

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

| Step 1 - Preparation | | |
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| 1. | Title of Policy - what are you equality impact assessing? | Health and Wellbeing at Work Strategy |
| 2. | Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?) | <p>The Strategy is a statement of the UHB's intent with regard to the health and wellbeing of its employees, how this will be communicated and implemented and where the Corporate Health Standard fits in. It also sets out the composition of the Health and Wellbeing Steering Group which leads on the promotion of health and wellbeing for all staff, and how it will operate.</p> <p>Cardiff and Vale University Local Health Board is committed to being an employer of choice and recognises that an important aspect of achieving this is the promotion and maintenance of a healthy working environment. Well-being at work refers to both psychological and physical health and is demonstrated by:</p> <ul style="list-style-type: none"> • Safer Patient care • Productivity • Lower turnover • Reduction in sickness absence • Improved morale • Reduction in accidents/claims • Satisfaction with and commitment to work • Low levels of anxiety • Lack of depression <p>Health and Wellbeing at Work involves a commitment by the organisation to improving the health of the workforce through:</p> <ul style="list-style-type: none"> • Providing employees with appropriate information and establishing |

Step 1 - Preparation

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| | | <p>comprehensive communication strategies</p> <ul style="list-style-type: none"> • Involving employees in decision-making processes • Developing a working culture based on partnership • Organising work tasks and processes so that they contribute to, rather than damage, health • Implementing policies and practices which enhance employee health by making the healthy choices the easy choices • Recognising that organisations have an impact on people which is not always conducive to their health and well-being. • Reducing the incidence of workplace risk through a zero tolerance to violence and aggression <p>The Strategy will be monitored by the Health and Wellbeing Steering (HWB) Group and reviewed every three years.</p> |
| 3. | Who Owns/Defines the Policy? - who is responsible for the Policy/work? | Director of Workforce and OD |
| 4. | Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process? | <p>Sue Barrow, HR Projects and Compliance Manager Nicola Bevan Senior Nurse Occupational Health Ceri Butler OD Project Co-ordinator Keithley Wilkinson Equality Adviser</p> <p>The Health and Wellbeing Steering Group who represent all relevant areas of interest will contribute to the EQIA</p> |
| 5. | Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA? | <p>A number of Health Board policies are concerned with promoting the health and wellbeing of our staff and these are referenced in this document. They include:</p> <p>Health and Safety Occupational Health Dignity at Work Management of Stress and Mental Health</p> |

Step 1 - Preparation

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| | | Alcohol, Drug and Substance Misuse No Smoking and Smoke-Free Environment Staff Nutrition and Catering Physical Activity Guidelines Equality Policy The Strategy fits in a wider context within the Corporate Health Standard |
| 6. | Stakeholders - Who is involved with or affected by this Policy? | All UHB staff, managers, staff representatives and volunteers |
| 7. | What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors. | Contribute to: Employee Engagement agenda Wider Government initiatives on HWB Detract from: Management Restructuring Financial Resource implications |
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Form 2: Evidence Gathering

| Equality Strand | Evidence Gathered | Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate. | | | | | | | | | | | | | |
|---------------------------|---|--|---|--|---|--|---|---|---|--|---|---|---|---|---|
| Race | Nutrition and Catering Framework for Hospitals in Wales Mental Health and Wellbeing – BME elders 2007 (6/2/11) Using evidence to promote race equality in the provision of health services – David Robertson 2008 (14/2/11) | Eliminating Discrimination and Eliminating Harassment | ✓ | Promoting Equality of Opportunity | ✓ | Promoting Good Relations and Positive Attitudes | ✓ | Encouraging participation in Public Life | ✓ | Take account of difference even if it involves treating some individuals more favourably* | | | | | |
| Disability | Verbal reports from: Head of Supply & Logistics, Fundraising and Commercial Development Sports and Social Club Manager Disability and the implications of the wellbeing agenda – Claire Edwards 2008 (14/2/11) | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gender | Gender Equality in Health: Debates and Dilemmas – Lesley Doyal (Social Science and Medicine) (6/2/11) | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | |
| Sexual Orientation | Verbal reports from Sports and Social Club Manager Sexual Identity and Mental Wellbeing – Talking Minds 2010 (14/2/11) | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | |
| Age | Age Concern – Promoting Mental Health and Wellbeing in later life (6/2/11) Improving health and work: Changing Lives (The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population 2008) (14/2/11) Anger, Age and Wellbeing – Phillips 2006 | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | |
| Religion or Belief | Concepts and Principles of Equity in Health - Margaret Whitehead (6/2/11) Wellbeing Culture, Religion and Spirituality – D Corrywright 2009 (14/2/11) | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | |

