



Pwyllgor Pobl, Datblygu Sefydliadol a Diwylliant/ People, Organisational Development and Culture Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development (W&OD) Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies for approval
- All Wales policies, documents and updates
- Policies not yet presented for approval (extension requests)

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks. In addition, All Wales documents, which require adoption and/or action on the part of individual Health Boards are presented to this Committee for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

Local Policies - for approval

All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We continue to undertake

desk top reviews where we can as the content has already been streamlined in a previous cycle.

001 – Adverse Conditions Policy (Appendix 1)

- A desktop review was undertaken of the policy. Minor changes were made to amend details of key decision makers due to the Operations Directorate organisation change process (part 1) e.g. County Director to System General Manager to reflect the new Clinical Care Group (CCG) structures.
- Following consultation and discussion at Health Board Partnership Forum (HBPF) in January 2026, a further review was undertaken to manage periods of extreme heat.
- A meeting was arranged for 7 April 2026 with the nominated trade union representatives, and the following amendments were made:-
 - Removal of the requirement to 'declare' adverse conditions prior to the policy becoming active to more localised decision making to take account of differing conditions by county or directorate/CCG.
 - Inclusion of guidance and support regarding periods of extreme heat.
- Global consultation was undertaken pre-January 2026 and was not required post the further amendments made.
- Policy shared with local partnership forums and the Joint Local Negotiating Committee (JLNC) prior to being re-submitted to HBPF in July 2026.
- The equality impact assessment (EQIA) has been updated.

109 – Time off in Lieu Policy (Appendix 2)

- A desktop review was undertaken of the policy between a member of the Operational Workforce Team and a trade union representative.
- A few minor changes were made including updating the reference to the NHS Wales Disciplinary Policy and Process
- Changes were not made to the Form included at Appendix 2.
- Global consultation was not required as a result of the minor changes made.
- Policy has been shared with local partnership forums and HBPF.
- The equality impact assessment (EQIA) has been updated.

131 – Flexi Time Policy (Appendix 3)

- A desktop review was undertaken of the policy between the Assistant Director of People Management and local trade union representatives from the Royal College of Nursing (RCN).
- A few minor changes were made as follows:-
 - To note that new links for those policies referenced and also due to be considered by Committee in August 2026 will require updating prior to upload on SharePoint – specifically Carers and the Time off in Lieu (TOIL) policies.
 - No other changes made other than to expand the acronym for full time equivalent (FTE) as it was not explained anywhere.
- Policy has been shared with local partnership forums and the HBPF.
- Global consultation was not required due to the minor changes made.
- The equality impact assessment (EQIA) has been updated.

344 – Guidance on Relationships at Work (Appendix 4)

- A desktop review was undertaken of the policy between a Senior Workforce Manager and the Chair of the HBPF.
- The only changes made were to remove four policies from the “To be read in conjunction with” section as they had been removed from our suite of policies.
- Global consultation was not required as a result of the minor changes made.
- Revised policy was shared with local partnership forums, JLNC and HBPF for completeness.
- The equality impact assessment (EQIA) has been updated.

350 – Supporting Transgender Staff Policy (Appendix 5)

- This review has taken place in light of the recent Supreme Court ruling on sex, as well as updated guidance from the Equality and Human Rights Commission (EHRC).
- We have considered these developments carefully to ensure the policy remains accurate and lawful.
- The policy was shared with the ENFYS staff network who co-produced the updated version for wider consultation.
- The policy has been shared with local partnership forums and JLNC and comments received informed the policy amendments subsequently made. The final version was shared with the HBPF and no further comments received.
- Global consultation has been undertaken.
- The equality impact assessment (EQIA) has been updated.

511 – Unpaid Carers Policy (Appendix 6)

- A desktop review was undertaken and changes made to simplify and reduce the policy.
- The Carers Passport has been replaced with a new broader Health and Wellbeing Passport and accompanying Guidance documents for Managers and Staff. Members of the staff networks had the opportunity to feed into the development of the Passport.
- The list of linked policies to be read in conjunction with the Unpaid Carers Policy has been updated to reflect current guidance but has been moved to sit as an appendix to the policy for ease of reading.
- Clarification has been provided on what is meant by an unpaid carer, including the difference between a young carer and a young adult carer.
- Reference to the Employers for Carers scheme has been removed as the Health Board membership has now lapsed.
- As well as forming part of this policy, the Health and Wellbeing Passport (and Guidance documents) will be uploaded as a separate resource for staff to use for other circumstances to facilitate discussions between employees and line managers about health and wellbeing needs or reasonable adjustments.
- The equality impact assessment (EQIA) has been updated.

1506 – Guidance on Single Sex Services and Facilities (Appendix 7)

- This is a new document which has been developed in response to the Supreme Court ruling on the definition of sex within the Equality Act 2010.
- Draft guidance was shared with the ENFYS staff network who have co-produced the updated version for wider consultation.
- Policy shared with local partnership forums, JLNC and HBPF.
- Global consultation was undertaken.
- An equality impact assessment (EQIA) has been completed.

All Wales policies

All Wales documents for adoption: -

1512 - Breastfeeding in the Workplace Toolkit (Appendix 8)

- Final draft of the toolkit was issued for consultation within the Health Board with responses due back to NHS Employers by 2 July 2026.
- This was considered by Welsh Partnership Forum (WPF) on 23 July 2026 and approved.
- There was also a webinar pack shared with WPF as supplementary information in advance of a webinar being held during Breastfeeding Week commencing 1 August 2026.

All Wales Documents for Information: -

A copy of the updated All-Wales policy schedule from NHS Employers was received on 24 June 2026 and is attached as Appendix 9 for information.

