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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

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## ALL WALES EMPLOYMENT BREAK POLICY

### Policy Statement

Public Health Wales is committed to working practices which support and enhance its reputation as an employer which is delivering quality, care and excellence. This policy recognises that employees may wish to take a break from their substantive post for specific reasons and provides a means of facilitating this.

### Supporting Procedures and Written Control Documents

#### Other related documents are:

Flexible Working Policy  
Annual Leave Policy

#### Equality and Health Impact Assessment

See accompanying EQIA

#### Approved by

People and Organisational Development Committee

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04 July 2017

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#### Group with authority to approve supporting procedures

People and Organisational Development Committee

#### Accountable Executive Director/Director

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Welsh Partnership Forum

**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date by contacting [Corporate Governance](#).**

**Summary of reviews/amendments**

<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>
v11	1 March 2017	04 July 2017	06 July 2017	Amendments agreed by Welsh Partnership Forum

# **Public Health Wales**

## **Employment Break Policy**

**Approved by: Welsh Partnership Forum**

**Issue Date: March 2017**

**Review Date: March 2019**

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## 1. Policy Statement

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

This policy recognises that employees may wish to take a break from their substantive employment for specific reasons and provides a means of facilitating this. This break may be longer than that provided by other flexible working policies. All applications will be considered subject to the needs of the Service, and as a consequence, approval cannot be guaranteed.

## **2. Definition**

An employment break is an opportunity to leave the work place for a specific period of unpaid leave and to return to the same or a similar position inside Public Health Wales at the end of that period. It should however be recognised that all NHS Wales organisations are subject to internal and external change, over which there may be little or no control. The All Wales Organisational Change Policy covers this issue. For this reason, it may not be possible to guarantee in all instances, a return to the same or a similar post.

The employee does not have to resign from their post but their contract will be suspended for the duration of the employment break.

Employment breaks are intended for childcare, elder care; care for another dependant, training, study leave or to undertake voluntary work. Other reasons will be considered, on their merits.

This policy excludes sabbatical leave for consultants.

The principles, timescales and parameters included in this policy are derived from Section 36 of the NHS Terms and Conditions of Service Handbook.

## **3. Benefits to the Employee and the Organisation**

### **3.1 The Employee**

- Although the period of the break should count towards continuous employment for statutory purposes, the employee's contract of employment is suspended for the duration of the break. The period of leave is unpaid. The period of absence will not be regarded as a break in service. The period of the break itself will not be reckonable in accordance with the NHS Terms and Conditions of Service.

- Other provisions dependent on length of service, e.g. contractual redundancy payments, will be suspended for the period of the break.
- Normal incremental progression will be suspended for the duration of the employment break, but the salary on return will include any annual pay awards that have occurred during the absence.
- Healthcare professionals may be given incremental credit for service in a developing country (for doctors and dentists this will be subject to the provisions of WPM (81) 30).
- An employment break can avoid the situation of an employee having to begin their career again, when they are able to return to work;
- A break can help reduce stress in those trying to balance work and home commitments.

### **3.2 The Organisation**

- It can provide an opportunity to retain a high level of skill and experience which might otherwise be lost to the Organisation, with the departure of an employee.
- It can provide development opportunities for other staff in the Organisation who may be able to acquire new skills and knowledge, during the absence of those on an employment break

### **4. Eligibility**

All permanent employees who have accrued a minimum of 12 months' service with Public Health Wales are eligible to apply for an employment break.

### **5. Length of Break**

The minimum duration which an employment break will be approved for is 3 months. The maximum duration should be 5 years. Approved employment breaks may be taken as a single period or more than one period.

The length of an employment break must balance the needs of the individual employee with the needs of the service. Employment breaks may be extended with appropriate notice, subject to the agreement of the manager. The employee may also request to return to work earlier than the agreed date.

If any individual circumstances change and an earlier return to work is desired, this will be fully considered by the line manager, but this cannot be guaranteed.

### **6. Application Procedure**

Applicants should apply for an employment break at least three months in advance. This may be relaxed in the case of urgent and unforeseen situations where a break is required.

