Equality & Health Impact Assessment for

Study Leave Procedure for Medical & Dental Staff (not in training)

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	Peter Durning, Assistant Medical Director for Workforce & Revalidation Hilary Sharp, Senior Medical Workforce Manager Saty Bhatia, BMA
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (the UHB) is committed to developing and maintaining arrangements which make it a great place to work and learn. The UHB will seek to ensure that medical and dental staff (not in training) are able to access Study Leave opportunities and thereby maintain continuous professional development activities as required.

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

		 The aim of this Procedure is to:- clarify the criteria for approval of study leave identify the categories of study leave available illustrate the recommended standards for study leave detail the process for approval and recording of study leave within the UHB whilst also recognising that there needs to be consistent service cover in order to be able to deliver an effective and safe service to our patients.
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 Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³. 	 Workforce monitoring data (see end of document) A number of EQIAs from other organisations were examined as part of this EQIA process – of those checked: <u>Plymouth Hospitals NHS Trust</u> undertook an Equalities and Human Rights Impact Assessment in respect of its Senior Medical & Dental Staff Study Leave Policy. In reviewing the policy in relation to race, religion, disability, sex, gender identity, sexual orientation, age, socio-economic data, and human rights, it found there were no specific human rights or equality issues and data gaps which needed to be addressed. <u>St George's Healthcare NHS Trust</u> undertook an Equality Impact Assessment in relation to race, disability, gender, sexual orientation, age, religion or belief, and human rights, it considered that existence of the policy/procedure would have a positive impact by promoting equality of access to learning opportunities and providing managers with guidance when considering applications for study leave and training.

² <u>http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf</u> ³ <u>http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face</u>

		Northern Devon Healthcare NHS Trust undertook an Quality Impact Assessment in relation to its Study Leave Policy for Senior Doctors. In assessing the policy, it found there was no impact in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation, and sex.	
		On the ACAS website it is noted that fairness in the workplace is a vital part of a successful public body and supported by the Equality Act 2010. The aim of the Act is to improve equal job opportunities and fairness for employees and job applicants and highlighting it is unlawful to discriminate against people at work because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It also highlights the benefits of promoting equality and diversity such that employees have a better chance of getting training, career development and promotion opportunities and developing skills, knowledge and experience relevant to the role which thereby benefits the individual and the organization as a whole.	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	 Our employees Managers Patients The public 	

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 procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
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 procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.	Copies of the procedure can be made available in alternative formats (e.g. large print) on request. Managers/Medical Education can provide support to individuals unable to understand/access the forms/on-line application system. Trade Union members can also seek support from their staff side organisation.	

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
 6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender 	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way. However, it should be noted that more female medical and dental staff work less than full time working patterns.	There should be flexibility to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern.	
6.4 People who are married or who have a civil partner.	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby,	This procedure has a positive impact on this group by setting out the processes to be		

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
or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way. Recommended standards of study leave allowance are not negatively impacted by maternity absence.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non- English speakers, gypsies/travellers, migrant workers	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study	When providing educational facilities, the UHB should be mindful of the <u>ACAS guide for</u> <u>Religion or Belief in the</u> <u>workplace – a guide for</u>	

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 opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.	employers and employees which encourages awareness in relation to the timing of religious festivals and provision of facilities which may impact on any courses / educational events it holds.	
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	No evidence was found to suggest that this procedure impacts on individuals because of their Welsh Language Skills		
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			

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
6.10 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 procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
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	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of where the doctor / dentist 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 procedure have a negative impact. This procedure has a positive impact on this group by setting out the processes to be		

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
	followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		

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 procedure has a positive		
access the service offered:	impact by setting out the		
Consider access for those living in areas of deprivation and/or	processes to be followed for requesting and approving		
those experiencing health	accessing, requesting and		
inequalities	approving Study Leave		
	opportunities, thereby ensuring		
Well-being Goal - A more equal	that all medical and dental staff		
Wales	(not in training) accessing the		
	procedure will be treated in the		
	same way irrespective of access to services offered.		
7.2 People being able to	This procedure has a positive		
improve /maintain healthy	impact by setting out the		
lifestyles:	processes to be followed for		
Consider the impact on healthy	requesting and approving		
lifestyles, including healthy	accessing, requesting and		
eating, being active, no smoking	approving Study Leave		
/smoking cessation, reducing	opportunities, thereby ensuring		
the harm caused by alcohol and	that all medical and dental staff		
/or non-prescribed drugs plus access to services that support	(not in training) accessing the procedure will be treated in the		
disease prevention (eg	same way irrespective of the		

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
immunisation and 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	individuals' ability to improve or maintain health lifestyles		
 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 Well-being Goal – A prosperous Wales 	This procedure only applies to medical and dental employees (not in training) within Cardiff and Vale UHB.	There should be flexibility to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern.	
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	This procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring		

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
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 Well-being Goal – A resilient Wales	that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of the individual's use of the physical environment.		
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 procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of social and community influences on their health.		
7.6 People in terms of macro-	This procedure has a positive		

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
economic, environmental and	impact by setting out the		
sustainability factors:	processes to be followed for		
Consider the impact of	requesting and approving		
government policies; gross	accessing, requesting and		
domestic product; economic	approving Study Leave		
development; biological	opportunities, thereby ensuring		
diversity; climate	that all medical and dental staff		
	(not in training) accessing the		
Well-being Goal – A globally	procedure will be treated in the		
responsible Wales	same way irrespective of macro-		
	economic, environmental or		
	sustainability factors.		