Policies not yet presented for consideration

The Committee has requested an update to each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of six local policies together with rationale is therefore outlined below: -

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
People Planning/Development	603 – Developing New Clinical Roles	Due to the timing of the next PODCC meeting there is a request to extend this policy from its current date of 10/10/2026, by six months.	28/02/2027
People Planning/Development	107 - Volunteers	Due to vacancies in the team, this policy review has been delayed due to capacity issues.	28/02/2027
Recruitment	42 – Guidance on Starting Salaries	Policy under consultation and will be ready for the next PODCC meeting.	30/11/2026
Occupational Health	447 – Staff Immunisation & Screening Policy	Policy under review, due to the timing of the next PODCC meeting there is a request to extend this policy from its current date of 10/10/2026 and present to the next PODCC meeting on 10/11/26.	30/11/2026
People Planning	299 - Registration and Re-registration of Health	Review being led by Nursing colleagues –	30/11/2026

		Professionals Policy	policy currently at consultation stage.		
	Operational Workforce	139 – Uniform & Dress Code Policy	Due to the timing of the PODCC meeting there is a request to extend this policy from its current date of 31/10/2026 and present to the next PODCC meeting on 10/11/26. Discussions are also taking place on an All-Wales basis that may inform the review.	30/11/2026	

Asesiad / Assessment

The five local policies and two guidance documents have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the Joint Local Negotiating Committee (JLNC) for information. The Health Board Partnership Forum met on 13 July 2026 to consider the revised policies and supported their onward consideration by PODCC.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Governance Team.

In addition, one All-Wales toolkit requires adoption, and six policies require extension due to their review dates or stage of consultation.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- **RECEIVE ASSURANCE** that the above local policies/guidance documents have been developed/reviewed in line with Policy 190.
- **APPROVE** the seven local policies and guidance documents listed.
- **EXTEND** six local policies in accordance with the dates provided.
- **ADOPT** an All-Wales toolkit and note the All-Wales policy schedule update provided.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

Committee ToR Reference:

3.1.14 Approve workforce and organisational development policies and plans delegated to the Committee.

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:
Datix Risk Register Reference and Score:

N/A

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	7. Future Orientated
Hypergyswilt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of 4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported
Model Cymdeithasol ar gyfer Iechyd a Llesiant : (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing : (<i>complete for strategic change and/or significant service changes</i>)	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Contained in body of report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Local and Health Board Partnership Forum and LNC where appropriate
---	--

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	The policies apply to all staff unless stated otherwise in each policy.
Tegwch Iechyd: Health Equity:	None arising from the report
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	None arising from the report
Gyfrinachedd: Privacy:	None arising from the report
Cydraddoldeb: Equality:	Updated or new EQIA are attached as appropriate for the revised local policies.

Adverse Conditions Policy

Policy information

Policy number: 001

Classification: Employment

Supersedes: Previous Versions

Version number: 6

Date of Equality Impact Assessment: 08.01.2026

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review

Summary of document:

This policy outlines the arrangements for attendance at work during adverse conditions.

Scope:

The provisions of this policy apply to all staff employed by Hywel Dda University Health Board.

To be read in conjunction with:

[122 - All Wales Special Leave Policy](#) (opens in new tab)

Owning group: Workforce & OD Directorate

Executive Director job title: Director of Workforce & OD

Reviews and updates:

1.0 – New Policy

2.0 – Review

3.0 – Review

4.0 – Full Review

5.0 – Review 15/12/2022

Keywords: Adverse Conditions, Adverse Weather

Glossary of terms

OD – Organisational Development

TOIL – time off in lieu

HDdUHB Hywel Dda University Health Board

Introduction

This policy is to support managers and employees to understand the arrangements for attendance at work during adverse conditions.

Policy statement

Hywel Dda University Health Board (HDdUHB) expects all employees to make every reasonable effort to attend work, including when their normal arrangements have been disrupted e.g. due to extreme weather, petrol shortages, cessation of public transport, etc.

The HDdUHB has a public duty to continuously provide a service and relies on its staff to be able to fulfil this expectation. Absence can cause serious problems in respect of care delivered to patients and there is a particular problem in maintaining effective cover arrangements, which minimise disruption to the services.

Scope

The provisions of this policy apply to all staff employed by HDdUHB.

Aims and objectives

The aim of this policy is to outline the process to be followed in the event of adverse conditions, the reporting procedures and entitlements for staff, whilst considering the needs of the service.

Application of the Adverse Conditions Policy

In the event of adverse conditions arising, line managers, in conjunction with their CCG Service Director or Corporate Service Director (or nominated deputy) will work with staff in their teams to determine individual impacts and will apply this policy as appropriate.

If adverse conditions continue for a lengthy period, further guidance will be sought from the Emergency Planning and communications issued to affected staff.

This plan should be brought to the attention of all members of staff prior to potential disruption to normal working arrangements, in order to raise awareness of their duties and responsibilities.

Departmental and Reporting Process

HDdUHB expects that all staff will make reasonable efforts to attend work during adverse conditions including arrangements of lifts with other members of staff, the use of public transport services and walking, if appropriate.

Where staff are prevented from attending work due to such adverse conditions, they must notify their manager at the earliest opportunity (not later than one hour into the shift) and maintain in regular contact during the period of absence.

Any requests for unpaid leave, annual leave, Time Off In Lieu (TOIL) are to be processed in the standard manner.

Each department will review the staffing requirements for their area in the event of adverse weather or the disruption of public transport, petrol shortage, etc in order to assess whether safe staffing levels can be maintained. In accordance with local escalation arrangements and in line with their

departmental/site contingency plan, departments may need to source additional resources including facilitating the redeployment of available staff if required.

Staff may be asked for example to re-arrange shift patterns, work at another location, provide support in the community or to work from home and the expectation is, that where possible, both managers and employees work flexibly together to ensure the safe provision of services.

Staff who normally work independently in the community should discuss with their line manager if they feel they need to return home if they feel that the adverse conditions represent a serious risk to their safety or the safety of others.

Members of staff are expected to adhere to the reporting procedures in this policy. Failure to do so, or leaving the premises without authorisation, may result in action being taken in accordance with the Disciplinary Procedure.

Payment

During a period of adverse conditions, and in agreement with their line manager, any staff who attend work for any part of their shift, including if they arrive late or leave early will be paid in full for the shifts affected.

If staff cannot attend work then Annual Leave, TOIL, Flexi-time or hours worked back as agreed with their line manager must be taken in order to receive normal pay. For members of staff with dependants or caring responsibilities, provisions within the Special Leave Policy may apply for the first day of absence.

