Equality & Health Impact Assessment for

Annual Leave and Bank Holiday Policy

Part 1
Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	n/a Annual Leave and Bank Holiday Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Wales Policy People and OD Directorate Lead: Ruth Tofton, Senior People and OD Advisor
	,	Ruth.Tofton@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Annual Leave and Bank Holiday policy sets out the responsibilities of Public Health Wales in respect of annual leave and bank holiday entitlements and the method of calculation. The policy also sets out the employee's responsibility: To manage their annual leave entitlement To ensure that it is planned and taken at regular intervals throughout the leave year: and That it is requested via the agreed procedure.
		It also describes the manager's responsibility to calculate an employee's annual leave entitlement accurately; and to ensure that the leave entitlement is taken in a timely manner. The aim is to avoid unnecessary accruals or deficits, which may result in a

breach of the Working Time Regulations, NHS Terms and Conditions of Service and/or this policy.

The Policy also outlines the benefits of the Annual Leave Purchase Scheme and the process for employees to follow.

- **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 and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.

Staff Data

(All data has been taken from the ESR records as at 31 March 2022)

Age Profile

Age	%
<20	0.29%
20-25	7.91%
26-30	11.72%
31-35	12.95%
36-40	13.52%
41-45	14.55%
46-50	11.43%
51-55	12.99%
56-60	9.59%
>60	5.04%
	3.0.70

Disability

6% of our staff have indicated that they have a disability, but this information is not known for 20% of staff.

Gender

The gender breakdown of the organisation is approximately 75% female and 25% male.

The gender breakdown of part time workers is approximately 92% female and 8% male.

Marital Status	
Marital status	%
Civil Partnership	1.02%
Divorced	6.02%
Legally Separated	0.45%
Married	48.40%
Single	35.70%
Unknown	7.50%
Widowed	0.90%
Grand Total	100.00%

Ethnicity

84.3% of our staff have indicated their ethnic group; of this proportion, 78.9% are White, 2.5% are Asian, 1.8% are Black and 1.1% fall into another ethnicity category (including mixed).

Religious Belief

Belief	%
Atheism	20.8%
Buddhism	0.4%
Christianity	37.2%
Hinduism	0.4%
Islam	1.7%
Not Disclosed	15.2%
Other	9.4%
Sikhism	0.2%
Unspecified	14.4%

Sexuality

80.9% of our staff have disclosed this information; 75.6% indicated they are heterosexual, 3% gay or lesbian, 1.9% bisexual, 0.1% other sexual orientation not listed and 0.3% undecided.

We currently do not collect information regarding gender reassignment or socio-economic status. However, we do know the income profile of our staff, which is as follows:

Pay Band	Grand Total
Band 2	4.88%
Band 3	10.49%
Band 4	15.82%
Band 5	14.51%
Band 6	13.20%
Band 7	16.84%
Band 8 - Range A	8.40%
Band 8 - Range B	3.52%
Band 8 - Range C	2.99%
Band 8 - Range D	1.43%
Band 9	2.13%
Other	5.78%
Grand Total	100.00%

Research and Good Practice

A range of other organisational policies and EqHIAs have been reviewed to look at good practice and to review the impact that annual leave may have on particular groups of people.

Policy Workshops have taken place with staff and Trades Union partners for their input to the revised Policy.

5. Who will be affected by the strategy/ policy/ plan/ procedure/ service

All Agenda for Change employees at Public Health Wales.

Consider staff as well as the population	
that the project/change may affect to	
different degrees.	

Part 2- Equality and Welsh language

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'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are:	The policy applies to all AfC staff, regardless of age. There is no evidence to suggest the policy has a disproportionate impact on people in relation to their age. The policy is designed to prevent any indirect discrimination by setting out the processes that should be followed.		

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	The policy applies to all AfC staff, regardless of disability. There is no evidence to suggest the policy has a disproportionate impact on people in relation to disability.	
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	The policy applies to all AfC staff, regardless of gender. There is no evidence to suggest the policy has a disproportionate impact on people in relation to gender.	
6.4 People who are married or who have a civil partner.	The policy applies to all AfC staff, regardless of marriage of civil partnership.	

