Equality Analysis
(Health Inequalities, Human Rights, Social Value)

Agile Working Policy – redacted version

Before completing this equality analysis, it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Agile Working Policy		
EA Author	Michelle Dunne	**Team**	Equality, Diversity & Inclusion
Date Started	3rd October 2018	**Date Completed**	11th October 2018
EA Version	V0.2	**Reviewed by E&D**	11th October 2018

What are the intended outcomes of this work? Include outline of objectives and function aims

This policy has been developed to set out how employees can work in an agile way from any location, for example at CCG Headquarters, other CCG or NHS locations, offices or Partners, Stakeholders or Shared Service providers, at home on occasion; or in any combination of these.

Agile working is the term used by the CCG to describe how employees can work flexibly from different locations, at different times and using mobile devices.

Agile working encompasses all forms of work outside the usual base including non-traditional environments such as touchdown space, remote work and virtual work.

This policy will also enable both managers and staff to gain a better understanding of agile working and understand the basic principles that should be adopted by all staff within the CCG.

This policy does not negate or supersede the CCG's Flexible Working Policy that already exists for use by all employees.

The policy identified the following benefits of adopting Agile Working:

1.3   Identified benefits of adopting Agile working

Undoubtedly, the key benefits are a reduction in costs and increase in productivity. Ultimately, the successful implementation of agile working will allow for savings to be made whilst contributing extensively to more cost effective and efficient service provision.

For the CCG agile working can:

- Support continuity of service and the efficient functioning of the CCG.
- Increase availability of limited expertise or resources.
- Aid the retention of skilled and experienced staff whose personal circumstances change and who may otherwise leave the organisation.
- Enable learning and development activity to be undertaken remotely, including e-learning.
- Enable the CCG to respond to an individual's need for flexibility in working arrangements, for example to attend ad hoc appointments.
- Provide alternative solutions to short or longer term office accommodation issues.

In addition, the introduction of agile working will be of benefit to staff in the following ways:

For staff agile working can:	
• Enable them to work more effectively on a particular piece of work, where concentration is important, by avoiding the interruptions that are part of the office environment.	
• Provide a solution to a temporary problem where travel to the office is not possible.	
• Reduce the time spent travelling to a specific base in order to access clinical or administrative systems.	
• Enable greater flexibility and autonomy for staff to work in a way that suits their needs and improves their work/life balance.	

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

The policy is applicable to all CCG Staff.

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
http://www.nhsemployers.org/-/media/Employers/Documents/SiteCollectionDocuments/Agile-Working-Guide.pdf?la=en&hash=C2F9D66C3C434D939B18DF1561D5AAE50250C0AD	Staff Council	
There is an abundance of literature that exists which promotes the benefits of organisations adopting agile working principles. Adoption of agile working principles is not mandatory and therefore there is no reference to for example NICE guidelines. The below are just a few documents which highlight the adoption and benefits of agile: http://www.psi.org.uk/images/uploads/bis-14-903-costs-and-benefits-to-business-of-adopting-work-life-balance-working-practices-a-literature-review.pdf http://blog.crossover.com/agile-working# https://jobs.theguardian.com/article/why-now-s-the-time-to-embrace-flexible-working/ https://www.cipd.co.uk/Images/hr-getting-smart-agile-working_2014_tcm18-14105.pdf https://www.sciencedirect.com/science/article/abs/pii/S0950584910002119 https://www.mckinsey.com/business-functions/organization/our-insights/how-to-create-an-agile-organization https://www.nestle.com/jobs/working-at-nestle/work-environment	HQ Relocation Task & Finish Group	

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

The following table illustrates the age profile of the BSOL CCG: (note: where staff numbers are below 10, an X has been used to ensure that staff are not identifiable)

	<20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Total
Total Staff Profile	X (1%)	X (2%)	23 (8%)	28 (9%)	45 (15%)	41 (14%)	50 (17%)	61 (20%)	28 (9%)	13 (4%)	X (1%)	298 (100%)

- The age makeup of the workforce is characterised by a large proportion of staff falling within the middle age ranges from 36 years to 55 years. 20% of the workforce is aged 51-55 years, representing the largest age group. We have fewest staff aged under 25 years.

The move to agile working will enable greater flexibility and autonomy for staff to work in a way that suits their neds and improves their work/life balance, which would include staff with parental and/or caring responsibilities.

