

Equality & Health Impact Assessment for

ADAPTABLE WORKFORCE POLICY

(this EHIA also considers the supporting documents including but not limited to: Annual Leave Procedures, Flexible Working Procedure, Occasional Home/Remote Working Guidelines, Redeployment Procedure, Retirement Procedure, Working Times Procedure, Loyalty Award Procedure)

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager Mike Jones, UNISON
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy <i>Shaping Our Future Wellbeing</i> , and care for the needs of our staff.

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		To recognise and value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients, and attract, retain, deploy and develop staff to maximise their potential, to meet the needs of the service.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future</p>	<p>WORKFORCE MONITORING DATA (see end of document)</p> <p>A CONSULTATION has taken place between 14.03.19 and 15.04.19 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD and the Rainbow Fflag Network.</p> <p>A NUMBER OF EQIAS FROM OTHER ORGANISATIONS were accessed via a Google search on 25 February 2019 - of those accessed:</p> <ul style="list-style-type: none"> • The North Yorkshire and York NHS Primary Care Trust found that its Retirement and Flexible Retirement Policy had the potential to affect individuals adversely on the basis of age, but that there was no adverse impact on the basis of disability, race, religion and belief, gender or sexual orientation. They noted that staff in special classes were able to retire at 55 whilst their colleagues could not. Special class status was withdrawn in March 1995 for new entrants and staff who had more than 5 years break in pensionable service. • Hywel Dda Health Board found that with regards to age, its Retirement Policy includes provisions for early retirement on grounds other than ill-health. In line with the NHS Pension Scheme, there was differential treatment for those who joined the scheme before or after 1 April 2008 but staff have a free choice to choose when. It was also noted that there was a potential negative impact on young workers in respect of succession planning and promotion if the older workforce was retained. • Velindre NHS Trust found that its Redeployment Policy had a positive impact in terms of: <ul style="list-style-type: none"> ○ gender (ie it will have a positive benefit for all staff, though there could be a gender bias in requests made in relation to work life balance issues) ○ for transgender staff (ie the policy could be used to assist a member of staff that is undergoing gender reassignment) ○ race (the policy could be used to resolve issues around race e.g. bullying and harassment) ○ disability (the policy recognises the legal right to positively discriminate to ensure equality of outcome in employment)

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

	Wellbeing' Strategy provides an overview of health need ³ .	<ul style="list-style-type: none"> ○ sexual orientation (the policy could be used to resolve issues around sexual orientation e.g. bullying and harassment) ○ religion (the policy could be used to resolve issues around religion which could link into issues of race e.g. bullying and harassment) ○ age (linked to disabilities or work life balance requests) ○ Welsh language (if employee is Welsh speaker and Welsh is a factor of the employment) <ul style="list-style-type: none"> • Calderdale Clinical Commissioning Group found that their Long Service Award Policy had a possible negative impact on the following groups: <ul style="list-style-type: none"> ○ Age – (impact on employees aged 40 years and below) employees eligible for long service must have a minimum of 25 years of service with the NHS (aggregated). The minimum employment age is 16 therefore employees must be at least 41 years old before they become eligible. However, as the policy is designed to reward long service of 25 years and above, this negative impact can be justified as a proportionate means of achieving a legitimate aim ○ Sex - – this group (ie women) may take careers break and therefore unable to fulfil the eligibility criteria at the earliest opportunity ○ Carers - this group may take careers break and therefore unable to fulfil the eligibility criteria at the earliest opportunity. ○ Pregnancy/maternity - Employment Breaks following maternity leave may make it harder to fulfil the eligibility criteria at the earliest opportunity <p>However, The policy is applicable to all employees and adheres to the NHS Litigation Authority Standards, statutory requirements and best practice. The policy makes all reasonable provision to ensure equality of access to all employees. There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic.</p> <ul style="list-style-type: none"> • Nottinghamshire Healthcare NHS Foundation Trust found that their Annual Leave Policy had a positive impact on those taking maternity leave where leave is accrued throughout the period of maternity/adoption, and an indirect positive impact where those on long term sickness who may have a disability are able to carry forward statutory leave untaken. With regards to Human Rights they stated that it supported fundamental right to paid leave under the working time directive. • Southern Health NHS Foundation Trust found that their Special Leave Policy had: <ul style="list-style-type: none"> ○ A positive impact on the basis of age as the provisions were made available to all staff with all types of responsibilities regardless of whether they have young families or older dependents or need support to deal with personal circumstances, but that it also had a negative impact on the basis of age because employees without families may feel aggrieved that as this is not available to them,
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³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