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	The Study Leave Procedure for Medical & Dental Staff (not in training) has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same processes are followed in accessing/requesting/approving study leave procedures. In particular:		
	 Recommended standards of study leave are not negatively impacted by sick leave or maternity/adoption/parental leave absences. A larger proportion of female medical and dental staff (not in training) work less than full time. A flexible approach should be taken to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern. 		

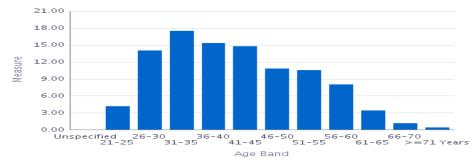
Action Plan for Mitigation / Improvement and Implementation

	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
	Managers/Medical Education can provide support to individuals unable to understand/access the forms/on-line application system. Trade Union members can also seek support from their staff side organisation.	Line Managers / Medical Education	Ongoing	Action to be taken as and when required.

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No, as the overall impact is positive.			
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?				

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
 8.4 What are the next steps? Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	 The Study Leave Procedure for Medical & Dental Staff (not in training) is to continue unchanged as there are no significant negative impacts. The Procedure and EHIA will be published on the UHB internet and intranet sites. On publication, the procedure will be communicated via a briefing for staff and managers advising of the key changes and reminding staff of their entitlements and obligations This will be communicated via the WOD internet pages 'Working for Us', email to Clinical Boards and the CAV You Heard? (UHB) Newsletter. The Procedure and EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. 			

APPENDIX: UHB STAFFING DATA (March 2018)

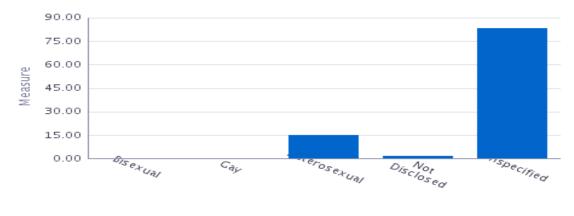


Age Profile (Medical & Dental staff)

WTE by Pay Grade (Medical & Dental staff)

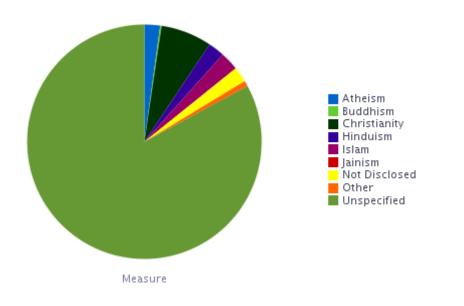
Payband	Grade	Total
Consultant	551.74	
Junior Medical	MN13	67.00
	MN15	67.00
	MN21	29.00
	MN37	387.35
	MN39	60.00
	MT50	2.10
	MT59	52.55
Other Medical Grades	LD01	11.64
	LD11	4.28
	LD21	4.59
	LPG3	0.40
	LPGP	3.76
	MC41	21.99
	MC46	43.90
	MD11	0.18
	MDPC	0.00
	ME21	1.09
	MGCD	3.50
	MQ00	2.92
Grand Total	1315.00	

Sexual Orientation (Medical & Dental staff)

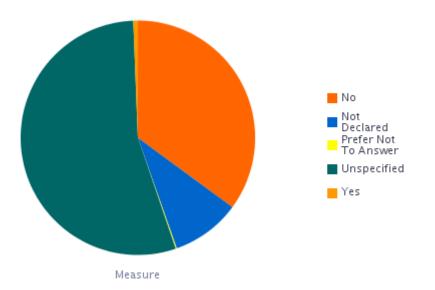


Sexual Orientation

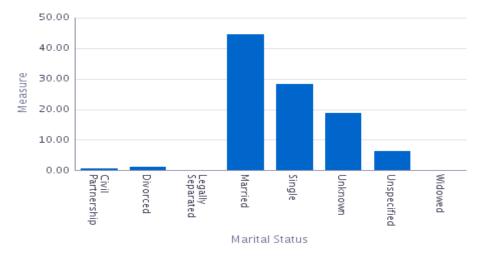
Religious Belief (Medical & Dental staff)



Disability (Medical & Dental staff)



Marital Status (Medical & Dental staff)



Welsh Language skills (all UHB staff)

