

Equality & Health Impact Assessment for

Time off in lieu (TOIL) Procedure

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 intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required
- 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	N/A
2.	Name of Corporate Directorate and title of lead member of staff, including contact details	People & Organisational Development Abi Wilcox – Senior Leadership & OD Practitioner
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Public Health Wales Health recognises that on occasion employees may be asked to work over their contracted hours due to the needs of the service. This document outlines the Time Off in Lieu (TOIL) procedure within Public Health Wales for employees employed under NHS Terms and

Conditions of service.

This assessment was discussed with PHW colleagues at the TOIL Procedure workshop on 6th April 2022.

Other organisational policies have also been reviewed to look at good practice.

Workforce Profile data:

Age Band	Headcount	%
<=20 Years	*	0.33
21-25	209	8.58
26-30	299	12.28
31-35	312	12.81
36-40	315	12.94
41-45	340	13.96
46-50	281	11.54
51-55	308	12.65
56-60	235	9.65
61-65	106	4.35
66-70	18	0.74
>=71 Years	*	0.16

Disability	Headcount	%
No	1,781	73.1
Not Declared	111	4.6
Unspecified	421	17.3
Yes	122	5.0

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.

Gender	Headcount	%
Female	1,809	74.3
Male	626	25.7

Marital Status	Headcount	%
Civil Partnership	23	0.94
Married	1,156	47.47

Ethnic Origin	Headcount	%
Asian	67	2.8%
Black, Black British, Caribbean or African	43	1.8%
Mixed or multiple ethnic groups	34	1.4%
Not Stated	195	8.0%
Other	13	0.5%
Unspecified	184	7.6%
White	1,899	78.0%

Religious Belief	Headcount	%
Atheism	545	22.38
Buddhism	10	0.41
Christianity	888	36.47
Hinduism	14	0.57
Islam	39	1.60

Judaism	*	0.12
Not Disclosed	368	15.11
Other	225	9.24
Sikhism	*	0.16
Unspecified	339	13.92

Sexual Orientation	Headcount	%
Bisexual	42	1.72
Gay or Lesbian	67	2.75
Heterosexual or Straight	1,804	74.09
Not Disclosed	181	7.43
Other sexual orientation not listed	*	0.08
Undecided	*	0.25
Unspecified	333	13.68

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals.

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

Employees employed under NHS Terms and Conditions of service.
Line managers of the above staff group.

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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>There is no specific evidence to suggest the procedure impacts on people due to their age.</p>		
<p>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</p>	<p>There is no specific evidence to suggest that this procedure will impact positively or negatively on employees with a disability.</p> <p>It should be noted the following is available under the Managing Attendance at Work policy and therefore there is no requirement to use</p>	<p>Amend the procedure to reference MAAW policy.</p>	<p>Reference to Managing Attendance at Work policy has been added to the procedure.</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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
	<p>TOIL for such appointments:</p> <p>Disability / Health and Wellbeing Condition Leave Where the appointments form part of an ongoing treatment programme for a serious health condition, or where they are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration via Disability / Health and Wellbeing Condition Leave.</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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
<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>There is no specific evidence to suggest the procedure impacts positively or negatively on people due to their gender.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>There is no specific evidence to suggest the procedure impacts positively or negatively on people who are married or who have a civil partner.</p>		
<p>6.5 Women who are expecting a baby, who</p>	<p>There is no specific evidence</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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
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 leave.	<p>to suggest the procedure impacts positively or negatively on women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p> <p>However, it should be noted that TOIL should either be taken (or paid as overtime if eligible) prior to maternity leave in order to prevent individuals from losing their TOIL.</p>		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>There is no specific evidence to suggest the procedure impacts positively or negatively on people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>There is no specific evidence to suggest the procedure impacts positively or negatively on people with a religion or belief or with no religion or belief.</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>There is no specific evidence to suggest the procedure impacts positively or negatively on 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>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and</p>	<p>The procedure will be translated and available on Public Health Wales' internet pages in both English and Welsh.</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 Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
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	There is no specific evidence to suggest the procedure impacts positively or negatively on people in relation to their income related group.		
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 specific evidence to suggest the procedure impacts positively or negatively on people in relation to where they live.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No other groups identified at risk relevant to the TOIL procedure.		

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 Directorate / Division 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>This procedure is not a service that is offered and so this is not applicable.</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</p>	<p>There is no specific evidence to suggest the procedure impacts on people being able to improve/maintain healthy lifestyles.</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 Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
<p>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>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>There is no specific evidence to suggest the procedure impacts on income and employment status.</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 Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales			
<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 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>There is no specific evidence to suggest the procedure impacts on the physical environment.</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 Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
<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 specific evidence to suggest the procedure impacts on people in terms of social and community influences.</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 specific evidence to suggest the procedure impacts on people in terms of macro-economic, environmental and sustainability factors.</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 Directorate / Division 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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Currently no potential positive or negative impacts identified.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Directorate / Division
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Applying the procedure fairly and consistently</p> <p>Providing support and guidance to managers and staff</p> <p>Ensure the procedure is translated and accessible to all employees in both Welsh and English.</p>	<p>People & OD</p> <p>People & OD</p> <p>People & OD</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Following procedure approval prior to publication</p>	

	Action	Lead	Timescale	Action taken by Directorate / Division
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>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?</p>	<p>No requirement for a more comprehensive Equalities Impact Assessment or Health Impact Assessment at this time.</p>			

	Action	Lead	Timescale	Action taken by Directorate / Division
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy policy, plan, procedure and/ service proposal: <ul style="list-style-type: none"> ○ 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 	<p>Procedure will go out for consultation for a period of 28 days and subsequent approval process.</p>			

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Vision to 'create a healthier, happier and fairer Wales'

Guidance

The Public Health Wales strategy (Integrated Medium Term Plan) 'Creating a healthier, happier and fairer Wales for everyone' (2016-2019) outlines how we exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how Public Health Wales is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies, policies, plans, procedures and services /activity.

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all organisational strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the organisation's Vision, plan and its strategic priorities. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the Integrated Screening Tool will identify if there is a need for a full impact assessment.

¹ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the organisation to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to

respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information please contact Andrew Richardson, Corporate Governance Manager (andrew.richardson2@wales.nhs.uk) or Sarah Morgan, Diversity and Inclusion Manager, (Sarah.Morgan67@wales.nhs.uk).

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance.
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates.¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide.¹⁵

¹⁴ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁵ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁶

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against Trust staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property

¹⁶ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