		<p>therefore they are not afforded the same opportunities for leave. However, the special leave policy provides a wider range of additional leave that would equally be available to them.</p> <ul style="list-style-type: none"> ○ A negative impact on the basis of race because staff may have relatives' abroad or require extended period to travel for events i.e. funerals ○ A negative impact on the basis of religion/belief because whilst the Trust understand that there are many 'special days' within religious calendars, the Trust is unable to give paid time off for these events under special leave. ○ A negative impact on the basis of gender because employees with caring responsibilities (which tend to include more women and, therefore, a higher proportion of their workforce) may be subject to increased need to take time off in relation to care for dependents. <p>AGE</p> <ul style="list-style-type: none"> • Legally age differs from other protected characteristics in that an employer can make a decision based on someone's age, even if this would otherwise be direct discrimination, as long as it can be objectively justified (EHRC Guidance). • All staff with more than 26 weeks service can apply for flexible working, and the Policy sets out the only reasons which can be given for rejecting an application. However, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be approved for younger workers. • For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. (AGE UK) • There has been a trend for employees over the age of 50 to increasingly seek opportunities for flexible working. In 2005, 30% of employees aged 50+ worked flexibly, by 2010 the proportion had increased to 38%. (Age UK) • The Equal Opportunities Commission says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment because of their age is considered to be a victim of age discrimination. However, there are certain circumstances when discrimination may be allowed if it can be objectively justified. • On 6 April 2011, there was a change to the law relating to retirement. The effect of this change is that in most cases workers can now retire when they are ready, rather than when their employer decides. It is direct age discrimination to require or persuade a worker to retire because of their age unless you can objectively justify doing so. Retirement age is not necessarily the same as pension age – the age when a person becomes entitled to their pension. Equality law does not affect the age at which someone gets the state
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		<p>retirement pension. Neither does equality law affect the age at which a person can receive any occupational pension, which is decided by the rules of the pension scheme. Some workers may continue working beyond the age when they become entitled to a pension. (Equality Human Rights Commission)</p> <ul style="list-style-type: none"> • From April 2015, the Normal Pension Age (NPA) that members can receive their pension under the 2015 NHS Pension Scheme arrangements (without reduction for early payment) will be set equal to their State Pension Age (SPA). For 70% of NHS staff this will mean their pension age is between 65 and 68 years old (Working Longer Group Factsheet) • In the UNISON response to the Working Longer Review, UNISON refer to data from the Health and Social Care Information Centre which shows a correlation between age and sickness levels is demonstrated – UNISON express concern about the potential effect working till 68 years old could have on the health of NHS staff and suggest this may lead to an increase in sickness levels and the number of staff being made redundant for reasons of capability. However, the Equality Human Rights Commission advises that employers need to be careful not to make assumptions that workers’ performance will deteriorate as they get older. Research shows that older workers’ productivity does not usually decline at least up to the age of 70 where the same level of training is provided as for younger workers. Similarly, they advise that employers should not make assumptions about workers’ developmental or training needs based on their age. In particular, they should not assume that older workers would resist training in new areas. • According to the Department of Works and Pensions, by 2014 nearly a quarter of a million more people aged 65 and over opted to stay in work since the default retirement age was abolished three years earlier in 2011. In October 2014 there were 1,103,000 workers aged 65 and over in work compared to 874,000 in the quarter October to December 2011 – an increase of 229,000. There are 9.1 million people aged 50 plus in work, 29.7% of all those in work aged 16 plus in the UK (30.6 million) • According an Equality and Age Factsheet published by the Older People’s Commissioner for Wales, over half a million people in Wales are aged 65 and over which is 18% of the population and there are now more people of this age than there are children under the age of 16. The number of people aged 65 is projected to rise to one in four (over a million) by 2030. The factsheet states that negative stereotypes of later life can have a significant impact on older people