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| Welsh Language | Verbal reports from: Head of Supply & Logistics, Fundraising and Commercial Development | | √ | | √ | | √ | √ | | | |
| People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention. | | | | | | | | | | | |
| Human Rights | The policy adheres to the principles of the Human Rights Act particularly in ensuring that staff are treated with dignity and respect at all times and any individual issues are taken into account. Staff confidentiality is respected, complying with the principles of the Data Protection Act. | | | | | | | | | | |

*** This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

Form 3: Assessment of Relevance and Priority

| Equality Strand | Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A) | Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B) | Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C) |
|--------------------|--|---|--|
| Race | 3 | +3 | 9 |
| Disability | 3 | +2 | 6 |
| Gender | 3 | +3 | 9 |
| Sexual Orientation | 3 | +3 | 9 |
| Age | 3 | +3 | 9 |
| Religion or Belief | 3 | +2 | 6 |
| Welsh Language | 3 | +3 | 9 |
| Human Rights | 3 | +3 | 9 |

Scoring Chart A: Evidence Available

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| 3 | Existing data/research |
| 2 | Anecdotal/awareness data only |
| 1 | No evidence or suggestion |
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Scoring Chart B: Potential Impact

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| -3 | High negative |
| -2 | Medium negative |
| -1 | Low negative |
| 0 | No impact |
| +1 | Low positive |
| +2 | Medium positive |
| +3 | High positive |

Scoring Chart C: Impact Decision

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| -6 to -9 | High Impact (H) |
| -3 to -5 | Medium Impact (M) |
| -1 to -2 | Low Impact (L) |
| 0 | No Impact (N) |
| 1 to 9 | Positive Impact (P) |
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FORM 4: (Part A) Outcome Report

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| Policy Title: | Health and Wellbeing at Work Strategy |
| Organisation: | Cardiff and Vale University Health Board |
| Name: | Sue Barrow |
| Title: | HR Projects and Compliance Manager |
| Department: | Workforce and OD |
| Summary of Assessment: | <p>From the evidence gathered, six of the strands produced high positive results, and two, Disability, and Religion or Belief had medium positive outcomes.</p> <p>Under the Disability strand it was recognised that a minority of staff would not be able to participate in all physical activity initiatives e.g. cycle scheme, Health Champions. However it is felt that the wider benefits which will accrue for the majority justify the promotion of these schemes, and where possible support will be put in place to enable staff with disabilities to take part.</p> <p>With regard to Religion and Belief, there are currently no Kosher or Hal-al menus in place for staff at any site. Plans to introduce these will be included in the Action Plan.</p> |
| Decision to Proceed to Part B Equality Impact Assessment: | <p>Yes/No</p> <p>Please record reason(s) for decision</p> <p>The overall outcome of the EQIA is that no significant equality concerns have been identified and that the advantages of implementing a HWB at Work Strategy outweigh the negative impact of the points above.</p> <p>On the basis of the evidence obtained the decision of the</p> |

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| | Health and Wellbeing Steering Group is not to proceed with Part B of the Equality Impact Assessment. |
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Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

| | Action(s) proposed or taken | Reasons for action(s) | Who will benefit? | Who is responsible for this action(s)? | Timescale |
|--|--|---|--|---|---------------------------------------|
| 1. What changes have been made as a result of the EqIA? | <p>Recommend introduction of Kosher and Hal-al menus at UHW and Llandough Sites.</p> <p>Work on Age Diversity to take account of abolition of Default Retirement Age and increasingly age-diverse workforce. To include reviewing physical activity initiatives to ensure appeal to wide age range. Also promotion of lifelong learning opportunities.</p> | <p>To mitigate the inequality for staff within those religious groupings</p> <p>To accommodate HWB needs of age-diverse workforce</p> | <p>Staff within these religious groupings</p> <p>All staff</p> | <p>Senior Catering Manager Senior Dietitian</p> <p>HR Projects and Compliance Manager Senior Physiotherapist Corporate Services Manager Senior Nurse in Occupational Health</p> | <p>By end 2012</p> <p>By end 2012</p> |
| 2. Where a Policy may have | N/A | | | | |

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| <p>differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?</p> | | | | | |
| <p>3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.</p> | N/A | | | | |
| <p>4. Describe any mitigating actions taken?</p> | N/A | | | | |
| <p>5. Provide details</p> | | | | | |

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| of any actions planned or taken to promote equality. | See 1 above | | | | |
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| Date: | February 2011 |
| Monitoring Arrangements: | Health and Wellbeing at Work Steering Group meetings – quarterly reports |
| Review Date: | Quarterly reviews to assess progress against actions |
| Signature of all Parties: | <p><i>Sue Barrow HR Projects and Compliance Manager</i></p> <p><i>Ceri Butler Project Co-ordinator, Learning Education and Development</i></p> <p><i>Nicola Bevan Senior Nurse Occupational Health</i></p> |