of understanding from colleagues.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Implement anti-discrimination policies and provide support networks.</li> </ul>
---	---	---

<b>4.4 People who are married or have a civil partnership.</b>		
	<ul style="list-style-type: none"> <li>The competency framework can support stable employment, benefiting individuals in marriages or civil partnerships.</li> </ul> <p>Action</p> <ul style="list-style-type: none"> <li>Where appropriate, promote work-life balance initiatives that support individuals in marriages or civil partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>The demands of work and completing the competency framework may impact personal relationships.</li> </ul> <p>Action</p> <ul style="list-style-type: none"> <li>Design clear expectations and suitable timeframes, allowing adjustments when justified.</li> </ul>
<b>4.5 Pregnancy and maternity</b>		
	<ul style="list-style-type: none"> <li>The competency framework can support staff who are returning from maternity leave by building confidence in their competence and provides the employer with a tool to assess them by.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Implement framework and encourage wide and varied use.</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy and maternity may temporarily limit the ability to complete framework</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Offer temporary adjustments to duties and provide additional support during pregnancy and maternity. Allow extension to completion where appropriate.</li> </ul>
<b>4.6 People of different races, nationalities, colour, cultures or ethnic origins including non-English speakers, gipsies/travellers, and migrant workers.</b>		
	<ul style="list-style-type: none"> <li>The framework will create parity across all nurses from all nationalities, will also support internationally recruited nurses to demonstrate already established skill sets.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Actively use the framework for all staff, including those internationally recruited.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of a two-tier workforce with racial disparities in roles.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Monitor workforce diversity and address any disparities.</li> <li>Implement policies to ensure equal opportunities for career progression.</li> </ul>

	<ul style="list-style-type: none"> <li>Promote cultural competence training for all staff.</li> </ul>	
<b>4.7 Religion or Belief</b>		
Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.	<ul style="list-style-type: none"> <li>The framework accommodates diverse religious or non-religious beliefs and practices.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Provide facilities for religious observance and flexible scheduling for religious holidays.</li> </ul>	<ul style="list-style-type: none"> <li>Conflicts may arise between sign off schedules and religious practices.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Offer flexible working arrangements to accommodate religious practices.</li> </ul>
<b>4.8 Sexual Orientation</b>		
A person's orientation towards people of the same sex, the opposite sex or more than one gender.	<ul style="list-style-type: none"> <li>The competency framework creates a supportive environment and parity for individuals of all sexual orientations.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Promote an inclusive and parable workplace culture that respects all sexual orientations by implementing the framework.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of discrimination or harassment based on sexual orientation.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Implement strict anti-discrimination policies and provide support networks.</li> </ul>

<b>4.9 Sex/Gender</b>		
	<ul style="list-style-type: none"> <li>The competency framework does not differ for genders, creates standardisation of competence for all genders, minimising gender stereotyping.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Encourage both men and women to complete the framework.</li> </ul>	<ul style="list-style-type: none"> <li>Gender stereotyping may still be present when working in a majority female environment.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Challenge gender stereotypes through awareness campaigns and training.</li> </ul>
<b>4.10 Carers</b>		
<p>A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of health condition, physical, sensory, cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid</p>	<ul style="list-style-type: none"> <li>The competency framework can support carers in practice to demonstrate their competence with flexibility in completion time.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Implement the framework highlighting support for completion.</li> </ul>	<ul style="list-style-type: none"> <li>Balancing work, completing the framework and caregiving responsibilities may be challenging.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Offer flexible completion timescales to support when appropriate.</li> </ul>
<b>4.11 Welsh Language Opportunities for persons to use the Welsh Language.</b>		
<p>Treating the Welsh language, no less favourably than the English language.</p>	<ul style="list-style-type: none"> <li>The framework will be available in the Welsh language.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Implement Competency framework in Welsh</li> </ul>	<ul style="list-style-type: none"> <li>Welsh speaking/Non-Welsh speaking Preceptor/Preceptee relationship may have communication barriers.</li> </ul> <p>Actions</p> <ul style="list-style-type: none"> <li>Where possible buddy up Welsh Language speakers.</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide Welsh language training and support for non-Welsh speakers.</li> </ul>
--	--	---

#### 4.12 British Sign Language (BSL)

<p>Creating opportunities for those who consider BSL as a first or preferred language.</p>	<ul style="list-style-type: none"> <li>• The competency framework will be a documented written tool.</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Promote BSL training and use in the workplace.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of BSL proficiency among staff may limit communication.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Offer BSL training and support for staff.</li> </ul>
--	---	--

#### Section 4 Completed:

	Name	Date
<b>Inclusion Team</b>	Mark Casling	14 May 2025

## Section 5 - An Anti-Racist Wales

To achieve an anti-racist public sector in Wales, The Welsh Governments Anti-racist Wales Action Plan 2022 has outlined the following aims:

To demonstrate a visible commitment to anti-racism

To embed ways of working to tackle racism

To embed accountability and demonstrate progress

Considering the impacts identified under 4.6, please highlight below how this area of work can contribute to the aims outlined in the Anti-racist Wales Action Plan.