Where no leave entitlements remain, a member of staff will be required to take time off as either unpaid leave, time owing/flexi-time, working extended hours once conditions have returned to normal in order to repay time back; (this will be at plain time) or a combination of the above.

Staff who are required to work beyond their normal hours will be paid at the appropriate rate or will be entitled to time in lieu at plain time, to be taken at a mutually agreed time.

Other leave

Requests for leave for any other purpose including caring for dependents or to attend to domestic emergencies are detailed in the [Special Leave policy](#).(opens in a new tab).

Extreme Heat

There is a risk of staff in both clinical and non-clinical environments suffering heat stress symptoms during prolonged periods of hot weather, if not properly monitored or managed. The Health and Safety Team have a number of resources which can be accessed via the dedicated [Heat Stress intranet page](#). (opens in a new tab) including:

- A Heat Stress risk assessment template;
- A 7 Minute Briefing on work in extreme heat;
- Guidance on the use of portable fans in healthcare settings.

- Access to the HDdUHB [Uniform and Dress Code policy](#) (opens in a new tab).

Accommodation and Transport

In the very rare occasion where it is necessary to provide accommodation e.g. if a member of staff is prevented from returning home as a result of not being allowed to leave early in deteriorating conditions, or where they provide a service at the request of the organisation, which is beyond that which is normally required of them, the accommodation will be provided however, this will not necessarily be on site. Employees will be advised by their line manager of specific arrangements who can seek advice from the CCG Service Director or colleagues within the Workforce and Organisational Development team.

There will be no expectation for portering staff on any HDdUHB site to provide transport in hired vehicles for other staff during periods of adverse weather conditions.

Responsibilities

Chief Executive

The Chief Executive holds overall responsibility for the effective management of organisational policies

Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

CCG Service Directors / Corporate Service Directors

CCG Service Directors / Corporate Service Directors have responsibility for implementation of this policy and working with line managers and staff to ensure the safety of their staff during periods of adverse conditions whilst ensuring service delivery can be maintained.

Line Managers

Whilst the HDdUHB continues to be conscious and appreciative of the effort that the vast majority of staff make in attending for work in such conditions, no member of staff should put themselves or others at risk or danger in their endeavour to reach the workplace. In expecting staff to attend work, the manager should be sympathetic to the needs of an individual, taking into consideration personal circumstances, and having regard to health and safety. The aim of the manager is to treat all staff in a fair and consistent manner.

Staff

It is the responsibility of each member of staff to make every reasonable effort to report for duty at their place of work during periods of adverse conditions.

Implementation

Managers are responsible for raising awareness of the policy to all employees.

Monitoring and Review

This policy will be reviewed by the Director of Workforce and OD.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce and OD
Service Area	Operational Workforce

Title of Procedure, Project, Proposal, Policy being screened:	Scheduled review of the Adverse Conditions policy
--	---

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The Adverse Conditions policy outlines arrangements for attendance/inability to attend work during periods of adverse conditions.
Workforce policies are reviewed every 3 years and this policy is now due for review and approval.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Evidence considered includes:

- Knowledge of the current use of the policy and feedback from stakeholders
- Feedback and input from Trade Union colleagues on it's application and their national advice and guidance
- Knowledge of the demographics of the Health Board staff group and how this policy may impact the differing staff groups.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact differently due to age. While it is acknowledged that some staff may experience age-related frailties, the policy provides for flexible arrangements where needed. These may include extending paid special leave, offering flexible working days or times once adverse conditions have passed, or exploring opportunities to work from alternative locations.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact	√	No Impact	
Justification of impact identified: While it is recognised that employees with disabilities may have more limited options for attending the workplace, the policy includes a range of mitigating measures. These include offering flexible arrangements such as extending paid special leave, allowing flexibility in working days or times once adverse conditions have passed, and exploring opportunities to work from alternative locations. The policy also suggests managers to seek advice from the ED&I or Workforce teams if any concerns arise.					
Gender Reassignment					
Is it likely to affect those who either:					
• Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact those in this group differently to others.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact differently due to marriage/civil partnership. Presumptions will not be made based on a persons relationship status.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact	√	No Impact	
Justification of impact identified: It is recognised that employees who are pregnant or who have recently had a baby may have more limited options for attending the workplace. The policy therefore includes a range of flexible measures, such as extending paid special leave,					

allowing flexibility in working days or times once adverse conditions have passed, and exploring opportunities to work from alternative locations. The policy also suggests managers to seek advice from the ED&I or Workforce teams if any concerns arise.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact those of different races or ethnicity differently to others.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact those of differently religions or beliefs differently to others.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact males of females differently.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact this group differently to others.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	√
Justification of impact identified: The policy does not impact those in this group differently to others.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or					

health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.				
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty				
Positive Impact		Negative Impact	√	No Impact
Justification of impact identified: It is acknowledged that individuals with lower financial means may experience adverse conditions differently from others, such as being unable to afford public transport or taxis. To address this, the policy outlines a range of mitigating measures. These include offering flexible options such as extending paid special leave, allowing adjustments to working days or hours once conditions improve, and considering opportunities to work from alternative locations. The policy also advises managers to seek guidance from the ED&I or Workforce teams if any concerns arise.				
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.				
Positive Impact		Negative Impact		No Impact
Justification of impact identified: The policy does not impact on a persons opportunity to use the Welsh Language.				

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	05/01/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Rebecca Noyce
	Title	Assistant Head of Workforce
	Contact details	Rebecca.noyce@wales.nhs.uk
	Date	05/01/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	08/01/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Time off in Lieu Procedure

Procedure information

Procedure number: 109

Classification: Employment

Version number: 5

Date of Equality Impact Assessment:

Approval information

Approved by: People, Organisational Development and Culture Committee

Date of approval:

Date made active:

Review date:

Summary of document:

This procedure is intended to facilitate flexible time management whilst establishing an agreed procedure which deals effectively with time accrued.

Scope:

This procedure applies to all staff working under Agenda for Change Terms and Conditions of Service.

