

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Buying back annual leave policy

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

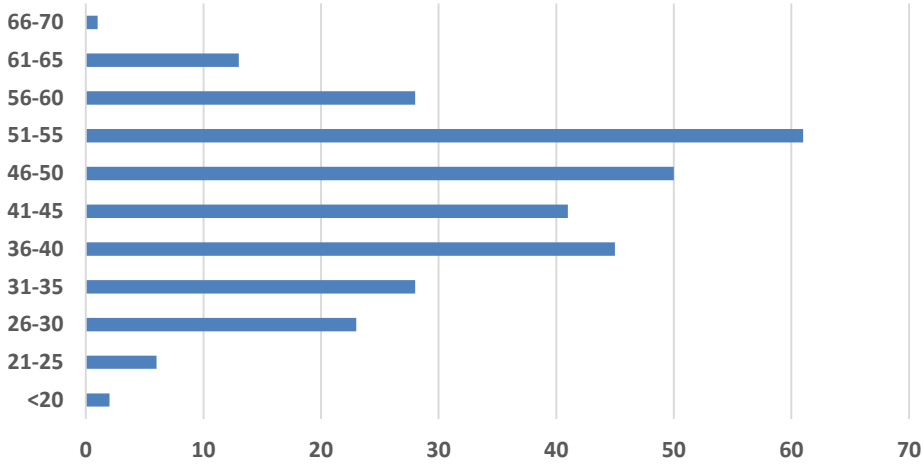
1. Background			
EA Title	Buying back annual leave policy		
EA Author	Michelle Dunne	Team	Equality, Diversity & Inclusion
Date Started	12 th November 2018	Date Completed	7 th January 2019
EA Version	V0.1	Reviewed by E&D	7 th January 2019
What are the intended outcomes of this work? Include outline of objectives and function aims			
All NHS Birmingham and Solihull CCG employees are entitled to annual leave; the specific number of days or hours is determined by their terms and conditions (see Annual Leave policy). This proposal described the option of buying annual leave throughout the year, which is in addition to the annual leave entitlement outline within the annual leave policy.			
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.			
The policy applies to all staff that are employees of the organisation in either a permanent, fixed term or temporary post. This policy does not apply to the practices associated with the CCG			

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
Adopting previous CCGs policy	Staff Council	
	JNCC	

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:
CCG Staff Profile

3. Impact and Evidence:

AGE PROFILE OF STAFF

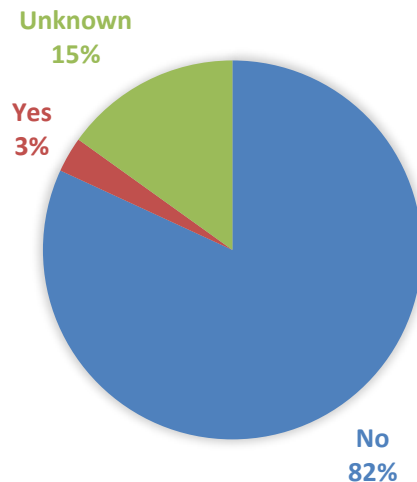


No potential negative impacts have been identified in this policy in relation to the age profile of staff.

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:

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DISABILITY PROFILE OF STAFF



No potential negative impacts have been identified in this policy in relation to the disability profile of staff.

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

3. Impact and Evidence:

No potential negative impacts identified in this policy in relation to gender reassignment.

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:

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The marital/civil partnership status is known for 96% of staff.

