

AGENDA ITEM

(5.4)

PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE**MANAGING EQUALITY ISSUES IN RELATION TO COVID-19**

Date of meeting	(28/10/2020)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Liz Jenkins, Equality Manager
Presented by	Hywel Daniel, Executive Director of Workforce & Organisational Development (Interim)
Approving Executive Sponsor	Executive Director of Workforce & Organisational Development
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

EHRC	Equality and Human Rights Commission
EIA	Equality Impact Assessment

1. SITUATION/BACKGROUND

- 1.1. The purpose of this report is to raise awareness of the need to take account of equality, diversity and inclusion by completing Equality Impact Assessments when planning service change and developing policies in relation to Covid-19.
- 1.2. The Equality and Human Rights Commission (EHRC) made the following recommendations on 3rd September 2020 in relation to lessons learnt from the Covid crisis. These should be taken into account when planning service change in the next stage of the Covid crisis:
 - To avoid making decisions based on protected characteristics, specifically treating people less favourably because of their age, gender, disability or ethnicity or membership of another protected group.
 - To take account of the needs of individual employees e.g. by adjusting work practices.
 - To take account of different groups when applying new policies and practices to ensure indirect discrimination does not occur. Where a potentially discriminatory change is objectively justified and/or there is a real need (e.g. because of a health and safety reason), to ensure good communication and engagement with the protected groups affected.
 - To record decisions and track their impact.
- 1.3. The Equality impact assessment (EIA) is fundamental to all of the above points. The process involves considering how each of the protected groups could be affected by service change and how the changes can be modified to avoid, reduce and/or manage the impact.
- 1.4. This is underpinned by the Public Sector Equality Duty requirements under the public sector equality duty to consider the need to avoid discrimination, advance equality of opportunity and foster good relations.
- 1.5. We have well established processes for this within the health board but due to the urgency of service change during the early stages of the crisis, EIAs were not always undertaken and this has led to complaints and issues being raised which now need to be addressed. Patients from protected groups could be disadvantaged and this could impact on their care.
- 1.6. These considerations apply equally to policy decisions which could affect service users and those which affect staff.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1. A shortened EIA template has been produced for this purpose (see **Appendix 1**) and an explanation has been added to each section for ease of reference. This should be agreed and used for all service and policy developments as a minimum.
- 2.2. No service or policy change should be endorsed without a complete and robust EIA.
- 2.3. Where decisions are made rapidly and there is no time to complete an EIA, it should be completed as soon as possible afterwards and account taken of any adverse impact identified with as per point 1.2. above so that mitigation can be undertaken.
- 2.4. Completion of EIAs is the responsibility of the manager leading the change. The Equality team are available for advice and support.
- 2.5. EIAs should be recorded centrally in one place (on the Equality Sharepoint site) and authors shall be responsible for monitoring and revisiting them.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1. This is a legal requirement and non-compliance could adversely affect staff and patients from protected groups under the Equality Act 2010.
- 3.2. Non-completion could affect staff well-being and safety.
- 3.3. Non-completion could affect patients' access to services, treatment and recovery.
- 3.4. There is a risk of complaints, claims and damage to reputation if this is not undertaken.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This is fundamental to patient experience.
Related Health and Care standard(s)	Staff and Resources

	If more than one Healthcare Standard applies please list below: Individual care
Equality impact assessment completed	Yes
	This is the purpose of the paper
Legal implications / impact	Yes (Include further detail below)
	Equality Act 2010
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

5. RECOMMENDATION

The Committee is asked to:

- Approve the revised EIA template
- Endorse the recommendation that robust EIAs shall be produced for each policy and service development in relation to the Covid-19 crisis and that these shall be recorded and updated ensuring that mitigation is undertaken where necessary.
- To note that this is an ongoing requirement for all policy and service developments and to commit to ongoing compliance.



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Equality Impact Assessment Tool

As part of the Health Board's Public Sector Duty under the Equality Act (2010), the Health Board must show it has given 'due regard' to Equality in its decision making processes. This involves assessing the impact of its decisions, policies, and procedures on individuals with 'protected characteristics' as identified in the Act. Protected characteristics include age, race, gender, gender reassignment, sexuality, disability, religion, marriage and civil partnership, pregnancy and maternity. From April 2021 in Wales, we will also be asked to consider socio-economic disadvantage.

It is our legal responsibility to do this, it is not optional. This document provides a process for Equality Impact Assessment and includes guidance at each stage.

The Equality team can support and advise on this process; please contact ctm_equality@wales.nhs.uk

General Considerations

- EIAs should be carried out by those responsible for developing the policy/service development as they are the most familiar with the detail, and best able to identify how the policy/service development could be modified to avoid or mitigate any negative consequences.
- EIA is a process, not just a form filling exercise. It should be a part of policy or service development from the start, and constantly updated and revisited.
- It is essential that this is an evidence based process and full account should be taken of workforce, local and national evidence and how this data is relevant to the policy/service development.
- All relevant parties should be involved from within and outside the health board. This may include service leads, staff, patients and particularly representatives of protected groups e.g. staff networks and patient panels, local and national organisations which represent protected groups.
- All discussion and decisions must be reflected in the form.