	There is no evidence to	
	suggest the policy has a disproportionate impact on people in relation to marriage or civil partnership.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy sets out the entitlement for employees to accrue public holidays that fall during their maternity leave.	
	There is no evidence to suggest the policy has a disproportionate impact on those expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	
6.6 People of a different race,	The policy applies to all AfC staff, regardless of	
nationality, colour,	race, nationality, culture,	
culture or ethnic origin	etc.	
including non-English		
speakers,	There is no evidence to	
gypsies/travellers,	suggest the policy has a	
migrant workers	disproportionate impact on	
	people in relation to race,	

hnic origin.		
ne policy applies to all C staff, regardless of elief.		
nere is no evidence to aggest the policy has a sproportionate impact on eople in relation to belief lack of belief.		
ne policy applies to all C staff, regardless of exual orientation. nere is no evidence to aggest the policy has a sproportionate impact on exple in relation to sexual rientation.		
ne policy applies to all C staff, regardless of vel of income. ne policy links to the anaging Attendance at ork (all Wales) Policy in elation to sickness		
	ere is no evidence to gest the policy has a proportionate impact on ople in relation to belief lack of belief. e policy applies to all c staff, regardless of cual orientation. ere is no evidence to gest the policy has a proportionate impact on ople in relation to sexual entation. e policy applies to all c staff, regardless of el of income. e policy links to the naging Attendance at ork (all Wales) Policy in	Estaff, regardless of ief. ere is no evidence to ggest the policy has a proportionate impact on ople in relation to belief ack of belief. e policy applies to all content of staff, regardless of kual orientation. ere is no evidence to ggest the policy has a proportionate impact on ople in relation to sexual entation. e policy applies to all content of staff, regardless of el of income. e policy links to the maging Attendance at ork (all Wales) Policy in ation to sickness curring during annual

6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or	There is no evidence to suggest the policy has a disproportionate impact on people according to where		
health indicators, people unable to access services and facilities	they live.		
6.11 Consider any other	There is no evidence to		
groups and risk factors	suggest the policy has a		
relevant to this	disproportionate impact on		
strategy, policy, plan, procedure and/or	any other groups.		
service			
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme,			
service to ensure there are no adverse effects and/or a positive or increased positive effect on:			
(please note these will cont	(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with		
one or more standards outli	ned within the Welsh Langua	ge Standards (No 7) Regula	tions 2018)
Opportunities for	The Policy and Procedure		
persons to use the	will be translated and		
Welsh language	available to staff equally in		
	Welsh and English.		
Treating the Welsh	The Policy and Procedure		
language no less	will be translated and		
favourably than the	available to staff equally in		
English language	Welsh and English.		

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)

- 2. Record any unintended consequences (negative impacts) and/or gaps identified
- 3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
- 4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional	Unintended consequences or	Population groups	Mitigation/recommendations
	opportunities	gaps	affected	
 7.2 Lifestyles Diet/nutrition/breastfeeding Physical activity Use of alcohol, cigarettes, e-cigarettes Use of substances, non-prescribed drugs, abuse of prescription medication Social media use Sexual activity 	n/a			
 Risk-taking activity i.e. gambling, addictive behaviour 				
7.3 Social and community influences	n/a			
on health				
 Adverse childhood experiences 				
 Citizen power and influence 				
 Community cohesion, identity, local pride 				
Community resilience				
Domestic violence				
Family relationships				
 Language, cultural and spirituality 				
 Neighbourliness 				
Social exclusion i.e. homelessness				
Parenting and infant attachment				
Peer pressure				
Racism				
Sense of belonging				
Social isolation/loneliness Social applications and the second and the second are second as the second are secon				
 Social capitol/support/networks 				

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Third sector & volunteering			
7.4 Mental Wellbeing	The policy recognises		
 Does this proposal support sense of 	that the effective and		
control?	appropriate		
Does it enable participation in	management of		
community and economic life?	annual leave is an		
Does it impact on emotional wellbeing	essential requirement		
and resilience?	•		
	of employees, to		
	ensure that they fulfil		
	their duty of care to		
	protect their health,		
	safety and wellbeing.		
7.5 Living/ environmental conditions	n/a		
affecting health			
Air quality			
Attractiveness/access/availability/quality			
of area, green and blue space, natural			
space.			
Health & safety, community, individual,			
public/private space			
Housing, quality/tenure/indoor environment			
Light/noise/odours, pollution			
• Quality & safety of play areas			
(formal/informal)			
Road safety			
Urban/rural built & natural environment			
Waste and recycling			
Water quality			
7.6 Economic conditions affecting	n/a		
health			
Unemployment			
Income, poverty (incl. food and fuel)			
Economic inactivity			
Personal and household debt			
Type of employment i.e.			
permanent/temp, full/part time			

Workplace conditions i.e. environment culture, H&S			
 7.7 Access and quality of services Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 	n/a		
7.8 Macro-economic, environmental	n/a		
 and sustainability factors Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and	Lead	
тпристя дара, оррогитист	recommendations		
	No further action is recommended at this time.		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).

The supporting Family Leave pack on the intranet provides additional detail for employees and managers about the importance of flexibility and understanding, to ensure that staff feel able to balance the needs of their work and their new family. It also provides advice and support around matters of pay, to enable employees to better plan for their financial situation when they are on leave. This has been developed following feedback from Staff Diversity Networks and Trades Unions Partners and is provided in a format designed to be accessible and easy to understand, to supplement the policy and procedure documents.