To be read in conjunction with:

[131 - Flexible working flexi time policies](#) – opens in a new tab

[201 – Disciplinary Procedure](#) – opens in a new tab

[NHS Terms and Conditions of Service Handbook](#) - opens in a new tab

Owning group: Workforce & OD

Executive Director job title - Director of Workforce and OD

Keywords: Time in Lieu TOIL

Glossary of terms: TOIL – Time off in Lieu

INTRODUCTION

The Health Board recognises that it may be necessary for staff to work above and beyond their contracted working hours to support service delivery needs and objectives. Where this occurs, and where prior authorisation has been given, employees may receive time off in lieu (TOIL) as compensation.

It is imperative to note that any additional hours are worked on a purely voluntary basis. TOIL should not be used as a routine workforce management solution i.e. it must not be used as a substitute for appropriate workforce planning or recruitment to substantive vacancies.

Where staff and their line manager or team leader have agreed to the extra time being performed outside their standard hours, it is important that extra hours are recorded and compensated. This procedure must be applied consistently and fairly across the Health Board.

This procedure sets out the arrangements for the authorisation, accrual, recording, and taking of TOIL, ensuring a consistent, fair, and safe approach across the organisation.

This procedure is further to the provisions set out in Section 3 of the Agenda for Change Handbook, Working Time Regulations and relevant Health Board Policies

SCOPE

This procedure applies to all employees working under Agenda for Change Terms and Conditions of Service.

It does not apply to Medical and Dental staff (who are subject to separate contractual arrangements) and / or staff covered by formal flexible working agreements (where separate arrangements apply).

AIM

The purpose of this protocol is to facilitate flexible time-management whilst establishing agreed principles which deal effectively with time accrued.

OBJECTIVES

This procedure will achieve consistent, equitable and fair practice in the application of time off in lieu.

PRINCIPLES

The recognition of time worked over an employees' contracted hours must be by agreement with line management and should only ever be in response to service delivery needs. The minimum time off in lieu that may be accrued is 15 minutes. TOIL will be calculated on a time-for-time basis unless otherwise specified.

The requirements of the Working Time Regulations in relation to unpaid rest breaks must be observed as outlined in the Agenda for Change Terms and Conditions of Service and Working Time Regulations. It is recognised that in response to service delivery needs it may be necessary, on occasions, to work through breaks but this should only be done as an exception and with the authority of the appropriate line manager. Unpaid compensatory rest will be given in these circumstances.

All time owing worked and taken back must be recorded either electronically via E-roster/Allocate or by using the form in [Appendix 1](#) – opens in a new tab- and should be authorised by the appropriate

manager on each occasion. Failure to maintain full and proper records will result in time in lieu not being granted. Each individual member of staff is responsible for maintaining their own time in lieu record, which must then be held securely in their department.

Every effort will be made to accommodate staff requests for taking back time owing but ultimately this will depend on the needs of the service and the staffing arrangements at the time.

All requests to take time owing back must be planned and authorised by the appropriate manager.

Managers will not normally allow the accrual of more than 15 hours' time owing within a calendar month. Where the maximum accrual is reached it is the responsibility of the manager and the employee to:

- take the necessary action to reduce the time owing by giving time back, or
- arrange payment for any TOIL not taken within 3 months as set out in Section 3 of the Agenda for Change Handbook.

All documents generated under this protocol, including applications, and formal notes and documents generated by managers, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

MONITORING

Details of concerns and disciplinary issues related to this protocol will be recorded in a database and reported on periodically to the Partnership Forum and the Executive Board.

EQUALITY AND FAIRNESS

This procedure will be applied in accordance with the Health Board's Equality and Diversity policies. Managers must ensure that TOIL opportunities are allocated fairly, and no individual is disadvantaged by the application of this procedure.

DISCIPLINE

Breaches of this procedure will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's [201 - Disciplinary Procedure](#). (opens in a new tab).

Appendix 1 - INDIVIDUAL TIME OWING RECORD

[illegible]

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Workforce & OF
Service Area	Operational Workforce

Title of Procedure, Project, Proposal, Policy being screened:	Time off in Lieu Procedure
--	----------------------------

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The Time Off in Lieu (TOIL) Procedure sets out the arrangements for authorising, recording, accruing and taking time off in lieu where employees work additional hours beyond their contractual commitments to meet service needs. The procedure aims to ensure that additional hours worked are recognised and compensated fairly, consistently and safely across the Health Board, whilst ensuring compliance with Agenda for Change terms and conditions, Working Time Regulations and organisational policies. It also clarifies the respective responsibilities of employees and managers in relation to the approval, recording and use of TOIL.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The Policy is line with the Agenda for Change Terms and Conditions of Service which have been agreed nationally. These have been scrutinised and deemed to be fair to all employees and not to have a negative impact upon those with a protected characteristic.

We recognise that employees have different needs e.g. arising under the Equality Act 2010, and these may change a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking into account the needs of the service.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The procedure applies consistently to all eligible employees regardless of age. Access to TOIL is based on service need, prior authorisation and hours worked beyond contractual requirements, not age. The policy has the potential to positively impact staff at all ages, but especially those who have child-care or unpaid caring responsibilities, as it can provide opportunities for staff to agree TOIL with their manager.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The policy applies equally to employees with and without disabilities. It provides a framework for recording and taking accrued time and does not place disabled employees at a disadvantage. Managers are expected to apply the procedure fairly and in line with Equality and Diversity policies. The policy has the potential to positively impact staff with a disability as it can provide opportunities for staff to agree TOIL which might support them to better manage the needs arising from their disability.					
Gender Reassignment					
Is it likely to affect those who either:					
- Have undergone, intend to undergo or are currently undergoing gender reassignment. - Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy contains no provisions that differentiate between employees on the basis of gender reassignment status. Eligibility and access to TOIL are determined solely by employment arrangements and authorised additional hours worked.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The policy applies equally to all eligible employees regardless of marital or civil partnership status.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	✓	Negative Impact		No Impact	✓
Justification of impact identified: The procedure does not disadvantage employees who are pregnant or on maternity leave. Where additional hours are worked and authorised, TOIL arrangements apply consistently and fairly. This may provide additional flexibility during pregnancy and maternity period where staff may need to attend additional appointments or are experiencing fatigue.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The policy applies consistently to all staff irrespective of race, nationality, ethnic origin, language or cultural background.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The policy does not impact employees differently on the basis of religion or belief. Access to TOIL is based on operational requirements and authorised additional working time. The policy has the potential to positively impact staff with who have cultural needs such as religious observance as they have the opportunity to agree TOIL with their manager.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The policy applies equally to all genders and contains no provisions that would result in differential treatment. The policy has the potential to positively impact staff, especially female employees, a large proportion of whom have unpaid caring roles or childcare responsibilities, as it can provide opportunities for staff to agree TOIL with their manager.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No aspect of the policy differentiates between employees on the basis of sexual orientation.					
Armed Forces Community					