The attached application (Appendix 1) for an employment break should be completed and submitted to the line manager, detailing the reason(s) for the request and outlining when they would like the break to start and end.

## **7. Professional Registration and Maintenance**

The employee should maintain their professional registration in line with their professional regulatory body's requirements.

## **8. Drafting an Agreement**

All breaks should be subject to a signed agreement between the employer and applicant before the break begins. The agreement should cover the following elements:

- the length of the break (and the criteria by which the decision will be made in relation to whether an employee can return early);
- the employee will not receive any salary from Public Health Wales for the duration of the employment break;
- any outstanding entitlement for annual leave must be taken before commencement of the employment break;
- the employee will be required to return all Public Health Wales equipment (laptop computers, mobile telephones etc.) keys, uniforms etc. These will be returned upon their return from their employment break. Any payments received for e.g. telephone rental will also be suspended for the period of the employment break;
- the effect of the break on various entitlements related to length of service;
- a guarantee that, if the applicant returns to work within one year, the same job will be available, as far as is reasonably practicable;
- if the break is longer than one year, the applicant may return to as similar a job as possible (include parameters for identifying these posts);
- return to work at the equivalent previous salary point, reflecting increases awarded during the break;
- arrangements for keeping in touch during the break, the employee will be requested to attend an annual meeting in person with their manager (unless abroad) and six monthly by phone;
- requirements on the applicant to keep up to date with their relevant professional registration needs, including attendance at specified training courses and conferences, and any assistance the employer may give in the support of this;
- notice periods for return to work;
- training arrangements for re-induction to work;
- during the employment break the employee maybe required to undertake work for the organisation. This should be agreed with their manager, prior to the commencement of the employment break. Any work undertaken will be paid at the appropriate rate for the work undertaken;
- employees that have a lease car should contact the Finance Department to discuss the implications of their employment break on the lease hire

agreement. These will vary depending on the duration of the agreed employment break;

- NHS pension arrangements during the break. Further information for Scheme members in England and Wales can be obtained from the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions); n.b. the NHS organisation will pay the employer contributions during the first six months of the employment break.

**After six months, the employee may continue to contribute to the pension scheme for a further 18 months. During this period, the employee must pay the employee and employer contributions. It is essential that contributions are paid on time and arrears are not permitted to accrue. It should be noted that if pension contributions are not made, the pension record is closed 364 days after the break commences. These provisions apply to members of both the 1995, 2008 and 2015 sections of the pension scheme. (*Employees are responsible for contacting the Pensions Agency to check how the employment break will affect their pension rights*);**

- consideration of the inclusion of a time limited claw back clause in the agreement to recover employer pension contributions where an employee leaves within a specified period (e.g. 2 years) following their return;
- an employee commencing an employment break straight after maternity leave will if they fail to return, following the employment break, for the required period of 13 weeks, be expected to repay any occupational maternity pay received;
- advice on qualifying periods for maternity/adoption provisions (sought from the People & OD team);
- any other conditions required either by the employer or the applicant.

Please see appendix B for case studies to support the implementation of the policy and agreements.

## **9. Taking up Employment Elsewhere**

- The employee will not normally be allowed to take up employment with another employer, except where, for example, to work overseas or undertake charitable work, which could broaden their experience, and/or for the purposes of maintaining their professional registration (on a short term basis). In such circumstances, written authorisation from Public Health Wales would be required, as part of the approval process.
- Individuals may register to work on a NHS Bank and whilst undertaking “Bank” duties will remain a “worker” and not an employee.

## **10. Return to Work at the End of the Employment Break**

Prior to the employee’s expected date of return, it is the manager’s responsibility to arrange a meeting to discuss their return to work. This is particularly important when the employee’s post has **not** been held open and there is a need to identify a suitable alternative post, into which they can return.

Arrangements for the meeting should ensure sufficient time is allowed to begin a process of discussion with the employee and to allow suitable roles to be identified.

