# Template
# Equality & Health Impact Assessment for

# *My Contribution Policy*

**Part 1**

Please answer all questions:-

| | | |
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| **1.** | For service change, provide the title of the Project Outline Document or Business Case and Reference Number | |
| **2.** | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | People and Organisational Development<br>Kelly McFadyen<br>Learning and Development Manager<br>Kelly.McFadyen@wales.nhs.uk |
| **3.** | Objectives of strategy/ policy/ plan/ procedure/ service | To provide a fair, consistent and supportive framework for managing performance, development and wellbeing, ensuring all colleagues understand their contribution to organisational priorities, receive regular feedback and development opportunities, and are supported to perform at their best in line with Public Health Wales priorities, values and behaviours. |
| **4.** | Evidence and background information considered. For example | Staff groups – ESR |

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| | • population data<br>• staff and service users data, as applicable<br>• needs assessment<br>• engagement and involvement findings<br>• research<br>• good practice guidelines<br>• participant knowledge<br>• list of stakeholders and how stakeholders have engaged in the development stages<br>• comments from those involved in the designing and development stages<br><br>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need. | Staff survey data: Appraisals are consistently completed (90.6%), and are impactful for most<br><br>Two thirds of employees said their appraisal helped improve how they do their job.<br>While these findings are positive, they also suggest that employee experiences are not consistent across all teams, highlighting the importance of clear expectations, manager support, guidance and quality assurance to promote fairness and consistency in the application of My Contribution. |
| **5.** | Who will be affected by the strategy/ policy/ plan/ procedure/ service<br><br>Consider staff as well as the population that the project/change may affect to different degrees. | **All colleagues and people managers (including those on fixed term contracts).**<br>**Multi-disciplinary consultants** (recording only) undertake separate professional appraisal arrangements and provide evidence to support Good Public Health Practice.<br>**Medical and dental colleagues** who are subject to appraisal and job planning processes through professional regulatory requirements are not required to follow the My Contribution process for their own performance review. Multi-disciplinary public |

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| | | health consultants may also use alternative approved professional appraisal arrangements where appropriate.<br>However, medical and dental colleagues, multi-disciplinary public health consultants, and any other colleagues who have people management responsibilities must follow the My Contribution Policy, associated guidance and forms when managing the performance and contribution of staff they supervise. |

**Part 2- Equality and Welsh language**

## 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'.

| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps** | **Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews** | **Recommendations for improvement/ mitigation/ identified gaps or opportunities** |
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| **6.1 Age** For most purposes, the main categories are:<br>• under 18;<br>• between 18 and 65; and<br>• over 65 | There should be no positive or negative impact on any specific age groups. | | |
| **6.2 Persons with a disability as defined in the Equality Act 2010** | There should be no positive or negative impact on any colleague with a | | |

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| Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes | disability – adjustments should and would be made as recommended within any assessment e.g. requests for My Contribution conversations / check-in and reviews to take place online as opposed to in person, as well as breaking up the My Contribution meeting into two parts if required.<br><br>Colleagues are encouraged to discuss broader wellbeing during their My Contribution conversations | | |

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| | / check-in, and this is emphasised in the policy and toolkit.<br><br>My Contribution promotes regular discussions about wellbeing, support needs and reasonable adjustments, enabling issues to be identified and addressed proactively.<br><br>The revised policy repeatedly states:<br>• early conversations;<br>• supportive intervention; | | Policy, toolkit and supporting documents will |

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| | • reasonable support;<br>• adjustments before formal processes.<br><br>Poorly designed documents can disproportionately affect:<br>• neurodivergent colleagues;<br>• colleagues with dyslexia;<br>• colleagues with visual impairments;<br>• colleagues using assistive technology; | | use plain language and accessible formatting, with alternative formats and additional support available where required. Regular review of supporting materials will help ensure they remain clear, accessible and easy to use. |

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| | • colleagues with cognitive impairments. | | |
| **6.3 People of different genders:** Consider men, women, people undergoing gender reassignment<br><br>**NB** 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 | There should be no positive or negative impact on any gender or person undergoing gender reassignment. | | |