For a significant proportion of staff, the move to agile working, comes after 20+ years of working at a dedicated base for the vast majority of their time. This policy change will require staff and managers to work in an unfamiliar way which has potential to cause confusion, uncertainty and a sense of loss; the change may not be welcomed by all staff.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Current Staffing:

(note: where staff numbers are below 10, an X has been used to ensure that staff are not identifiable)

	Yes	No	Not Declared	Total
Total Staff Profile	X (3%)	244 (82%)	45 (15%)	298 (100%)

- 82% of the workforce have stated that they do not have a disability.
- The number of people declaring a disability is less than 10
- A number of staff have chairs/desks and other equipment adapted to meet their individual needs

3. Impact and Evidence:

Prior to the relocation of the HQ Building and implementation of Agile Working a DSE assessment was undertaken to capture and understand the needs of staff. Staff who had been provided with adapted office chairs, desks, equipment were engaged to understand needs going forward and to ensure that those needs were continued to be met.

Desk Booking system and meeting individual health needs

DSE identified needs

Identification and collation of staff with DSE requirements was undertaken throughout the last 8 weeks in the project's lifecycle. Regular communications, supported through HQ move drop in sessions, was the mechanism used to identify and collate lists of staff with DSE needs. This was cross checked with existing records available within the CCG and all information sent to Jane Moore (jane.moore10@nhs.net) for distribution.

Staff were also informed that if they have or had a DSE need, they should discuss this with their line manager so that any assessments could be undertaken to ensure they have the right type of equipment.

Once staff were identified (and their specific DSE needs highlighted, for example a keyboard, mouse or chair and desk) any relevant equipment was transferred to the new HQ as part of the move. This equipment is now based at the Attwood Green site and staff can therefore access their equipment as and when needed.

The floor plan within Attwood Green was reviewed and for those staff identified as needing a fixed desk (due to DSE requirements) a permanent desk was assigned to them. This gives relevant staff a permanent base configured to their requirements. This means only they can sit at their specific desk and they also have releasing rights, for example they can make the desk available when there on annual leave or on a non-working day.

NB – adjustable desks have been brought in and replaced existing, static desks for those identified as needing this type of desk.

For staff with an identified DSE need, the process will be:
- staff to make this known to their line manager
- Their line manager will then authorise a DSE assessment (or enhanced DSE assessment dependent on need) and the staff member will have a OT review
- Once the outcomes of this are know the relevant equipment or service provision will be ordered by the division
- If any requirements are identified meaning the member of staff requires a fixed space the will have a desk assigned to them and this will become a desk releasing desk only.

Additional equipment needs

3. Impact and Evidence:

Information on DSE and Ergonomic assessments was made available to staff in August 2018 to ensure that the needs of staff were identified. Regular weekly relocation updates were provided to staff via email and on CCG staff web pages; this included:

Laptop Bags

As we move towards more agile working and the wider provision of laptops for staff, the CCG is progressing the procurement of strap bags to be issued with new laptops. Staff who are concerned that carrying laptops may cause physical problems are advised to seek medical advice in relation to the provision and use of appropriate equipment e.g. a wheelie bag or rucksack and then discuss this advice with their line manager. A referral to occupational health may also be appropriate.

Staff with Non-Standard Workstation Requirements
1. Display Screen Equipment / Ergonomic Assessments for Staff
Guidance on the process for DSE and ergonomic workstation assessments is attached. Line managers should notify the Corporate Governance Team (jane.moore10@nhs.net) of staff identified via this process as requiring an enhanced DSE/ergonomic workstation assessment. Enhanced assessments will be arranged on-site at Attwood Green after 24 September or at Friars Gate as required.
2. Ergonomic Chairs and Computer and Workstation Equipment
Line managers should email the Corporate Governance Manager (jane.moore10@nhs.net) with details of staff who need to have ergonomic chairs transported for use at Attwood Green and/or who use ergonomic computer or workstation equipment. Details are required by 12 September 2018.

For staff with a health condition, which requires access to a desk or chair modified to suit their individual needs, it is recognised that working from some locations may not be possible. The desk booking system being introduced across all CCG HQ buildings will identify the attributes of accessible work stations and this will support staff to make informed choices regarding the building they go to work in. The above process and discussions with line managers, and through application of the new agile working policy, will help facilitate both the discussions and outputs required to ensure that any staff with equipment needs can work from a location which is conducive to them.

The draft policy needs to contain information regarding staff with health conditions and what practical reasonable adjustments can be made to facilitate agile working.