in employment. Many people struggle to find training or promotion opportunities as they get older and it can be particularly difficult to find a new job once you are over 50. Instead of tapping into the huge wealth of knowledge and experience that older workers have to offer, increasingly they are described as ‘job blockers’. • According to XpertHR long service awards are not necessarily incompatible with the age discrimination provisions of the Equality Act 2010. Service-related benefits - although not age-related benefits - are subject to a limited exemption. The exemption means that long-service awards such as additional holiday or pay are allowed, provided that they are awarded on the basis of service of five years or less. If this is the case no further justification is required.
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		<p>DISABILITY:</p> <ul style="list-style-type: none"> • If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job (EHRC Guidance). • The Equality and Human Rights Commission states that Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person. However, case law has established that an employer must not give priority to other categories of redeployee, eg those at risk of redundancy, over a disabled worker who needs redeployment. • NHS Employers 'Guidance relating to disability for the NHS' (January 2014) highlights good practice advice for the management of disabled staff in relation to sickness absence, carers leave and redeployment to help organisations meet with their duties under the Equality Act 2010. It states that the Equality Act 2010 requires that reasonable adjustments are made to working conditions, policies and practices that put a disabled member of staff at a disadvantage and suggests that a reasonable adjustment could include transferring the individual to fill an existing suitable vacancy without competitive interview, altering his/her working hours or assigning him/her to a different place of work. <p>MATERNITY:</p> <ul style="list-style-type: none"> • Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. (Equal Opportunities Commission) • The Equality and Human Rights Commission website states that maternity leave and holiday cannot be taken at the same time. If an employee wants to take paid holiday they need to bring their maternity leave to an end. Annual Leave is accrued during maternity leave and employees must be allowed to carry over any unused part of their statutory leave entitlement of 28 days (which includes bank holidays). The UHB also allows staff to carry over contractual Annual Leave accrued during maternity leave. This can be taken before returning to work, or spread out to enable a phased return.
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		<p>RELIGION & BELIEF:</p> <ul style="list-style-type: none"> • The ACAS guide for Religion or Belief discrimination: key points for the workplace (2018) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination • Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods (EHRC). This may have flexible working implications • An employer is not under any legal obligation to grant indefinite religious holidays or time off so individuals can observe each and every one of their religious and cultural festivals and ceremonies. However, they should try and accommodate requests for time off when possible and only if it does not interfere with their business. It is important to ask early to give the employer some time to make alternative arrangements. (Equal Opportunities Commission) • The Equality and Human Rights Commission website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack of religion or belief. They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of not agreeing to the request. <p>GENDER (incl. Gender reassignment)</p> <ul style="list-style-type: none"> • If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person (EHRC Guidance). • CIPD research has found that Flexible workers are much less likely to report being under excessive pressure than people who don't work flexibly, with 29% of flexible workers saying they are under excessive pressure every day or once or twice a week compared with 42% of people who don't work flexibly. There is a big difference between the flexible working options that are most commonly used by women compared to men. In all, 44% of women work part-time compared to 13% of men. Men (17%) are more likely to work from home than women (10%). Overall 63% of women employees use one or more forms of flexible working