During the pre-return to work meeting, the manager and employee should discuss the employee's departmental induction/training needs and their position in relation to their KSF outline and potential objectives, linked to the Public Health Wales objectives.

Return to work is subject to medical clearance depending on the nature / period of the employment break and the type of employment that the individual is returning to. Managers should seek advice from their Occupational Health team. A renewed DBS check may also be required and appropriate departmental re-induction. Depending on the outcome of these discussions and necessary clearances the employer has the right to delay a return to work. In such circumstances the reasons and duration of the delay must be clearly outlined, noting the basis on which a return would be approved, and a decision would need to be made in relation to whether the employee receives pay during the period. There is no automatic entitlement.

If the employee wishes to return to work on less than their contracted hours, they must complete the appropriate flexible working request application form. This request may be refused if there are business reasons for doing so.

The same arrangements as outlined above will be in place should an employee request to return early from an employment break. However, it may not be possible to accede to such a request and employees should be realistic in their expectations when requesting an early return, particularly if alternative time limited arrangements have been put in place to cover the post.

## 10.1 Notice Periods

The employee will be required to provide Public Health Wales with the following notice of their proposed return to work date:

<u>Duration of the Employment Break</u>		<u>Notice Period</u>
• 3 – 6 months	-	1 month
• 6 – 12 months	-	2 months
• 1 – 2 years	-	3 months
• 2 – 5 years	-	6 months

An employee may return from their employment break before the agreed date of return, providing there is a suitable vacancy.

## 11. Appeals

Employees may contact their next in line manager as a means of appeal against their application being rejected.

Employees have the right to be represented by a Trade Union representative or work colleague.

Employees should submit written notification highlighting reasons for their appeal, within 2 weeks of receiving the written decision.

A discussion meeting will take place within 2 weeks of receipt of the appeal notification.

## **12. Training and awareness raising**

All staff will be made aware of this policy upon commencement with Public Health Wales. Copies can also be viewed on the Public Health Wales Intranet or obtained via the People and OD department. Training will be provided as appropriate depending on the complexity of the policy.

## **13. Equality**

Public Health Wales recognises the diversity of the local community and those that it employs; and the requirements placed on the organisations by the Quality Act 2010 and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. Public Health Wales recognises that equality impacts on all aspects of its day to day operations. This policy was assessed using the NHS Centre for Equality and Human Rights Equality Impact Assessment Tool and the results published on the website and monitored centrally. This policy was originally impact assessed on 22 March 2013, and a decision was taken by the review group not to undertake a further impact assessment on an All Wales basis but to recommend that individual monitor its application against the protected characteristics and report to their People and OD committees.

## **14. Data Protection Act 1998**

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the NHS Organisation's Data Protection Policy.

## **15. Freedom of Information Act 2000**

All Public Health Wales records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within Public Health Wales may be found in the Public Health Wales publications scheme.

## **16. Records Management**

All documents generated under this policy are official records of Public Health Wales and will be managed and stored and utilised in accordance with Public Health Wales Records Management Policy.

**17. Review**

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

**18. Discipline**

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under Public Health Wales disciplinary procedure.

## **Appendix A – Employment Break Scheme**

Please answer the following questions and return this application to your line manager.	
Name:	
Address (for contact during break)	
Phone no. (for contact during break)	
Email (for contact during break)	
Current Post:	
Grade:	
Department:	
Extension No:	
Line Manager:	
Start Date with NHS Organisation (12 months minimum required)	
Are you a member of the NHS Pension Scheme:	
If <b>yes</b> , please indicate if you wish to preserve continuity	

Why have you applied for an Employment Break Scheme?	
Childcare	
Care of elderly / dependent relatives	
Study leave / Training	
Voluntary service overseas	
Travel	
Other (please state below)	

What is the proposed length of the Employment Break?

.....  
.....

When do you intend to start the Employment Break?

.....  
.....

Please outline in detail why you want to take the Employment Break Scheme, indicating any likely outcomes and benefits for Public Health Wales?

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Please outline your employment history to date within the NHS and within Public Health Wales (you may attach your CV if appropriate)

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What are your long-term career plans? How does this Employment Break fit in with your long term career plans?