Mental Health and Wellbeing
Agile working will have an impact on the health and wellbeing of staff. There are likely to be benefits to mental health and wellbeing such as:
- Greater autonomy and control over working location
- Opportunities to work either at home or locations closer to home therefore reducing the effects of commute time, and stress associated with commuting to work.

There are also likely to occur challenges to mental health and wellbeing such as:

- Staff feeling isolated from their teams

3. Impact and Evidence:

- Less opportunities to engage in daily wellbeing activities within teams such as going for a walk at lunch time, exercise sessions, mindfulness sessions – all of which have tended to take place at fixed times and locations
- Less opportunity to have informal conversations with peers and line managers about daily work issues which can build up and saved for formal one to one sessions
- Less opportunity for line managers to 'pick-up' the signs of stress or mental health concerns in their staff

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

The CCG does not collect this data due to the limitation of the ESR system to capture this information currently. An Employment Support Policy for Trans and Gender Non-Conforming Employees is being developed.

It would be expected that agile working would be positive for a staff member who was transitioning and need to attend connected appointments as the policy would allow for increased flexible working approach.

There are no known adverse impacts for gender reassignment, for staff in relation to this policy.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified (caring responsibilities covered under Carers and Part-time employees covered under Sex).

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Monitoring the numbers of staff on maternity leave and returners from maternity leave is undertaken annually and reported in the Annual Equality and Diversity Report.

No specific concerns were expressed during staff engagement on the HQ Building relocation or Staff Council review of the Agile Working Policy in connection with pregnancy and maternity. The CCG has in place both a Maternity and a Flexible Working Policy which identify opportunities for changes to be made to in terms of working arrangements and reasonable adjustments.

Race: Describe race related impact and evidence**.** This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

The table below details the race profile of staff; 64.4% are White/White British and 30.5% are BME: (note: where staff numbers are below 10, an X has been used to ensure that staff are

3. Impact and Evidence:

not identifiable) During engagement with staff no impact regarding this policy in relation to race were identified.

Race	No.	%	
White British	177	59.4%	
White Irish	X	2.3%	64.43%
White Other	X	2.7%	
Mixed White & Black Caribbean	X	0.7%	
Mixed White & Black African	X	0.3%	1.34%
Mixed White & Asian	X	0.3%	
Asian/Asian Indian	37	12.4%	
Asian/Asian Pakistani	16	5.4%	
Asian/Asian Bangladeshi	X	3.0%	23.15%
Asian Chinese	X	0.7%	
Asian/Asian Other	X	1.7%	
Black Caribbean	15	5.0%	
Black African	X	0.7%	5.70%
Other	X	0.3%	0.3%
Unknown	15	5.0%	5.0%
Total	**298**	**100%**	

The table below links high-level race data with pay banding. It is intended that agile working is not limited to particular pay bands and is available for all staff.

(note: where staff numbers are below 10, an X has been used to ensure that staff are not identifiable)

Pay Band	White/White British	BME	Not Known
3	X	0	0
4	15	X	1
5	18	12	0
6	13	X	2
7	25	20	1
8A	42	23	2
8B	33	14	0
8C	15	0	1
8D	10	X	2
9	X	0	0
VSM/Other	15	11	6
Totals	192	91	15

Of the 192 White/White British staff employed:
- 25% are in pay bands 3 to 6;
- 52% are in pay bands 7 to 8B; and
- 23% are in pay bands 8C and above

Of the 91 BME staff employed:
- 24% are in pay bands 3 to 6;
- 62% are in pay bands 7 to 8B; and

3. Impact and Evidence:

- 13% are in pay bands 8C and above.

No specific impacts in terms of race have been identified in relation to this policy.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

The following table illustrates the religious profile of the workforce: (note: where staff numbers are below 10, an X has been used to ensure that staff are not identifiable)

	Christianity	Islam	Hinduism	Sikhism	Atheism	Other	I do not wish to disclose	Total
Total Staff Profile	88 (30%)	14 (5%)	X (3%)	10 (3%)	13 (4%)	X (2%)	158 (53%)	298 (100%)

- There is a high proportion of the workforce who have indicated they do not wish to disclose their religion or belief (53%). 30% of the workforce have indicated they are Christian, 5% Muslim, 3% Hindu, 3% Sikh, 4% Atheist, and 2% Other.