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		<p>compared to just 44% of men. In total, 33% of respondents report that flexible working helps them manage caring responsibilities of some description, either for children, parents or grandparents, spouse or partner, or others outside of the family. Men are more likely than women to say flexible working helps reduce the time and cost of commuting, while women are more likely to say working flexibly enables them to manage caring responsibilities.</p> <ul style="list-style-type: none"> • Anecdotally, it is expected that more women than men would take Special Leave to care for sick children etc., but as Special Leave is managed locally by line managers and is not recorded centrally there is no evidence to support this. • A Government Equalities Office publication (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer." • According to the Department of Works and Pensions, while numbers of both men and women in work and aged 65 and over increasing, in 2014 there were still more men from this age group in employment than women. In October 2011 there were 526,000 men over 65 in work, by 2014 there were 643,000 whereas for women in work the figure were 460,000 in 2014, compared to 348,000 in October 2011 <p>SEXUAL ORIENTATION</p> <p>Stonewall published 'LGBT in Britain: Work Report' about experiences of LGBT individuals in the workplace. They found that almost one in five LGBT staff (18 per cent) have been the target of negative comments or conduct from work colleagues in the last year because they are LGBT. This includes being the target of derogatory remarks, experiencing bullying and abuse, and being outed without consent. This rises to a third of trans people (33 per cent) and one in four LGBT disabled people (26 per cent). The following examples show that this can impact on retention and length of service:</p> <ul style="list-style-type: none"> • I retired early because of being outed in my workplace. My employer's attitude was appalling: I was told it was my own fault and to put up with the abuse I received. Freddie, 59 (West Midlands) • I have recently been off work because of stress due to homophobic bullying by my managers. While my colleagues are great, the managers are terrible. An official complaint to HR found that homophobic attitudes extend there also and I have been faced with either quitting or returning. I return next week but I am feeling stressed and depressed, and at times suicidal. Dewi, 36 (Wales) <p>RACE</p>
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		<ul style="list-style-type: none"> • Gough and Adami (2013) 'Saving for Retirement: A Review of Ethnic Minorities in the UK' found that disadvantages of ethnic minorities during their working life persist, especially for women, although to a lesser extent than in the past, and continue to affect private savings and prospective retirement income. Indian and Chinese men have experienced the greatest improvements in terms of employment status and income and this is reflected in higher levels of saving for retirement since the mid 1990s • Although it is now more than 10 years old, a Race Equality Foundation Briefing Paper by Franklin Oikelome (2007) entitled 'The recruitment and retention of black and minority ethnic staff in the National Health Service' notes the following points: <ul style="list-style-type: none"> ○ Studies have shown that racial discrimination continues to account for pay differentials and career advancement in the NHS between white and BME staff. BME staff are generally less likely to be invited for interviews or to be selected after the interview process. They earn less, experience higher rates of unemployment, and are less likely to gain promotion or to advance on the career ladder at work ○ BME nurses, in particular, experience persistent and systematic racism and are more likely than white nurses to change jobs for negative reasons — mainly bullying and harassment. They also face a 'glass ceiling' which prevents them from advancing to the higher levels of the occupational ladder • <p>OTHER FACTORS</p> <ul style="list-style-type: none"> • In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. (ACAS) • An ONS report from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being economically inactive is looking after family or home (the largest category is students) • According to the Department of Works and Pensions, the south east of England had the highest employment rates for 65 plus at 12.5% (Annual Population Survey, April 2013 to March 2014). Within Wales this stood at 9.1%, but there is no evidence to indicate what percentage of these are Welsh Speakers.
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5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The groups of individuals who will benefit from these policies include:</p> <ul style="list-style-type: none"> • Our patients and their families • Managers • Our staff and their families / dependents • Workforce and OD • Payroll services (NWSSP) • The public
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned.</p> <p>Organisationally we employ very few individuals under age of 21, and have an aging workforce.</p> <p>It is interesting to note that the number of individuals working part time within the age 36-40 bracket has increased significantly since 2014 (when the Flexible Working Policy was last EQIAd). This could potentially be due to increasing numbers of individual who have caring responsibilities at both ends of the age spectrum (e.g. young children and elderly parents)</p> <p>Term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be approved for younger workers. Other forms of flexible working could be used as a way of retaining older employees.</p> <p>Anecdotally (though there are no centralized records to support this) it is anticipated that employees with young</p>		