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What training / study leave have you had during your employment during the last 3 years of your employment in Public Health Wales?

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What training / development or other support would you need to maintain your skills during the Employment Break or on your return to work?

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How do you intend to maintain your professional qualification whilst on the Employment Break? (Please detail all requirements of your relevant profession and how you intend to comply with these).

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Are there any constraints on when you could undertake this work?

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Would you be able to attend work for e.g. briefings and seminars that may be relevant to maintain contact during your break?

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Is there any other information you would like to put forward in support of your application?

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Signed:	
Date:	

Approved:	Yes/No
Signed by manager:	
Date:	



## **Appendix B – Case Studies – Application of the Policy**

### **Scenario 1 – A member of staff develops a chronic illness/long term condition/becomes pregnant during the employment break and wishes to return to work**

In this case the Equality Act 2010 would apply and any detrimental treatment could be discriminatory. In order to avoid discrimination, the employee would need to be considered for return against a set of non discriminatory criteria/parameters (it may be useful if these were included in the original agreement) and be considered in the same way as any other employee wishing to return early from an employment break. If there is work available the employer may then have to consider reasonable adjustments but this should be carried out after the non discriminatory decision has been made.

### **Scenario 2 – A member of staff wishes to retire and takes a 6 month employment break, to take advantage of the fact that the employer will pay the pension contributions, before retiring.**

Employers may want to consider including a claw back clause in the original agreement, if it is possible/likely that an employee will give notice to retire at the end (or within 6 months of returning from an employment break).

### **Scenario 3 – A member of staff refuses the offer of an alternative role on return to work**

As long as the original agreement includes reference to this issue, then the employee is agreeing to a variation in contract. If an employee does not accept an alternative post as outlined in the agreement on return to work, then it is their choice and non acceptance can be considered in effect a resignation. However, if alternative posts were not properly defined in advance and they were offered a significantly different post which was not equivalent then there could be an argument by the employee of constructive dismissal /breach of contract.

## Equality & Health Impact Assessment for the All Wales Employment Break Policy

**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 UHB 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:-

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
<b>2.</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Wales Policy Author/Lead – All Wales Workforce and Organisational Development
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	The Employment Break Policy outlines Public Health Wales’ approach to dealing with applications from employees wishing to take a break from their substantive employment.  This policy aims to support staff to deliver quality, care and excellence by enabling staff to take a break from their substantive post for a period of time that is not covered by other flexible working policies.

- 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.

**Organisational Profile**

**Age Profile**

Age	%
<20	0.17%
20-25	4.14%
26-30	9.40%
31-35	12.26%
36-40	13.37%
41-45	13.77%
46-50	15.56%
51-55	16.00%
56-60	10.80%
>60	4.53%

**Disability**

2% of our staff have indicated that they have a disability, but this information is not known for 51% of staff.

**Gender**

The gender breakdown of the organisation is approximately 80% female and 20% male.

The gender breakdown of part time workers is approximately 90% female and 10% male.

**Marital Status**

Marital status	%
Civil Partnership	0.84%
Divorced	6.27%
Legally Separated	0.73%
Married	54.56%
Single	27.70%
Unknown	8.79%
Widowed	0.84%
(blank)	0.28%
Grand Total	100.00%

### **Ethnicity**

69% of our staff have indicated their ethnic group; of this proportion, 67% are White, and the remainder are Mixed - Any other mixed background 0.1%, Asian or Asian British – Indian 0.6%, Asian or Asian British – Pakistani 0.2, Asian or Asian British – Bangladeshi 0.1, Asian or Asian British - Any other Asian background 0.2, Asian Tamil 0.1, Black or Black British – Caribbean 0.1, Black or Black British – African 0.3 , Chinese 0.1, Any Other Ethnic Group 0.2 and Japanese 0.1.