The move to agile working may impact staff who wish to have access to prayer/quiet contemplation room when working in an unfamiliar building; however, it does provide greater flexibility and autonomy for staff to work in a way that suits their needs and improves their work/life balance.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

The following table illustrates the workforce profile by sex.

	Male	Female	Total
Total Staff Profile	81 (27%)	217 (73%)	298 (100%)

- 73% of the workforce is female and 27% male.
- 80 staff work part-time; 27.2% of females employed work part-time and 26% of males employed work part-time

Analysis by sex and pay band is detailed below;
(note: where staff numbers are below 10, an X has been used to ensure that staff are not identifiable)

3. Impact and Evidence:

Pay Bands By Sex
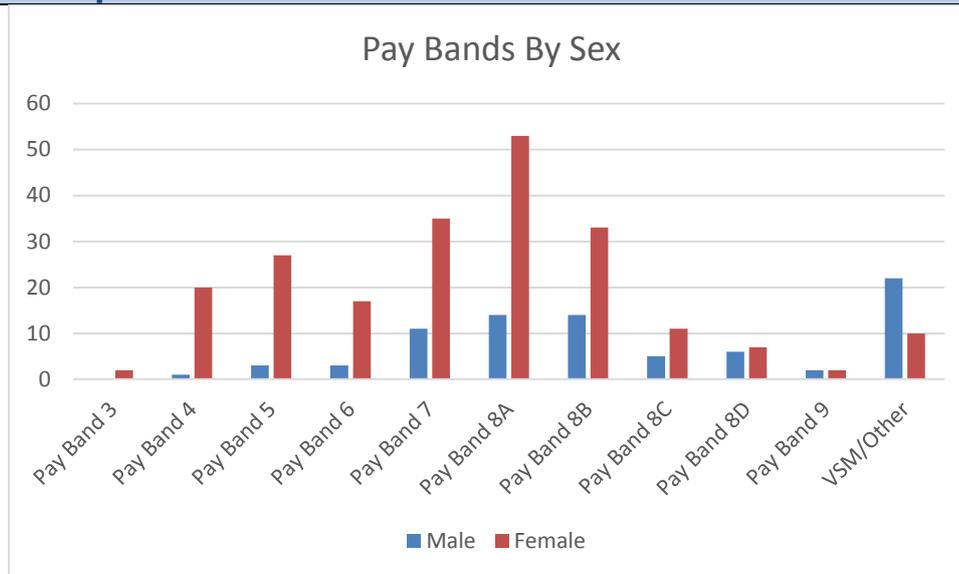
Pay Band	Male	Female
3	0	X
4	X	20
5	X	27
6	X	17
7	11	35
8A	14	53
8B	14	33
8C	X	11
8D	X	X
9	X	X
VSM/Other	22	10
Totals	81	217

Employment Type:
- Overall, 26.85% of staff work part time (59 women and 21 men)
- 27.2% of all women employed by the CCG work part-time; 26% of all males employed by the CCG work part-time

The Agile Working policy applies to all staff irrespective of employment type.

Through consultation with staff council it was highlighted that staff safety was not covered within the draft policy – this needs to be addressed particularly as staff will have lap tops and mobile phones provided by the CCG.

There is a potential for all staff to reduce travel costs through working agilely; reducing the time spent travelling to specific bases and enabling greater flexibility and autonomy to work in a way that suits their needs.

The policy is clear in that it applies to all staff irrespective of pay band. It is intended that agile working is not limited to particular pay bands and is available for all staff. No negative impact has been identified.

3. Impact and Evidence:

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:
Insert SO profile

The following table illustrates the profile of the workforce by sexual orientation:

	Heterosexual	LGB	I do not wish to disclose	Total
Total Staff Profile	50%	3%	47%	298 (100%)

Where numbers are less than 10 we will publish a redacted version of the EA.

- 3% of the workforce define themselves as Lesbian, Gay, or Bi-sexual, 50% of the workforce define themselves as heterosexual, and 47% prefer not to disclose.

No adverse impact has been identified in terms of sexual orientation and agile working.

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

The CCG does not hold information on the caring responsibilities of staff. The proposed policy provides support for staff with such responsibilities highlighting the following relevant benefits:

- Aid the retention of skilled and experienced staff whose personal circumstances change and who may otherwise leave the organisation;
- Enable the CCG to respond to an individual's need for flexibility in working arrangements, for example to attend ad hoc appointments;
- Enable greater flexibility and autonomy for staff to work in a way that suits their needs and improves their work/life balance

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

No impact identified.

4. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Policy is applicable to all staff and is not restricted by pay band and/or role.

Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Policy does not negatively impact on respect (private and family life); guidance is provided within the policy regarding the processing of confidential documents.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	All CCG staff are within scope of the policy; agile working is for everyone. The draft policy does not include process for raising concerns.
	How will this affect a person's right to freedom of thought, conscience and religion?	Policy should enable staff to work in a way that suits their needs and improves their work/life balance.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Policy has no identified impact on dignity.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Policy is not concerned with healthcare; it does however support the theme of autonomy providing greater flexibility and autonomy for staff to work in a way that suits their needs and improves their work/life balance.
Right to **Life**	Will or could it affect someone's right to life? How?	Policy has no identified impact on right to life.
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	Policy has no identified impact on right to liberty.

5. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
Staff Council	all	
Relocation Task & Finish Group		

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):

The first draft of the policy focussed significantly on the information governance issues surrounding agile working, following feedback from the Relocation Task and Finish Group the policy was revised to provide improved descriptions of what agile working is and the application process.

Through staff informal consultation on the HQ relocation feedback from staff related to the move towards Agile Working was obtained – the comments were mainly concerned with the mechanics of

desk booking and facilities. An induction handbook was sent to all staff which addressed these concerns. Two comments related to equality:

1. How will the organisation balance principles of agile working policy with the business needs and ensure fairness to all?
2. Concerns over inability to switch off overhead lights individually and the impact this has on some employees' sight impairment.

All questions and comments relating to the HQ Relocation were responded to on an individual level and staff were also directed to the FAQs on the CCG Webpages.

The Staff Council were also provided with an opportunity to review the draft policy. These comments were sent to the policy author. The comments raised issues around staff safety; working from home and suitable equipment (such as monitors, chairs etc.); clarification on meaning of 'occasional home working' and access to bags for carrying laptops. The policy was revised to ensure that these comments were addressed in the final draft version.

6. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

No discriminatory impacts have been identified; a number of positive benefits are identified around staff autonomy, increased opportunity to have a flexible approach to work/life balance

The policy needs to provide further clarity on the following areas: equality of opportunity – how do staff raise concerns if they do not feel they are being supported to work agilely; more information for staff with a disability; staff safety (in particular lone working); cultural change and the impact on staff of this significant change in working practices; equality statement enhancement within the policy and religion or belief (see below).

Religion or Belief
Prior to relocation of HQ buildings staff based at both Bartholomew House and those at Friarsgate had access to a room for quiet contemplation/prayer. A move to more agile working could lead to staff not having this facility or being unaware of what facilities are available to them. There is also a potential benefit for staff in that they will be able to manage their diaries and adapt working locations, which could include use of more local, community based facilities.

7. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Equality of opportunity
Insert into the policy element of what recourse staff have if they do not feel that they are being supported by management to work in an agile way; so perhaps link to grievance policy?

Staff with a Disability

The draft policy needs to contain information regarding staff with health conditions and what practical reasonable adjustments can be made to facilitate agile working.

Mental Health and Wellbeing
The draft policy will need to make considerations of the mental health and wellbeing needs of staff and how these will be managed and supported by Line Managers in an agile environment. E.g. managing team communications, opportunities to flag and raise issues outside of formal one-to-ones, links to the OD Plan and wellbeing agenda.

Religion or Belief
CCG should ensure that the induction documents for each HQ building provide staff with details of quiet contemplation room facilities and when providing details of alternative work locations include this information too.

Cultural Change
In order to realise the benefits and achieve the full aims of the policy it is recommended that the Organisational Development Plan/Strategy considers how it can support managers and staff to adapt to this new way of working.

Equality Statement/Equality Analysis

Insert following into policy:

Equality Statement

The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.

Equality Analysis

The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act, where appropriate.

An equality analysis of this policy was undertaken on xxxx and has been published on the CCG webpages under Equality, Diversity and Inclusion, following sign-off by xxxx.

Staff Safety

Policy to be revised to include guidance on staff safety with a greater reference to lone working; this needs to be addressed particularly as staff will have lap tops and mobile phones provided by the CCG.

8. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

This Equality Analysis together with the Draft Policy will shared with the Unions prior to sign off at JNCC.

The Policy and Equality Analysis will be published on the CCG Web Pages

Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

9. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
Quality Assured By:	Bal K Everitt	11 October 2018
Which Committee will be considering the findings and signing off the EA?		
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net