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	<p>children are more likely to use the Special Leave Policy to provide unplanned care for sick dependents, while older employees may be more likely to use it for bereavement and to arrange funerals for their parents.</p> <p>16 and 17 year olds are treated differently in the Working Times Procedure as 'special rules for younger workers' apply to ensure they have longer rest periods. However, the UHB only employs very small numbers of young workers</p> <p>There is evidence which suggests that people over the age of 50 struggle to find a new job, training or promotion opportunities. This policy prevents discrimination and has a positive impact by setting out the processes to be followed when an employee needs to be redeployed (for reasons other than organisational change) regardless of their age.</p> <p>To receive a loyalty awards staff must have 20 or 30 years continuous service with the UHB (or predecessors). Only staff aged 36 or more will be eligible, and in reality the UHB has very few employees under the age of 20 which means most people will not become eligible until they are in their 40s. Breaks taken by staff in order to 'retire and return' are disregarded for the purposes of loyalty awards.</p>		

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	<p>Annual Leave entitlements increase with length of service. Although length of service is not necessarily tied to age, it is likely that more older employees will have reached 10 years service so the procedure has a potential positive impact on older employees, but has a neutral impact on younger employees</p> <p>Some colleges and specialties support older Consultants coming off the on-call rota, especially in acute areas. This would be reflected in the job planning process</p>		
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Employers are required to make reasonable adjustments for disabled employees – this can include redeploying the individual into an alternative role to enable them to remain in work. The Redeployment Procedure states that:</p> <p>If, due to ill health or disability, it is apparent that the employee cannot continue in their substantive post and all applicable reasonable adjustments have been made, redeployment should be considered.</p> <p>Flexible working and/or homeworking could be used as a reasonable adjustment to enable disabled staff to remain in work.</p> <p>Staff continue to accrue Annual Leave while on sick leave. The process for taking Annual Leave while off sick and / or carrying Annual Leave over are set out in the NHS Wales Managing Attendance at Work Policy</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Any reasonable adjustments which have an impact on working patterns for individual Consultants or SAS Doctors would be reflected in their job plans		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned. However, it is anticipated that some of the flexibilities offered are more likely to be used by female employees because caring responsibilities for both children and elderly relatives are disproportionately taken on by women.</p> <p>Women are more likely to have a break in service to raise a family. This would have an effect on their ability to meet the eligibility criteria for e.g. loyalty awards at the earliest opportunity.</p> <p>More female employees work part time – the AL procedure states that part time staff are entitled to a pro rata entitlement based on their contracted hours.</p> <p>There are more part time female Consultants – working part time could potentially have an impact on their SPA (supporting professional activity) time. The Job Planning Procedures ensure that this time is allocated in line with the guidance issued by the Academy of Medical Royal Colleges to ensure consistency and fairness for employees who work less than full time</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	There is also evidence that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. The Supporting Transgender Staff Procedure states that while employees are receiving treatment, managers should try to be as flexible as possible to meet reasonable requests for changes in shifts or working hours within the needs of the service. Flexible Working or redeployment (temporary or permanent) can also be considered.		
6.4 People who are married or who have a civil partner.	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the marital status of the individual concerned.</p> <p>Staff often want to have a longer period of Annual Leave around the time of their wedding/honeymoon. The procedure recognises this and reminds managers that there may be times when it is appropriate to allow longer periods of leave than usual, as long as service needs can be met.</p>		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after	If at the end of their maternity leave an employee wishes to return to work on different hours, her manager has a duty to facilitate this wherever possible, with her returning to work on different hours in the same job. If this is not possible, the manager must provide written,		