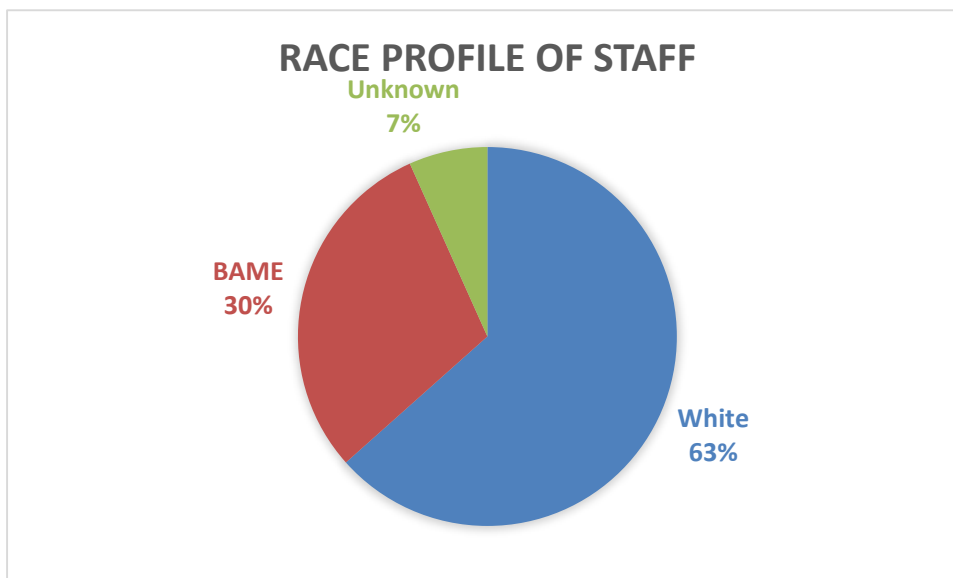
No potential negative impacts have been identified in this policy in relation to the marriage and civil partnership profile of staff.

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

No potential negative impacts have been identified in this policy in relation to the pregnancy and maternity protected characteristic.

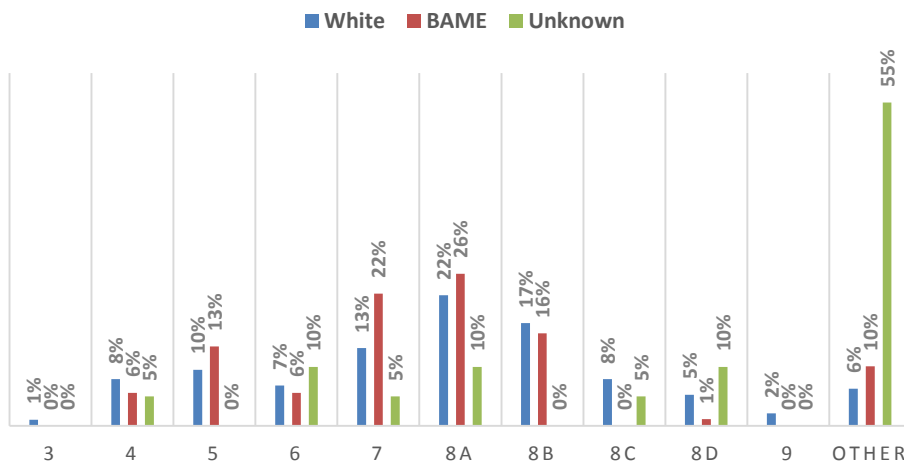
Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

CCG Staff Profile



3. Impact and Evidence:

PAY BAND BY RACE (%)

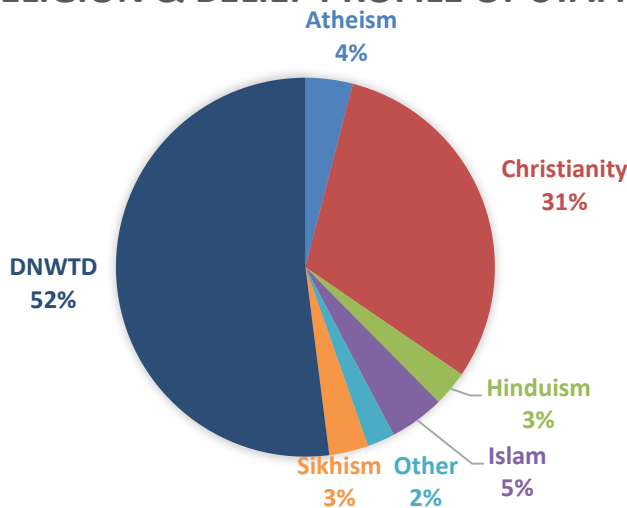


No potential negative impacts have been identified in this policy in relation to the race profile of staff.