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	✓	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

Justification of impact identified:

The procedure does not adversely affect members of the Armed Forces community or their families and applies consistently to all eligible employees. The policy has the potential to positively impact staff from the armed forces community, especially if family members have leave at short notice because of their Armed Forces role. It can provide opportunities for staff to agree TOIL with their manager.

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	✓	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

Justification of impact identified:

The procedure supports fair recompense for authorised additional hours worked through time off in lieu or payment where applicable under Agenda for Change provisions. It does not create disadvantage for employees from lower socio-economic groups.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	✓
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

The procedure does not affect opportunities to use the Welsh language and applies equally to Welsh and English speakers.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Lisa Hughes
	Title	Assistant Head of Workforce

	Contact details	Lisa.hughes@wales.nhs.uk
	Date	27/07/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director People Management
	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	27/07/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Helen Sullivan
	Title	Head of Partnerships, Diversity and Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	31 st July 2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Flexi Time Policy

Policy information

Policy number: 131

Classification: Employment

Supersedes: 131

Version number: 6

Date of Equality Impact Assessment:

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

Rules and regulations governing the operation of flexi time within the organisation

Scope:

All employees of the Health Board covered by AfC terms and conditions

To be read in conjunction with:

[109 - Time off in Lieu Procedure](#) (opens in a new tab)

[129 - Time off for Medical and Dental Appointments](#) (opens in a new tab)

[201 – NHS Wales Disciplinary Policy and Process](#) (opens in a new tab)

[511 – Carers Policy](#) (opens in a new tab)

[Working Time Regulations 1998](#) (opens in a new tab)

Owning group: Workforce & OD Directorate

Executive Director Job Title: Director of Workforce and OD and Deputy Chief Executive Officer

Reviews and updates:

Version 1 – New Policy – 02/08/2011

Version 2 – Revised – 02/10/2014

Version 3 – Revised but no changes – 18/05/2017

Version 4 – Full Review but no changes – 30/06/2020

Version 5 – Signed Off 10.10.2023

Version 6 – Full review, no changes

Version 7 – Full review

Keywords: Flexi-time, Flexible Working, Flexibility

Glossary of terms

WTR – Working Time Regulations

Introduction

We recognise that employees have different needs e.g. arising under the Equality Act 2010, due to entering a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking in to account the needs of the service and demonstrates our commitment to fair and equal treatment at work from attracting high calibre applicants to retaining and valuing our existing workforce.

Policy Statement

This document outlines the core principles and process to be followed by employees who work flexi time, i.e. choose the time they begin and finish work around a set core time each working day. The scheme provides for authorised time worked beyond contracted hours to be “banked” as “credit” and taken as time off to suit both the employee and the employer.

Scope

This scheme applies to all employees on Agenda for Change terms and conditions who work in departments that only operate within the hours of 7am and 6pm.

The following are therefore excluded from the scheme:-

- casual or locum workers
- employees subject to rostering or working specific fixed hours
- medical and dental staff

Employees who wish to participate in the scheme will not be able to claim overtime during the flexi bandwidth i.e. hours between 7 am and 6 pm.

Aim

This scheme enables both managers and employees to exercise discretion over the arrangement of working hours, subject to the service requirements of the department being covered.

Scheme Parameters

Allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment to work an average of 37.5 hours (Full Time Equivalent - FTE) per week over the reporting period.

For full time employees, each working day will include core time totalling 4 hours. The maximum working hours are 9 and the minimum is 5 hours per day.

For part-time employees, the core time will be determined according to departmental needs but will normally comprise at least 50% of their daily working hours.

There is a compulsory unpaid break of 30 minutes if the employee works for more than six hours in that day.

Hours can be worked between 7 am and 6 pm. The core hours are 10 am - 12 noon and 2 pm - 4 pm. Any variation to this must be agreed at Head of Department level (or equivalent).

Employees are permitted to carry over up to 8 hours into the following month or a debit of 4 hours.

Up to one day each month (including core time) may be taken off, subject to authorisation from the manager. This time off will not count against contractual leave entitlement and should not be entered on ESR.

During periods of sickness, holidays and study leave, a normal day's working hours will be credited for each day of absence.

Within flexi time, a standard day is 7.5 hours (or the equivalent of one fifth of the normal working hours of a part time employee). Work outside these hours may be counted towards total hours worked, provided that it has been authorised in advance by the manager and the hours are recorded on the flexi time form ([Appendix 1](#)).

Wherever possible, employees on flexi time should make medical and dental appointments outside core time (see also HDUHB [129 - Time off for Medical and Dental Appointments Policy](#) – opens in a new tab).

Concerns raised in relation to the potential falsification of flexi time records will normally be considered under the 201 [NHS Wales Disciplinary Policy and Process](#).- opens in a new tab.

Responsibility of Managers

Managers have a responsibility to ensure that all requests to work flexi time are considered fairly and equitably. Managers must ensure that the records of hours worked and hours owing/owed for each employee are accurate, up to date and are authorised and retained appropriately.

Managers who only have a proportion of their employees working flexi time, should make specific provision to monitor the working time of those not on flexi time to ensure that there is equity between the two groups of employees in terms of total working time.

Managers should ensure that details of the scheme are communicated to eligible new employees.

Responsibility of Employees

Employees will be responsible for liaising with colleagues to ensure there is cover in the department during the normal working day as defined by the manager.