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps | Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews** | Recommendations for improvement/ mitigation/ identified gaps or opportunities |
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| referred to as Trans or Transgender | | | |
| **6.4 People who are married or who have a civil partner.** | There should be no positive or negative impact on anyone who is married or has a civil partner. | | |
| **6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.** | My Contribution should have a positive impact by providing opportunities for supportive conversations before, during and following periods of maternity, adoption and shared parental leave, including discussions about wellbeing, development | | The My Contribution Toolkit should include guidance for people managers on:<br>• concluding and recording My Contribution discussions before a period of family leave where appropriate; |

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| | and return to work arrangements.<br>There is a potential risk that colleagues taking extended periods of leave may have reduced opportunity to participate in parts of the performance review cycle or that objectives agreed prior to leave may no longer be relevant on return. If not managed appropriately, this could result in an inconsistent experience or perceived disadvantage in relation to performance, development or progression. | | • undertaking a meaningful return-to-work conversation;<br>• reviewing and resetting objectives following a significant period of leave;<br>• ensuring performance assessments fairly reflect periods of authorised leave;<br>• discussing any support, wellbeing needs, workplace adjustments or flexible working arrangements |

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| | | | following return to work |
| **6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers** | There should be no positive or negative impact on anyone on the basis of nationality, race, colour, culture or ethnic origin. | | |
| **6.7 People with a religion or belief or with no religion or belief**. The term 'religion' includes a religious or philosophical belief | There should be no positive or negative impact on anyone on the basis of religious belief/no religious belief. | | |

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| **6.8 People who are attracted to other people of**:<br>• the opposite sex (heterosexual);<br>• the same sex (lesbian or gay);<br>• both sexes (bisexual) | There should be no positive or negative impact on anyone on the basis of sexual attraction. | | |
| **6.9 People according to their income related group:**<br>Consider people on low income, economically inactive, unemployed/workless, | There should be no positive or negative impact on anyone in any income related group. | | |

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| people who are unable to work due to ill-health | | | |
| **6.10 People according to where they live:** Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities | There should be no positive or negative impact on anyone according to where they live. | | |
| **6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service** | No additional impacts identified beyond those outlined above. | | |
| **6.12 Welsh Language** | | | |

| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps** | **Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews** | **Recommendations for improvement/ mitigation/ identified gaps or opportunities** |
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| **There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:** (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018) | | | |
| **Opportunities for persons to use the Welsh language** | Colleagues wishing to conduct their My Contribution review in Welsh can request to do so if their line manager is a Welsh speaker.<br><br>Potential positive impact: annual review of WL skills and development conversations could enable | Where a review cannot be conducted in Welsh by the line manager, support arrangements and translation services should be explored to maximise opportunities to use Welsh. | |

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| | more opportunities to use Welsh. | | |
| **Treating the Welsh language no less favourably than the English language** | Potential negative impact: manager does not speak Welsh and therefore the review cannot be conducted in Welsh. | Manager to arrange for Welsh translation of the documentation, as per the policy. | |

## Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?

- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

## 7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

| 7.1 Groups identified | Rational/explanation |
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| Public Health Wales colleagues and people managers | The policy applies to all colleagues and people managers and influences how performance, wellbeing, development and support are discussed and managed throughout employment. Some groups may benefit particularly from regular review and support mechanisms, including disabled colleagues, new starters, colleagues returning from leave and those experiencing wellbeing challenges. |

**Assessment**
Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

**Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

| Wider determinant for consideration | Positive impacts or additional opportunities | Unintended consequences or gaps | Population groups affected | Mitigation/recommendations |
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| **7.2 Lifestyles**<br>• Diet/nutrition/breastfeeding<br>• Physical activity<br>• Use of alcohol, cigarettes, e-cigarettes<br>• Use of substances, non-prescribed drugs, abuse of prescription medication<br>• Social media use<br>• Sexual activity<br>• Risk-taking activity i.e. gambling, addictive behaviour | My Contribution provides opportunities for wellbeing discussions and signposting to support where appropriate.<br><br>Regular conversations may encourage earlier identification of issues that could affect health and wellbeing. | Quality and consistency of conversations may vary between managers. | Colleagues | Manager guidance, training and toolkit resources promote consistent practice. |
| **7.3 Social and community influences on health**<br>• Adverse childhood experiences<br>• Citizen power and influence | Supports a culture of regular dialogue, feedback and inclusion. | Variable manager capacity, confidence and capability could | Colleagues | Ongoing manager development and access to People and OD advice. |

