Equality & Health Impact Assessment for

EMPLOYEE HEALTH AND WELLBEING POLICY

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	Employee Health and Wellbeing Policy and accompanying procedures (e.g. Management of Stress at Work, Alcohol and Substance Misuse, Domestic Abuse, Industrial Injuries Procedures)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager Nicky Bevan, Head of Employee Health and Wellbeing Services Stuart Egan, UNISON

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

3.	Objectives of strategy/ policy/ plan/ procedure/ service	The health and wellbeing of staff is key to the UHB providing high quality care for patients and is a key responsibility for individuals and managers. This Policy has been designed to create the environment in which staff are encouraged and supported to take personal responsibility for their own health and wellbeing, and to ensure managers recognise the importance of supporting staff health and wellbeing and creating opportunities for this.
4.	Evidence and background information considered. For example • 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 Population pyramids are available from Public Health Wales Observatory ² and the	 WOD 3-year workplan 2018 NHS Wales Staff Survey results for the UHB (health and wellbeing and engagement questions): 63% of respondents had come into work in the preceding 3 months despite not feeling well enough to perform their duties (57& in 2016, 71% in 2013) 25% have felt under pressure from their manager to come to work (31% 2016, 39% 2013) and 20% have felt pressure from colleagues (23% 2016, 29% 2013) 50% of respondents believe the UHB is committed to helping staff balance their work and home life (45% 2016, 38% 2013) 34% of respondents have been injured or felt unwell as a result of work related stress during the preceding 12 months (28% 2016, 35% 2013) 22% had personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the pubic in the preceding 12 months (20% 2016, 19% 2013) 18% had personally experienced harassment, bullying or abuse at work from managers/line managers/team leaders or other colleagues in the preceding 12 months (16% 2016, 21% 2013) Gold and Platinum Corporate Health Standard assessments in September and October 2017 found the UHB to have robust data, evaluation and comprehensive and diverse health and wellbeing practices, to the extent that the UHB is now recognised as an exemplar organisation A consultation has taken place between 14 March and 15 April 2019 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff

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

	UHB's 'Shaping Our Future
	Wellbeing' Strategy provides an
I	overview of health need ³ .

Representatives, Equality Manager, Welsh Language Officer, Workforce and OD, and the Rainbow Fflag Network.

- A number of Policies and EQIAs from other organisations were access via a Google Search on 12.03.19 of those accessed: -
 - Mid Essex Hospital Services NHS Trust <u>Staff Health and Wellbeing Policy</u>:
 DISABILITY Disabilities can sometimes development from a bought of sickness and disabilities can require differing facilities to sustain a healthy working environment.
 AGE Staff do tend to have differing health issues at different times of their life.
 - East of England Ambulance Service NHS Trust <u>Occupational Health and Wellbeing Policy</u>: The policy has a high positive impact and low negative impact on gender, race, disability, sexual orientation, age and belief and religion on the basis that it will affect all equally
 - Public Health Wales <u>Prevention of Stress and Management of Mental Wellbeing Policy</u>
 EHIA:

AGE adults between 25 - 34 are more stressed than other age groups. They have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing. The policy will impact positively due to increased awareness of stress issues.

GENDER There are noted gender differences in response to stress. Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders

RACE Research carried out by the HSE in 2005 found there was a significant association between work stress and ethnicity. The combination of racial discrimination with gender and ethnicity is powerfully influential in work stress.

RELIGION & BELIEF There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress

SOCIAL/COMMUNITY INFLUENCES The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated.

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³ http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general.

- Age UK provides information about age-related health conditions including dementia, eye health, incontinence, hearing loss, osteoporosis, and depression & anxiety
- <u>Public Health Wales</u> published a statistical report on alcohol and drug use on health, social care and education services in Wales (2016-17)
- A <u>Stonewall report</u> into health and the LGBT community in 2018 found that 52% of LGBT people experienced depression in the last year and that 14% (in in 7) LGBT people avoid seeking healthcare for fear of discrimination from staff. Key findings include:
 - One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women
 - o Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people including 20 per cent of trans people have witnessed these remarks.
 - One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
 - o One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
 - One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month
 - o Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same
- The Mental Health Foundation says that though the area of mental health in black, Asian and minority ethnic (BAME) groups is under-researched, BAME groups are generally considered to be at higher risk of developing mental ill health it provides an online summary of research to date
- The <u>Maternal and Early Years website</u> says that estimates suggest that up to 1 in 7 mothers will experience a mental health problem in the antenatal or postnatal period.
- <u>Public Health Network Wales</u> state that both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. Men

		 and women share many health concerns in common, but there are of course many differences between the sexes, through their biological composition, the traditional roles and responsibilities that society continues to perpetuate, and their statuses within the family and community. Women generally live longer than men but their quality of life and well-being tends to be poorer. The Telegraph included an article in 2019 which claimed that there are health benefits associated with being married, including reduced chances of heart attacks and strokes, lower stress levels and improved fitness
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	 The groups of individuals who will benefit from this policy include: Our patients and their families Managers Our staff Other groups who meet our patients e.g. volunteers, honorary contract holders, bank and agency staff
		Workforce and ODPublic Health

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
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy and the accompanying procedures apply to all staff regardless of age. It is likely to have a particularly positive effect for older staff as the investment in keeping staff healthy may enable them to work longer, if they wish.		Clinical Boards and Directorates are encouraged to support a range of health and wellbeing activities, meaning staff can choose age-appropriate activities.