### **Religious Belief**

Belief	%
Atheism	11.70%
Buddhism	0.11%
Christianity	36.93%
Hinduism	0.34%
Islam	0.45%
Not Disclosed	20.82%

		<p>Other 6.49%</p> <p>Sikhism 0.22%</p> <p>Unspecified 22.94%</p> <p>Sexuality</p> <p>Of the 61% of our staff who have disclosed this information, 59.4% indicated they are heterosexual, 0.42% gay, 0.42% bisexual and 0.24% lesbian.</p> <p>We currently do not collect information regarding the following:  Gender re-assignment  Socio-economic status</p> <p><b>Engagement</b></p> <p>In preparing this policy consultation has taken place nationally through the Welsh Partnership Forum.</p> <p><b>Research and Good Practice</b></p> <p>A range of other organisational policies and EQIAs have been reviewed to look at good practice and to review different impacts Employment Breaks have on diverse groups.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This policy applies to all employees of Public Health Wales who are interest in applying for an employment break.



## 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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	There is no specific evidence to suggest the policy impacts on people due to their age.  This policy will be applied consistently regardless of age.		
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Employees with a disability/long term health condition may be offered support using an employment break. This is a positive impact.	Information regarding an employment break could be included in sickness absence training in relation to a support option.	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b>            Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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 policy impacts on people due to their gender. However, more women may chose to access an employment break to support a childcare break. This is therefore a positive impact.</p> <p>This policy will be applied consistently regardless of gender.</p>		
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>There is no specific evidence to suggest the policy impacts on people due to their age.</p> <p>This policy will be applied consistently regardless of age.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There is no specific evidence to suggest the policy impacts on people due pregnancy.  Employees who wish to extend their leave beyond maternity, may use this policy, which has a positive impact.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	There is no specific evidence to suggest the policy impacts on people due to their race.  This policy will be applied consistently regardless of race.		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	There is no specific evidence to suggest the policy impacts on people due to their belief.  An employment break could be used to facilitate an		

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>employee undergoing a religious rite of passage or taking an extended faith related journey.</p> <p>This policy will be applied consistently regardless of belief.</p>		
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>There is no specific evidence to suggest the policy impacts on people due to who they are attracted to.</p> <p>This policy will be applied consistently regardless of who they are attracted to.</p>		
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p>	<p>There is no specific evidence to suggest the policy impacts on people due to communicating using the Welsh Language.</p>	<p>The policy will be made available in Welsh should a member of staff request it. Correspondence can be made available in Welsh should a staff member request it.</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
<b>6.10 People according to their income related group:</b> 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 policy impacts on people due to their income.  This policy will be applied consistently regardless of their income related group.		
<b>6.11 People according to where they live:</b> 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 policy impacts on people due to where they live.  This policy will be applied consistently regardless of where they live.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	N/A		

**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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	There is no specific evidence to suggest the policy impacts on people being able to access the service.		
<b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the	There is no specific evidence to suggest the policy impacts on people being able to improve/maintain healthy lifestyles.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> 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><b>7.3 People in terms of their income and employment status:</b>            Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working</p>	<p>There is no specific evidence to suggest the policy impacts on people in terms of their income and employment status.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
conditions  Well-being Goal – A prosperous Wales			
<b>7.4 People in terms of their use of the physical environment:</b> 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  Well-being Goal – A resilient	There is no specific evidence to suggest the policy impacts on the physical environment.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
Wales			
<b>7.5 People in terms of social and community influences on their health:</b> 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  Well-being Goal – A Wales of cohesive communities	There is no specific evidence to suggest the policy impacts on people in terms of social and community influences.		
<b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological	There is no specific evidence to suggest the policy impacts on people in terms of macro-economic, environmental and sustainability factors.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
diversity; climate  Well-being Goal – A globally responsible Wales			

**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>The policy does not have negative impacts; it in fact has positive impacts in a number of areas.</p>
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**Action Plan for Mitigation / Improvement and Implementation**

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>	<p>Applying the policy fairly and consistently</p> <p>Providing support and guidance to managers and staff</p>	<p>People and OD department</p> <p>People and OD department</p>	<p>Ongoing</p> <p>Ongoing</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></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>	No			

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>Policy to continue for approval</p>			