The implementation of the Competency Framework supports the Welsh Government's Anti-racist Wales Action Plan 2022 by:

### Commitment to Tackling Racism

- Promoting Diversity: Creating a resource for all diversities to use, creating competencies that are standardised, reducing discrimination.
- Supportive Environment: Establishing supportive mechanisms for both preceptee and preceptor throughout the framework delivery. Having representation through engagement and stakeholders in creation phase.
- Community Engagement: Engaging with ethnic minority communities and creating feedback mechanisms.

### Embedding Accountability

- Monitoring: Collecting and analysing workforce data and publishing regular progress reports, regular evaluation.
- Leadership: Ensuring inclusive leadership and clear accountability structures.
- Continuous Improvement: Regularly reviewing policies and involving stakeholders in decision-making, regular evaluation post implementation.

These actions demonstrate a strong commitment to tackling racism and embedding accountability within the healthcare system.

Section 5 Completed:		
Inclusion Team	Name	Date
	Mark Casling	14 May 2025

## Section 6 - Socio-Economic Duty - A More Equal Wales

Section 1 of the Equality Act 2010 – the socio-economic duty requires HEIW when making strategic decisions such as ‘deciding priorities and setting objectives, to consider how its decisions might help to reduce the inequalities associated with socio-economic disadvantage.

Please highlight below how the strategic decision can help to reduce the inequalities of outcome associated with socio-economic disadvantage in both places and communities of interest in Wales:

- 1. Standardises Quality of Care Across All Areas**
  - A structured competency framework ensures **all band 5 nurses**, regardless of location or background, meet **minimum standards in clinical skills, communication, and decision-making**.
  - This reduces variability in care quality between potentially better-resourced hospitals or deprived areas.
- 2. Improves Equity in Access to Skilled Care**
  - Ensures that patients in socio-economically disadvantaged areas receive care from nurses who are just as well-prepared and supported as those in wealthier areas.
  - Helps mitigate workforce gaps or skill deficiencies
- 3. Builds Confidence and Retention in Underserved Areas**
  - A transparent development pathway can encourage new nurses to remain in or move to deprived areas, knowing they will receive structured support.
  - This can reduce staff turnover and support continuity of care—critical in improving long-term outcomes in high-need areas.
- 4. Supports Nurses from Disadvantaged Backgrounds**
  - The framework can incorporate inclusive support mechanisms (e.g., mentorship, flexible learning), promoting equality of opportunity for nurses from low-income or underrepresented groups entering the profession.
  - This enhances diversity in the workforce, which in turn helps address cultural and linguistic barriers in care delivery.

Section 6 Completed:		
	Name	Date
Inclusion Team	Mark Casling	14 May 2025

## Section 7 - Alignment to Wellbeing of Future Generations (Wales) Act 2015.

How does the activity embed, and prioritise the Well-being Goals and Sustainability Development Principle of the Wellbeing of Future Generations (Wales) Act 2015?

A globally responsible Wales

A prosperous Wales

A resilient Wales



A healthier Wales




A more equal Wales

A Wales of cohesive communities

A Wales of vibrant culture and thriving Welsh language

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental, and cultural wellbeing of people and communities in Wales.

Sustainable Development Principles	
	<p><b>Long Term</b> - Balancing the short term with long term needs</p> <p>Develops a future-ready, resilient nursing workforce, reducing long-term health inequalities and system strain through early-career investment</p>
	<p><b>Collaboration</b> - Working together to deliver objectives</p> <p>Developed in partnership with Health Boards, education providers, and professional bodies, ensuring shared ownership and delivery across the healthcare ecosystem</p>

	<b>Involvement - Involving those with an interest and seeking their views</b>	
	<p>Can incorporate feedback and lived experience from new nurses, service users (including those in disadvantaged areas), and Welsh language communities to inform design and ongoing improvement. Framework sets out opportunities for reflective practice, advice and evaluation of ones progress.</p>	
	<b>Prevention – Putting resources into preventing problems from occurring or getting worse</b>	
	<p>Equips nurses with competencies to detect and respond to issues early with multi-disciplinary teams, encouraging collaborative team working with a focus on preventative health.</p>	
	<b>Integration - Considering the impact on all well-being goals together and on other bodies</b>	
	<p>Aligns with NHS workforce strategies, public health goals, and the broader objectives of the Future Generations Act. Connects education, healthcare delivery, and equality agendas</p>	
<b>Section 7 Completed:</b>		
<b>Inclusion Team</b>	<b>Name</b>	<b>Date</b>
	Mark Casling	14 May 2025





## Section 10 - EIA Summary

---

Please provide a summary of the key findings from across sections 4 - 8, including any:

- Themes identified
- Negative impacts
- Positive impacts

### **Themes Identified**

The Equality Impact Assessment highlights the development of a national competency framework for Band 5 nurses as a strategic intervention to standardise career progression, promote equity, and improve retention. The framework is designed to be inclusive, accessible, and adaptable across diverse nursing roles and settings. It aligns with broader policy goals including the Anti-Racist Wales Action Plan, the Socio-Economic Duty, and the Well-being of Future Generations Act. Key themes include parity of opportunity, inclusive design, cultural competence, and support for underrepresented groups.