Section 1 – Preparation		
1.	Title of Policy/service	
	Is this a new policy/service or a policy/service change?	Choose an item.
2.	Policy/Service Aims and Brief Description	<i>What is the policy/service for? Give a brief description of the policy/service – no more than 4-5 lines.</i>
3.	Who Owns/Defines the Policy/Service? -	<i>Who is responsible for the policy/service i.e. the author or manager</i>
4.	Who is Involved in undertaking this EqIA?	<i>Who are the key contributors and what are their roles in the process?</i> <i>Please note this should be completed by the author but the views of other team members, service users etc should be sought.</i>
5.	Other Policies and Services -	<i>Describe where this policy/service/work fits in a wider context. Is it related to any other policies/activities that could be included in this EIA? Is it relevant to the Integrated Medium Term Plan (IMTP)?</i>
7.	What might help/hinder the success of the policy/service?	<i>These could be internal or external factors. E.g. training, awareness raising.</i>
8.	Is the policy/service relevant to “eliminating discrimination and eliminating harassment?”	<i>Eliminating discrimination refers to the removal of barriers that disproportionately affect some groups more than others. Any policy/service which specifically relates to a particular kind of person will likely relate to eliminating discrimination.</i>

Section 1 – Preparation

		<i>Eliminating harassment refers to the prevention of bullying or other unwanted behaviour based on an individual's protected characteristics.</i>
9.	Is the policy/service relevant to "promoting equality of opportunity?"	<i>Promoting Equality of Opportunity means that all people have the same chance to access a service or other opportunity. This may mean treating some groups differently to others to ensure they have the same chance.</i>
10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	<i>Does the policy/service encourage people to treat one another fairly, irrespective of any protected characteristics?</i>

Section 2. Impact

Please answer the following.

Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised. Some examples have been given against each category but this is not exhaustive and you may identify other issues.

PLEASE INCLUDE RELEVANT DATA FOR EACH GROUP E.G. IF YOU ARE AWARE OF YOUR POLICY OR SERVICE BEING RELEVANT TO PARTICULAR GROUPS E.G. IF IT IMPACTS ON OR IS LIKELY TO BE USED OR RELEVANT TO OLDER PEOPLE, ADD STATISTICS IN RELATION TO STAFF AND OR LOCAL POPULATION. USE NATIONAL STATISTICS WHERE RELEVANT.

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

Issues to consider might include things like retirement, public transport access. Old age often intersects with disability e.g. sensory loss (particularly hearing), mobility problems.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

Consider how people with a range of disabilities will be differently affected. This could include mobility in terms of access to different sites, people with sight loss or learning disabilities being able to negotiate new surroundings, people with hearing or communication difficulties being able to access telephone based services or intercom systems.

Does the policy impact on people because of their caring responsibilities?

Do you think that the policy/service impacts on people because of their caring responsibilities? I.e. would it affect their ability to care for somebody who is primarily dependant on them? This could include family members but not necessarily. E.g. if a children's service is relocated, how would that impact on the parents' ability to care for other family members.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc.)

*If the policy/service treats men and women differently how will you ensure Trans*individuals are included? Does the policy/service ensure that Trans* individuals maintain privacy and the right to gender expression? Is language gender neutral and are specific provisions made for their needs.*

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?

Impacts in this area are rare, but it can intersect with gender discrimination. Whether an individual is married or not should not impact any aspect of the way they are treated.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

For example, e.g. would an individual miss an opportunity due to being on Maternity Leave? How will you ensure those absent on maternity leave have the same access to those at work?

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

For example people might be affected as they are marginalised within communities or because of language barriers

Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)

Could they be impacted because of their cultural beliefs and observations e.g. sensitivities regarding being treated by staff of a particular gender, prayer and dietary issues etc.

Do you think that the policy/service impacts on men and women in different ways?

Do men and women have different needs and commitments that need to be considered. Are their respective roles fully considered in work-life balance policies etc.

Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)

Do policies take account of same sex relationships in terms of work-life balance policies, visitors and relationship status etc.

Do you think that the policy/service impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc).

Does the policy take account of the Welsh Language Standards e.g. is information translated, do patients have the opportunity to communicate in Welsh, are staff available for this purpose

The Welsh government is introducing a new Socio-economic duty which will be effective from April 2021. It will ask us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.

We know that we provide services to some of the most economically disadvantaged groups in Wales, please take account of how this policy/service could impact on them (from 1.4.21.). e.g. when services move, it can be difficult to travel for those relying on public transport.



Section 3 Outcome

Summary of Assessment:

Please summarise Equality issues of concern and changes that will be made to the service development accordingly.

Please indicate whether these changes have been made.

Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.

Who will monitor this EIA and ensure mitigation is undertaken

<p>Approved by Equality Team</p> <p>To be held on Equality / Covid 19 Site</p>	<p align="center">Yes/No</p> <p align="right">Signed</p> <p align="right">(Equality Manager / Officer)</p> <p align="right">Date.....</p> <p>Actioned Yes/No</p>
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