Employees will be responsible for maintaining accurate and contemporaneous records on the Flexi time form (see [Appendix 1](#)), of hours worked, owing and owed and ensuring records are submitted monthly and appropriately authorised by their manager.

A record of the previous 12 months' flexi time must be kept and made available on request e.g. for audit purposes.

APPENDIX – FLEXI TIME RECORD SHEET

Flexi time Record Form (V1 - 12.5.23)

Contracted Week Hrs:

Period:

Period Start:

1

Monday

Tuesday

Wednesday

Thursday

Friday

	Start	End	Start	End	Start

CONTRACTED HRS PER WEEK

2

Monday

Tuesday

Wednesday

Thursday

Friday

	Start	End	Start	End	Start

CONTRACTED HRS PER WEEK

3

Monday

Tuesday

Wednesday

Thursday

Friday

	Start	End	Start	End	Start

CONTRACTED HRS PER WEEK

4

Monday

Tuesday

Wednesday

Thursday

Friday

	Start	End	Start	End	Start

CONTRACTED HRS PER WEEK

5

Monday

Tuesday

Wednesday

Thursday

Friday

	Start	End	Start	End	Start

CONTRACTED HRS PER WEEK

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Director of Workforce and OD / Deputy Chief Executive Workforce and Organisational Development
Service Area	People Management

Title of Procedure, Project, Proposal, Policy being screened:	Flexi Time Scheme
--	-------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened
(including key aims and objectives)**

This scheme allows managers and staff to exercise discretion over the arrangement of working hours. These arrangements are subject to the service requirements of the department/section being covered whilst giving flexibility to employees to enable them to work hours suited to their individual requirements. The objective is to improve efficiency of departments and the wellbeing of staff.

The scheme covers all staff employed by HDUHB who work within departments that operate within the hours of 8am and 6pm. For employees whose conditions of service include unspecified hours of work, flexitime may be available by individual negotiation within the scope of staff covered by the policy.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

We recognise that employees have different needs e.g. arising under the Equality Act 2010, and these may change at a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking into account the needs of the service. This policy demonstrates our commitment to fair and equal treatment at work from attracting high calibre applicants to retaining and valuing our existing workforce.

It is recognised that flexi-time cannot be operated in all areas due to the needs of some services e.g. medical and dental staff and other clinical or patient facing areas.

This policy has been in place since 2011, and three previous reviews have been undertaken. We are not aware of any complaints received in relation to its operation since inception.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	✓	Negative Impact		No Impact
Justification of impact identified:				
The policy has the potential to positively impact staff at all ages, but especially those who have child-care or unpaid caring responsibilities, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	✓	Negative Impact		No Impact
Justification of impact identified:				
The policy has the potential to positively impact staff with a disability as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. This might support them to better manage the needs arising from their disability. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.				
Gender Reassignment				
Is it likely to affect those who either:				
- Have undergone, intend to undergo or are currently undergoing gender reassignment. - Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth				
Positive Impact	✓	Negative Impact		No Impact
Justification of impact identified:				
The policy has the potential to positively impact staff with a protected characteristic of gender reassignment as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.				
Marriage / Civil Partnership				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact identified					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
The policy has the potential to positively impact staff who are pregnant or returning from maternity leave as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified:					
No impact identified					
Religion or Belief					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
The policy has the potential to positively impact staff with who have cultural needs such as daily prayers, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
Sex					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified:					
The policy has the potential to positively impact staff, especially female employees, a large proportion of whom have unpaid caring roles or childcare responsibilities, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					

Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact identified					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The policy has the potential to positively impact staff from the armed forces community, especially if family members have leave at short notice because of their Armed Forces role. It can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	✓	Negative Impact		No Impact	
Justification of impact identified: The policy has the potential to positively impact staff with who are on lower incomes, as it can provide opportunities for staff to agree the time they begin or finish work around a set core time each working day. This might be helpful if they are reliant on public transport so that they are able to get to work at an agreed time. The policy also allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment (contractual working hours) each week.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No impact identified.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	27/06/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.Hinkin@wales.nhs.uk
	Date	27/06/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	31/07/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Personal Relationships at Work Guideline

DRAFT FOR CONSULTATION

Guideline Information

Guideline number: 334

Classification:
Employment

Supersedes:
Previous Versions

Version number:
5

Date of Equality Impact Assessment:
Click or tap to enter a date.

Approval information

Approved by:
People, Organisational Development and Culture Committee (PODCC)
Date of approval:

Date made active:
Click or tap to enter a date.

Review date:
Click or tap to enter a date.

Summary of document:
To assist in the management of personal relationships at work

Scope:
This guideline applies to all staff employed by Hywel Dda University Health Board.

To be read in conjunction with:

- [201 - Disciplinary Policy](#) – opens in a new tab
- [158 - Redeployment Policy](#) – opens in a new tab
- [573 – Organisational Change Policy](#) – opens in a new tab
- [836 – Information Governance Policy](#) – opens in a new tab

Patient information:
Include links to [Patient Information Library](#)

Owning group:

People, Organisational Development and Culture Committee
03/04/2023

Executive Director job title:

Director of Workforce and Organisational Development

Reviews and updates:

- 1 – new policy June 2013
- 2 – minor amendments August 2016
- 3 – full review 15.5.2019
- 4 – full 03.04.2023 – changed to a guideline
- 5- Minor amendments April 2026

Scope

This guideline applies to all staff employed by Hywel Dda University Health Board.

Aim

The aim of this document is to:

- To assist managers in dealing sensitively, but effectively, with situations where employees have, or form a close personal relationship/friendships with someone with whom they work in order to avoid any possible conflict of interest or accusation of bias, favouritism or prejudice.
- To ensure that all employees feel confident of fair treatment without the fear that a close personal relationship/friendship will influence their or other employees treatment or broader working relationships.
- To ensure that employees are not involved in any appointment where they are a relative or partner of, or have a close personal relationship with, the individual being considered for appointment.
- To ensure that employees are not involved in decisions relating to discipline, promotion or pay adjustments and signing expenses for any other employee where there is a close personal relationship.
- To avoid the potential for individuals to claim unfair treatment in terms of employment practice.
- To avoid the potential for the collusive abuse of patients or staff.
- To avoid any potential deterioration in individuals job performance resulting from relationship break down.
- To avoid any adverse impact on staff or patients resulting from a potentially divisive situation.