### **Positive Impacts**

The framework is expected to benefit all protected groups by creating a consistent and supportive pathway for career development. It promotes inclusivity through bilingual and accessible design, supports flexible completion for carers and part-time staff, and encourages cultural sensitivity and anti-discrimination practices. It also contributes to reducing inequalities in care quality and workforce diversity, particularly in socio-economically disadvantaged areas. The framework supports nurses returning from maternity leave, those with disabilities, and internationally recruited staff, enhancing confidence and competence across the profession.

### **Negative Impacts and Mitigations**

Potential negative impacts include challenges for younger nurses gaining acceptance, older staff adapting to new systems, and risks of discrimination based on gender identity, sexual orientation, or race. Time pressures may affect carers and those on maternity leave, while language barriers could arise in Welsh language or BSL contexts. To mitigate these, the framework includes flexible timelines, anti-discrimination policies, cultural competence training, and support for diverse communication needs. Health Boards are encouraged to foster inclusive environments and provide appropriate spaces for supervision and reflection.

Section 10 Completed:		
Inclusion Team	Name	Date
	Mark Casling	1 Aug 2025

## Section 11 - EIA Action Plan

Please outline the actions to address potential negative impacts or to maximise the positive impacts identified as part of this EIA.

Action	Lead	Expected Outcome of action	Timescale	Measurement of expected outcomes
Design the framework to be bilingual, jargon-free, and digitally accessible for all users.	Framework Development Team	Improved accessibility and usability for nurses with diverse needs.	2026	User feedback and accessibility audit results.
Implement flexible timelines and supportive environments for carers, part-time staff, and those on maternity leave.	HEIW Programme Leads	Increased engagement and completion rates among staff with caregiving responsibilities	Ongoing	Monitoring completion rates and feedback from affected groups.
Embed anti-discrimination policies and cultural competence training across all Health Boards.	EDI Team and Health Board Leads	Enhanced inclusivity and reduced barriers for underrepresented groups.	By Q2 2025	Training completion rates and diversity metrics.
Standardise expectations and promote mentorship to support fair career progression.	Workforce Planning Team	Improved equity in career development opportunities.	By Q1 2026	Career progression data and staff surveys
<b>Section 11 Completed:</b>				
<b>Inclusion Team</b>	<b>Name</b>	<b>Date</b>		
	Mark Casling	1 Aug 2025		

## Section 12 - Monitoring Arrangements

---

What is the likely impact this area of work will have on stakeholders?

- Significant Impact
- Medium Impact
- Low impact

**This EIA will help anticipate the likely effect however, the final impact may only be known after the implementation of the area of work**

**Please detail:**

- What are the plans to monitor the actual and/or final impact?
- What are the proposals (including timescales) for reviewing and reporting the actual impact?

To ensure the competency framework achieves its intended impact, HEIW will utilise their structured monitoring and evaluation processes. This will include monitoring use, numbers joining the role, evaluation and staff feedback via the staff survey annually. ESR will be used to identify. Where possible users across all protected characteristics, analysing completion rates, and reviewing accessibility and inclusivity metrics.

## EIA Completion Certificate

As the EIA Responsible Owner, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups.	
Positive impact has been identified for one or more protected groups.	
Negative impact has been identified for one or more protected groups.	
Both positive and negative impact has been identified for one or more protected groups.	X

Wherever possible mitigations have been put in place to reduce the negative impact, or the associated risks have been accepted. Actions have been recorded in Section 11 – EIA Action Plan.

EIA Responsible Owner:

Name	Annabel Green	Date	12 <sup>th</sup> August 2025
------	---------------	------	------------------------------

I am satisfied that this EIA has been completed as fully as practicable and the identified impacts on individuals and groups with Protected Characteristics have been duly considered.

EDI Lead:

Name	Mark Casling	Date	13 <sup>th</sup> August 2025
------	--------------	------	------------------------------

The completed EIA will be published to the relevant Internet and intranet sites as required under The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.

EIA Published:

Name	Mark Casling	Date	1 Oct 2025
------	--------------	------	------------

## EIA Review Log

Review Date	Name of Reviewer	Changes	Version Published

**Thank you for completing this Integrated Equality Impact Assessment (EIA)**



For further guidance, assistance, and submission, please contact [HEIW.Inclusion@wales.nhs.uk](mailto:HEIW.Inclusion@wales.nhs.uk)