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
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This policy and accompanying procedures apply to all staff groups. The policy applies equally to physical and emotional wellbeing.	The UHB has achieved Disability Confident Employer Level 2 status. This is a scheme that helps the UHB think differently about disability, and improve how we attract, recruit and retain disabled workers. A task and finish group has been established to look at how we can achieve Disability Confident Leader Level 3 status. Copies of the policy and accompanying procedures can be made available in alternative formats (e.g. large print) on request.	
6.3 People of different genders: Consider men, women, people undergoing gender	This policy and accompanying procedures have a positive impact on this group by ensuring that the same health and wellbeing opportunities are available to staff irrespective of the gender	A standalone EHIA is being developed for the Domestic Abuse, Violence against Women and Sexual	The UHB has recently adopted the NHS Wales Menopause Policy

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
reassignment	of the individual.	Violence Procedure	
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	Our workforce profile shows that we have more female than male employees, but also that more female employees work part time. The policy is explicit in its aim for health and wellbeing activities to be accessible to all staff groups.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures aim to ensure equal access to health and wellbeing activity irrespective of marital status or having a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity	This policy and the accompanying procedures apply irrespective of whether individuals are on maternity leave or have recently had a baby.		The UHB Maternity Procedure requires managers to complete a Maternity Risk Assessment for pregnant employees

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
leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	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.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief of the individual concerned.		
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked number 127 of the Stonewall Index which indicates that the UHB is committed to making the workplace LGBT+ friendly in all its practices

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	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether staff are Welsh speakers		
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
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	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the income of the individual concerned.		Employees have access to health and wellbeing activities by virtue of them being a staff member, rather than because of their ability to pay.
6.11 People according to where they live: Consider people living in areas known	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the		

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
to exhibit poor economic and/or health indicators, people unable to access services and facilities	where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this policy and accompanying procedures have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		

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
7.1 People being able to	This policy and accompanying procedures		

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
access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	have a positive impact by ensuring that the same processes are followed irrespective of access to services offered.		
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	Our ambition is to be a 'great place to work and learn' – the policy states that an important aspect of achieving this is the promotion and maintenance of the health and wellbeing of our staff The policy is the umbrella document for a number of other procedures, including Stress at Work and Alcohol and Substance Misuse.		The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.

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
vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc			
Well-being Goal – A healthier Wales			
7.3 People in terms of their income and	The policy and accompanying procedures have a positive impact by ensuring that the		
employment status: Consider the impact on the availability and accessibility of work, paid/unpaid employment, wage levels, job security,	same processes are followed irrespective of the individuals income and employment status and that all staff have access to health and wellbeing activities regardless of their income.		
working conditions Well-being Goal – A prosperous Wales	The Industrial Injuries Claims Procedure applies to employees who have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct. Injury Allowance is a top up payment to 85% of pay for a maximum of 12		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected months during sickness absence, or to extend	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	phased return to plans as an alternative to using annual leave.		
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 crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	This policy states that our initiatives will be aligned to the wider public health priorities – this includes access to green spaces, healthy food, walking routes and other forms of outdoor exercise, and support for physical and emotional health The Corporate Health Standard is key mechanism for monitoring the policy. It assesses all of these areas through its Gold and Platinum assessment processes		

How will the strategy, policy, plan, procedure and/or service impact on:- Well-being Goal – A resilient Wales	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
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 Well-being Goal – A Wales of cohesive communities	This policy has a positive impact by ensuring that the same access is given to health and wellbeing activity irrespective of social and community influences on the individual's health.		
7.6 People in terms of macro-economic, environmental and	This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic,		

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
sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	environmental or sustainability factors		
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 p	ositive and/or
negative impacts of the strategy,	policy, plan or
service	

The Policy has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that all staff have access to health and wellbeing activities irrespective of the individual concerned. The policy also recognises the importance of encouraging staff to take personal responsibility for their health and wellbeing.

The Gold and Platinum Corporate Health Standard assessments are rigorous and comprehensive across the whole health and wellbeing agenda.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when required
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps?	The Policy, Procedures and EHIA will be			
	published on the UHB internet and			
Some suggestions:-	intranet sites.			
Decide whether the strategy,				
policy, plan, procedure and/or	On publication, the policy will be			
service proposal:	communicated via a briefing for staff and			
o continues unchanged	managers advising of the key changes This			
as there are no	will be communicated via the Health and			
significant negative	Wellbeing internet pages, email to Clinical			
impacts	Boards and the CAV You Heard? (UHB) Newsletter.			
o adjusts to account for	Newsietter.			
the negative impacts o continues despite	The Policy and EHIA will be reviewed			
o continues despite potential for adverse	three years after approval unless changes			
impact or missed	to legislation or best practice determine			
opportunities to	that an earlier review is required			
advance equality (set	and an authorized to require			
out the justifications				
for doing so)				
o stops.				
 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):





