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

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RELIGION & BELIEF PROFILE OF STAFF



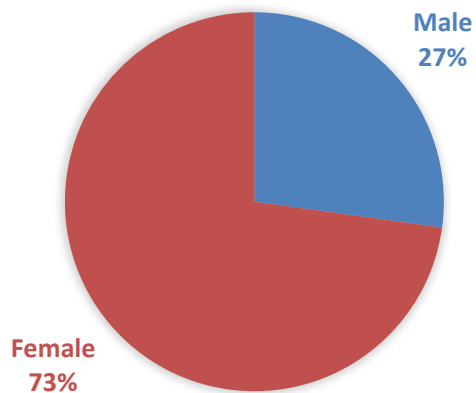
No potential negative impacts have been identified in this policy in relation to the religion and belief profile of staff.

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

CCG Staff Profile

3. Impact and Evidence:

STAFF GENDER PROFILE

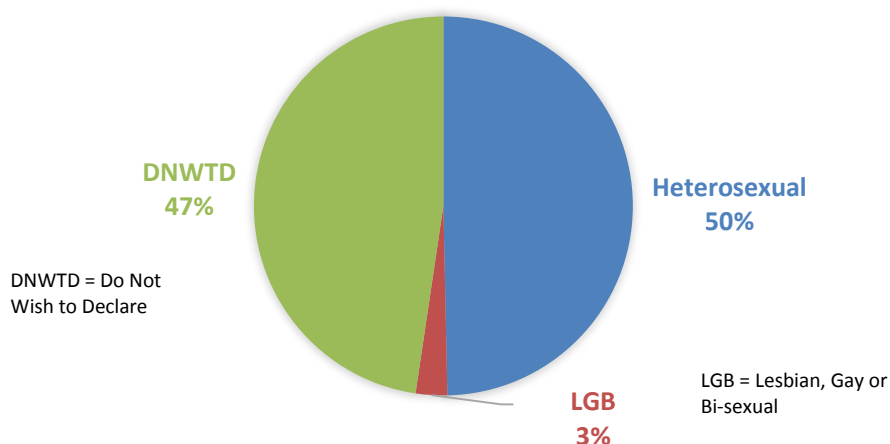


No potential negative impacts have been identified in this policy in relation to the gender profile of staff.

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:

CCG Staff Profile

SEXUAL ORIENTATION PROFILE OF STAFF



No potential negative impacts have been identified in this policy in relation to the sexual orientation profile of staff.

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

3. Impact and Evidence:
No potential negative impacts have been identified in this policy in relation to staff and caring responsibilities.
<p>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)</p> <p>No potential negative impacts have been identified in this policy in relation other disadvantaged groups.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
<p>How will you ensure the proposals reduce health inequalities? This is a staff employment policy which is unlikely to impact on health inequalities.</p>		

5. 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.
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 the scope of this policy. Policy contains a positive equality statement.
	How will this affect a person's right to freedom of thought, conscience and religion?	Policy has potential to further enable staff to request additional annual leave to pursue or observe religious needs.
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 not 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.
Right to Life	Will or could it affect someone's right to life? How?	Not applicable
Right to Liberty	Will or could someone be deprived of their liberty? How?	Not applicable

6. 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	Representing all CCG staff	November 2018
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):		
No specific equality related concerns raised via Staff Council in relation to this policy; query raised over the lack of 'right to appeal' management decision, should a request for additional annual leave be refused.		

7. Summary of Analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your work:
Q) The policy does not contain a 'right of appeal' if the request is refused and does not provide guidance to managers on the types of reasons where a request might or might not be met.
A) An appeal process has been added to the policy. Where managers are giving consideration, we have added a line in to day HR advice can be sought.

8. 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.
Recommended that the policy includes some guidance to managers on how to evaluate the request fairly and come to a decision.

Recommendation that the policy includes reference to fair decision making, which is non-discriminatory.

Recommendation:

The equality statement within the policy, is not the corporate BSol CCG statement agreed for inclusion in all policies; it needs to be replaced with the following:

3. Equality Statement

3.1 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.

3.2 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.

The policy also needs to make reference to the equality analysis, using this standard statement which forms part of the template policy form:

4. Equality Analysis

4.1 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.

4.2 An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

9. 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.
Publication of the equality analysis will be on the CCG webpages following policy approval by the Senior Leadership Team.
Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

10. 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:	<i>M K Dunne</i>	7 th January 2019
Which Committee will be considering the findings and signing off the EA?	Senior Leadership Team	11 th January 2019
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