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| • Community cohesion, identity, local pride<br>• Community resilience<br>• Domestic violence<br>• Family relationships<br>• Language, cultural and spirituality<br>• Neighbourliness<br>• Social exclusion i.e. homelessness<br>• Parenting and infant attachment<br>• Peer pressure<br>• Racism<br>• Sense of belonging<br>• Social isolation/loneliness<br>• Social capitol/support/networks<br>• Third sector & volunteering | Can strengthen working relationships and sense of belonging within teams.<br>Encourages constructive conversations about support and workplace experiences. | impact employee experience. | | |
| **7.4 Mental Wellbeing**<br>• Does this proposal support sense of control?<br>• Does it enable participation in community and economic life?<br>• Does it impact on emotional wellbeing and resilience? | Explicitly encourages discussions about wellbeing and support needs.<br>Promotes clear expectations, regular feedback and early identification of challenges.<br>Supports employee development, recognition and sense of control over objectives.<br>Encourages proactive support before concerns escalate | Poorly managed conversations could negatively affect employee experience.<br>Some colleagues may feel anxious about performance discussions. | Colleagues | Toolkit includes guidance on supportive conversations, wellbeing discussions and managing performance constructively.<br>Manager training and support available through People and OD. |

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| | into formal processes. | | | |
| **7.5 Living/ environmental conditions affecting health**<br>• Air quality<br>• Attractiveness/access/availability/quality of area, green and blue space, natural space.<br>• Health & safety, community, individual, public/private space<br>• Housing, quality/tenure/indoor environment<br>• Light/noise/odours, pollution<br>• Quality & safety of play areas (formal/informal)<br>• Road safety<br>• Urban/rural built & natural environment<br>• Waste and recycling<br>• Water quality | Supports conversations about Work How It Works Best arrangements and how work is organised. | No direct impact on environmental conditions. | Colleagues | Existing organisational policies relating to workplace arrangements and wellbeing. |
| **7.6 Economic conditions affecting health**<br>• Unemployment<br>• Income, poverty (incl. food and fuel)<br>• Economic inactivity<br>• Personal and household debt<br>• Type of employment i.e. permanent/temp, full/part time<br>• Workplace conditions i.e. environment culture, H&S | Supports performance and development discussions that may contribute to career development and progression opportunities. Supports requirements linked to pay progression through completion of My Contribution discussions. | Inconsistent application could affect employee experience. | Colleagues | Policy, toolkit, manager training and quality assurance processes. |

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| **7.7 Access and quality of services**<br>• Careers advice<br>• Education and training<br>• Information technology, internet access, digital services<br>• Leisure services<br>• Medical and health services<br>• Other caring services i.e. social care; Third Sector, youth services, child care<br>• Public amenities i.e. village halls, libraries, community hub<br>• Shops and commercial services Transport including parking, public transport, active travel | Facilitates discussion of learning and development opportunities. Encourages identification of support needs and access to organisational resources. Annual review of Welsh language skills and development needs. | Awareness of available support services may vary. | Colleagues | Toolkit contains signposting to learning, wellbeing and People and OD resources. |
| **7.8 Macro-economic, environmental and sustainability factors**<br>• Biodiversity<br>• Climate change/carbon reduction/flooding/heatwave<br>• Cost of living i.e. food, rent, transport and house prices<br>• Economic development including trade<br>• Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)<br>• Gross Domestic Product<br>• Regeneration | Supports the Well-being of Future Generations principles by investing in workforce development, prevention and long-term capability. Encourages sustainable workforce planning through development and career discussions. | No significant direct impacts identified. | Colleagues | Continued monitoring through policy review and feedback mechanisms. |

**Stage 3**
**Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan**

| Key findings: Impacts/gaps/opportunities | Actions (what is needed and who needs to do) to address the identified mitigation and recommendations | Lead | | |
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| The assessment identified no significant adverse equality or health impacts. The policy is expected to have a positive impact on staff wellbeing, inclusion, development and engagement by promoting regular supportive conversations, clear expectations, access to development opportunities and early identification of support needs. The primary risk relates to variability in implementation, which is mitigated through people manager training, guidance, toolkit resources | Ensure the toolkit is strengthened and take these findings into consideration as part of future leadership and management development programmes around performance management | Kelly | | |

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| and ongoing People and OD support. | | | | |

**Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).**