Objectives

Managers and staff to be aware of this guideline and its implications, adhere to its principles in carrying out their duties

Definition of personal relationships

- Employees who are married, in a civil partnership, or in a co-habiting arrangement.
- Immediate family members e.g. parents, son/daughter, sibling, grandparent/grandchild or who act as such e.g. step parent.
- Extended family such as aunts, uncles, cousins, nieces, nephews and in laws.
- Friendships

Principles

Although the existence of a personal relationship between members of staff does not constitute a bar to the employment or promotion of either party, staff must declare to their line manager or equivalent any personal relationships which may give rise to a conflict of interest, or breach of confidentiality.

Staff who have close personal relationships/friendships must not work in a direct reporting relationship or in the same chain without making a disclosure to an appropriate manager. Where a personal relationship exists or develops between members of staff who are in a line management or supervisory relationship with one another at work, they must not be involved in recruitment, selection, appraisal, promotion, or other management activity or process involving the other party. Alternative management arrangements will be put in place for the more junior member of staff.

Where close relationships exist or develop staff must not work in the same department, client home or

team without making a disclosure to the appropriate manager. It may not be necessary to alter working arrangements if there is no risk of a health and safety issue, conflict/breach of confidentiality or unfair advantage the line manager is responsible for reviewing and monitoring this.

Staff who are involved in relationships with work colleagues do need to be aware, at all times, of their behaviour towards each other, particularly in the work environment.

Recruitment and appointment of employees

Where an applicant, if appointed, would work in the same team with an employee with whom they have a close personal relationship/friendship the implications of this must be considered and discussed during the selection process.

Staff already in employment

Staff who have concerns regarding a close personal relationship/friendship, either between colleagues, or with a patient should seek guidance in confidence from their local Workforce Team or their trade union representative.

Where a close personal relationship involves the direct line manager and a member of staff, advice will be sought from Workforce Team. A discussion will take place and may involve:

- Make alternative supervision/line management arrangement of the team member for issues involving a potential conflict of interest.
- Undertake a risk assessment to consider any other operational issues that might occur and how these might be managed and assess any impact on service users and the general public.

Where there is a known close personal relationship/friendship between two team members (with no line management relationship) the line manager should explore the relevant issues with the individuals concerned, including any potential conflict of interest and confidentiality issues or operational issues effecting the team and/ or service users

Where any issues identified cannot be managed effectively there will be the need to explore, in discussion with both employees alternative arrangements, such as working opposite shifts, deployment to a different work area

When a relationship breaks down

There may be occasions when a close personal relationship/friendship breaks down and the individuals concerned remain in the same department with a potential impact on team relationships and service delivery. If it is envisaged that the breakdown of the relationship/friendship is causing or will cause ongoing workplace issues, these must be addressed sensitively in discussion with the employees with a view to the issues being resolved, where possible. If issues cannot be resolved managers must seek guidance from Workforce and this will be managed under the healthy working relationships – Managing conflict course.

Transfer of employees

Should it be necessary to consider the transfer of an employee every effort must be made to ensure that they are moved to comparable alternative employment in consultation with the employee(s) and the local Workforce Team. If the employee is not in agreement, any concerns will be dealt with under

the Respect and Resolution Policy. Where alternative employment is not available on a comparable grade, the Workforce Team will be able to advise based on the individual circumstances of the case.

DRAFT

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Heather Hinkin / Workforce and Organisational Development
Service Area	Workforce and Organisational Development

Title of Procedure, Project, Proposal, Policy being screened:	Relationships at Work Guideline
--	---------------------------------

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The Relationships at Work Guideline provides a framework to support managers and employees in managing situations where close personal relationships exist within the workplace.

The key aims are to:

- Ensure fair and equitable treatment of all employees, regardless of personal relationships
- Prevent conflicts of interest, bias, favouritism or perceived unfairness in decision-making
- Maintain professional boundaries in areas such as recruitment, supervision, pay, disciplinary matters and performance management
- Promote transparency where relationships exist which may impact working arrangements
- Reduce the risk of complaints, disputes, or perceived inequity
- Safeguard staff and patients from potential harm arising from inappropriate relationships or conflicts of interest
-

The guideline does not prohibit personal relationships but ensures these are appropriately managed to protect individuals, teams, and the organisation. It supports consistent decision making and reinforces the Health Board's commitment to equality, dignity, and respect in the workplace.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The assessment has been informed by a review of the existing Relationships at Work Guideline, including the previous Equality Impact Assessment undertaken as part of the 2023 review. This review found that the guideline had been applied fairly and did not identify any adverse impact on individuals with protected characteristics. In addition, there have been no recorded equality related complaints or concerns regarding the application of the guideline.

The guideline aligns with the Equality Act 2010, the Employment Rights Act 1996 and NHS Wales employment frameworks, ensuring that equality, diversity and inclusion principles are embedded. The evidence available suggests that the guideline continues to support fair and consistent practice across the workforce.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:
[Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	X	Negative Impact		No Impact	
The guideline promotes fairness and transparency, which benefits employees across all age groups. Younger employees may gain protection from unfair favouritism, while more experienced staff are supported through clear expectations on professional boundaries.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	x	Negative Impact		No Impact	
Clear governance arrangements reduce the risk of bias in decision making, ensuring employees with disabilities are not disadvantaged by informal or undisclosed relationships. The guideline supports objective and fair treatment in areas such as appraisals and progression.					
Gender Reassignment					
Is it likely to affect those who either:					
- Have undergone, intend to undergo or are currently undergoing gender reassignment. - Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	x
There is no evidence that the guideline impacts individuals undergoing or proposing gender reassignment differently. It applies equally to all staff.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
While the guideline recognises relationships, it does not disadvantage individuals who are married or in a civil partnership. It ensures fairness where relationships intersect with professional responsibilities.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	x	Negative Impact		No Impact	
The guideline supports fair decision making, ensuring that employees are not treated more or less favourably due to relationships during pregnancy or maternity. Transparency supports equitable access to opportunities and protections.					
Race / Ethnicity					