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<p>having a baby whether or not they are on maternity leave.</p>	<p>objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which she held prior to her maternity leave. These provisions are mirrored for staff on adoption leave</p> <p>The Working Times Procedure states that consideration should be given to individual circumstances such as combining breastfeeding and returning to work. Women who are pregnant are entitled to time off for ante-natal care, and women who have recently given birth and returned to work should have paid time off for postnatal care e.g. attendance at health clinics</p> <p>Maternity leave does not count as a break in service and therefore does not have an impact on an individual's eligibility for a long service award.</p> <p>Annual Leave continues to be accrued by employees while they are on maternity leave. This can then be taken before the member of staff returns to work or spread out to enable them to have a phased return. Staff are referred to the Maternity Leave and Pay Procedure which describes these processes and entitlements.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Consultants and SAS Doctors who wish to return from maternity leave on a reduced number of sessions are able to have a job plan review prior to or on their return to work, rather than having to wait until the annual review date.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.</p> <p>There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their eligibility for loyalty awards</p> <p>some staff may want to have a longer period of Annual Leave than would ordinarily be approved e.g. overseas employees who wish to visit their families. The procedure has been updated to recognise this and remind managers that there may be times when it is appropriate to allow longer periods of leave than usual, as long as service needs can be met.</p>	<p>This evidence is from NHS England. We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires.</p>	
6.7 People with a religion or belief or with no religion or belief.	The Working Times Procedure has a positive impact on this group stating that due consideration should be given to cultural/religious practices which may impact on the timings of breaks		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	<p>The Annual Leave Procedure has a positive impact on people because of religion, belief or non-belief. It prevents discrimination by setting out the processes to be followed for requesting and approving Annual Leave, thereby ensuring that all staff accessing the procedure will be treated in the same way. Furthermore, the procedure states that managers should consider favourably any request by staff to take paid leave for religious festivals. Such requests should take priority where possible, although managers will need to balance the needs of the team. Employees should inform managers at the earliest possible time of these dates, so that appropriate arrangements can be made. Managers are signposted to the ACAS guide for Religion or Belief in the workplace - A guide for employers and employees</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of who the individual concerned is attracted to.</p> <p>However, there is evidence (referenced above) which shows that LGBT individuals sometimes leave their employment early because of their experiences in the workplace</p>	We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		
6.12 Consider any other groups and risk factors relevant to this strategy,	Discrimination by Association should be considered when considering requests for flexible working, homeworking, special leave and parental leave.	Guidance on Discrimination by Association should be incorporated into the Flexible Working Policy and Parental	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
policy, plan, procedure and/or service	The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)	Leave Procedure when they are next reviewed. The Special Leave Policy is an all Wales Policy and cannot be altered by the UHB.	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>There is an expectation that employees should take all their annual leave entitlement in the relevant year as its purpose is to take a break from work.</p> <p>Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. The UHB will consider the availability of alternative daytime employment should a night worker's health preclude them from safe night working.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The Working Times Procedure requires staff to notify the UHB if they plan to undertake / are undertaking secondary employment. Staff who have secondary employment are responsible for ensuring they have adequate rest periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed</p> <p>The UHB wants to acknowledge staff commitment and loyalty by providing a tangible reward to staff who have completed a mile stone for long service – this means that they must be in continuous employment with the UHB or its predecessor organisations to be eligible. If an individual has an employment break, this does not count as a break in service. However, the length of the employment break is disregarded when determining if the eligibility criteria has been met. ‘Retire and return’ breaks and absences due to maternity leave etc. do not count as breaks in service for the purposes of loyalty awards.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern.</p> <p>The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period. It is recognized that some staff may not be able to afford to access this scheme because of the required repayments</p>	<p>The Annual Leave Purchase Scheme is entirely voluntary – a 'calculator' is available to help staff work out what the likely repayments would be before submitting an applications for additional annual leave</p>	<p>The UHB reserves the right to reject applications for additional annual leave if the absence will have a negative effect on the day to day delivery of services or adversely affect the team.</p>
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to</p>	<p>This Policy and the accompanying procedures could have a positive impact on people in terms of their use of the physical environment e.g. breaks away from the workplace, flexible working and annual leave all enable staff to access fresh air, leisure activities etc.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of social and community influences on their health</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

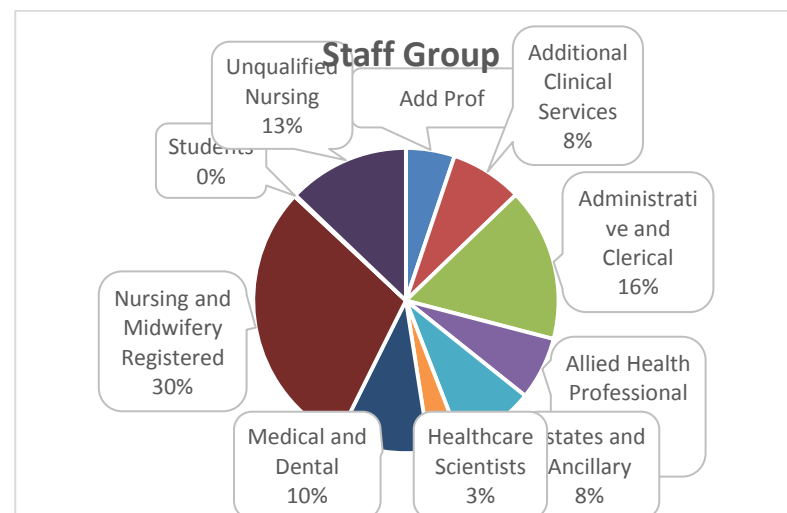
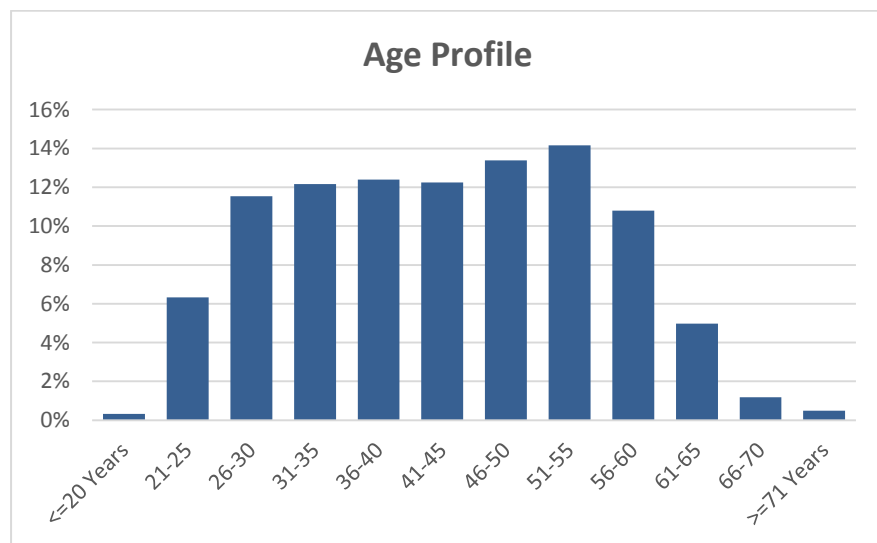
8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	<p>These Policy and accompanying procedures have a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/or terms and conditions and are for the benefit of one or more groups with protected characteristics:</p> <p>AGE - ‘special rules for younger workers’ apply for 16 and 17 year olds, ensuring they have longer rest periods. Some forms of flexible working are more suitable for employee with young children (e.g. term time working) but flexible retirement options could be used to retain older workers. Although loyalty awards are not directly linked to age, younger workers (under 40) will not be eligible. Annual leave entitlements also increase with length of service so has a potential positive impact on older workers. Some colleges and specialties support older Consultants coming off the on-call rota and this will be reflected in their job plans.</p> <p>DISABILITY - due consideration should be given to individual circumstances such as reasonable adjustments – this could include redeployment, extra breaks or flexible working for example.</p> <p>GENDER – some of the flexibilities offered may be more attractive to female workers because they tend to be responsible for caring for dependents.</p> <p>MATERNITY - Consideration should be given to individual circumstances such as combining breastfeeding and returning to work. Furthermore, the Maternity Policy and accompanying Procedures requires that a risk assessment is conducted for pregnant employees and this would be expected to take working patterns into consideration and that women who are pregnant or have recently had a baby are entitled to time off for ante-/post-natal care.</p>
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	<p>RELIGION & BELIEF - Consideration should be given to cultural/religious practices which may impact on the timings of breaks, annual leave etc</p> <p>With regards to the impact on the overall health of individual people and on the impact on our population (ie health inequalities):</p> <p>EMPLOYMENT STATUS/INCOME - Staff must notify the UHB if they plan to undertake / are undertaking secondary employment. They are responsible for ensuring they have adequate rest periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed. Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern. The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period. It is recognized that some staff may not be able to afford to access this scheme because of the required repayments.</p> <p>PHYSICAL ENVIRONMENT - breaks away from the workplace, flexible working and annual leave all enable staff to access fresh air, leisure activities etc.</p> <p>With regards to WELSH LANGUAGE SKILLS, there is no evidence to suggest that the policy has any impact on individual members of staff because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh speakers into consideration when considering e.g. annual leave, flexible working, redeployment etc</p>
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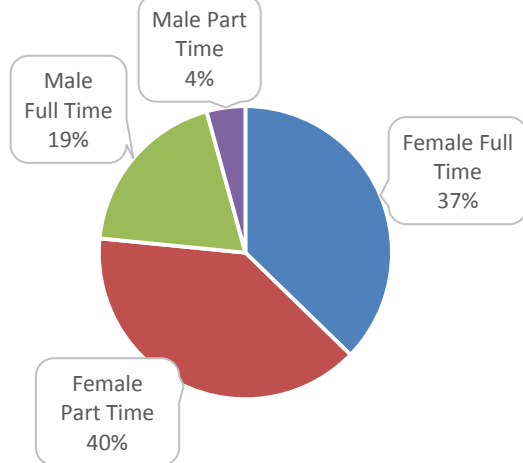
Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<ul style="list-style-type: none"> Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 				

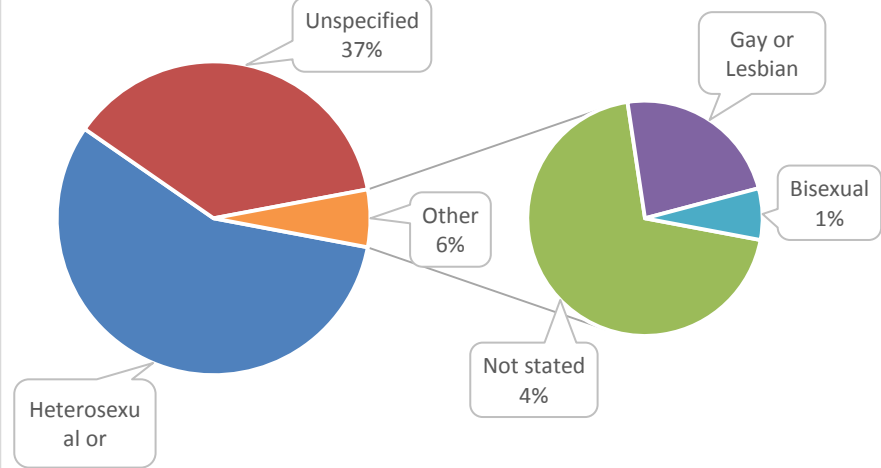
WORKFORCE MONITORING DATA (September 2018):



Gender and Contract



Sexual Orientation



Ethnic Group