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact
				x
There is no evidence of differential impact. The guideline promotes fairness and reduces risk of bias, supporting equitable treatment across all ethnic groups.				
Religion or Belief				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact		Negative Impact		No Impact
				x
The guideline does not restrict or disadvantage individuals based on religion or belief. It applies consistently regardless of personal values or cultural background.				
Sex				
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	x	Negative Impact		No Impact
The guideline helps mitigate risks of power imbalance or perceived favouritism (for example in hierarchical relationships), supporting fair treatment for all genders.				
Sexual Orientation				
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact		Negative Impact		No Impact
				x
The guideline applies equally regardless of sexual orientation. It does not differentiate between types of relationships but focuses on professional conduct				
Armed Forces Community				
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'				
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance				
Positive Impact	x	Negative Impact		No Impact
No specific impacts identified. The guideline applies consistently to all employees regardless of service background.				
Socio Economic Duty				
Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.				
For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:				

more-equal-wales-socio-economic-duty					
Positive Impact	x	Negative Impact		No Impact	
By ensuring fair access to opportunities and preventing favouritism, the guideline supports equitable treatment for individuals from all socio-economic backgrounds					
Welsh Language					
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x
The guideline does not alter opportunities to use the Welsh language and treats Welsh no less favourably than English.					

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Laura Palmer
	Title	Senior Workforce Manager
	Contact details	Laura.Palmer3@wales.nhs.uk
	Date	7/05/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22.5.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	10/06/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Supporting Transgender Staff Policy

Policy information

Policy number: 350

Classification: Employment

Supersedes: version 5

Version number: 6

Date of Equality Impact Assessment: 09/06/2026

Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of Document:

This policy sets out the support available to transgender (trans) and non-binary employees, from recruitment through to any transition during employment. It aims to ensure that staff who are considering, undergoing, or have undergone transition are supported in a consistent, inclusive and dignified manner.

Scope

This policy applies on an organisation-wide basis to all staff, at all levels, in all departments.

To be read in conjunction with:

133 - [Equality and Diversity Policy](#) (opens in a new tab)

995 - [Respect and Resolution All Wales Policy](#) (opens in new tab)

201 - [Disciplinary Policy and Procedure](#) (opens in new tab)

139 - [Uniform and Dress Code Policy for All Health Board Staff](#) (opens in new tab)

129 - [Time off for Medical and Dental Appointments During Working Hours](#) (opens in new tab)

768 - [Managing Attendance at Work All Wales Policy](#) (opens in new tab)

340 - [Staff Psychological Wellbeing Policy](#) (opens in new tab)

131 - [Flexi Working Policy](#) (opens in new tab)

Owning group: Diversity and Inclusion Team

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:

1 – New Policy – 31.10.2013

2 – Approved - 07.12.2016

3 – Approved – 17.5.2018

4 – Approved – 21.1.2020

5 – Approved – 17.08.2023

Keywords

Transgender (Trans)

Glossary of terms

Unisex/universal facilities - the term used in this policy when referring to toilets and/or changing rooms, which must be single occupancy, self-contained units with a lockable door.

Unisex/universal services - services that can be used by all, such as mixed-sex wards or individual side rooms occupied by one person only.

Single-sex services - the provision of services (and facilities such as toilets and changing rooms) which are separate services for persons of each sex or for one sex only (e.g. a service for women only or male only toilets).

Gender identity - refers to a person's internal sense of their own gender, how they personally understand and experience themselves.

Gender expression - refers to how a person externally shows or communicates their gender to others.

Affirmed gender - the gender a person knows themselves to be and chooses to express and be recognised as

CONTENTS

INTRODUCTION4

POLICY STATEMENT4

SCOPE5

AIM.....5

PROCEDURE.....5

 Health and Wellbeing Passport.....5

 Informing Colleagues.....5

 Uniform and Dress Code7

 Time Off Work9

Recruitment9

RESPONSIBILITIES 11

 Occupational Health Department.....12

 Trade Unions 12

INTRODUCTION

We want all our staff at Hywel Dda University Health Board (the Health Board) to feel included, so that everyone can be themselves, add value and fulfil their potential without fear of discrimination. This includes colleagues whose gender identity does not align with the sex they were assigned at birth (often referred to as transgender or trans people).

This policy is informed by the Equality Act 2010 and relevant case law, which recognise sex and gender reassignment as separate protected characteristics. It reflects the clarification that, under the Equality Act 2010, references to 'man', 'woman' and 'sex' are understood to relate to biological sex, even where an individual has a Gender Recognition Certificate and their legal gender differs from their biological sex under the Gender Recognition Act 2004.

On 16 April 2025, the Supreme Court clarified aspects of how 'sex' is interpreted within the Equality Act. National guidance is evolving, and the Health Board will continue to review and update this policy in line with Equality and Human Rights Commission (EHRC) statutory guidance as it is finalised. We recognise that this may impact colleagues and those who use our services in different ways and may cause uncertainty or concern. We remain committed to supporting our trans and gender-diverse staff.

The Health Board will apply the Equality Act, including provisions relating to single-sex services and spaces, in line with current legislation, statutory guidance and best practice, ensuring the rights, dignity and safety of all staff are respected.

Under the Equality Act, anyone undergoing, intending to undergo, or who has undergone gender reassignment is protected from direct and indirect discrimination. While we are committed to supporting trans staff, we also recognise the rights of others with protected characteristics. Where rights interact, decisions will be made on a case-by-case basis, with a clear legitimate aim and proportionate, necessary action, taking account of the dignity, privacy and safety of all staff. No single protected characteristic automatically takes precedence, and decisions will be based on proportionality, evidence and the specific context.

While non-binary is not subject to specific protection under the Equality Act 2010, non-binary staff will be always treated with dignity and respect.

Managers should seek advice from Workforce and OD where there is any uncertainty.

POLICY STATEMENT

The Health Board will not tolerate unlawful discrimination, victimisation, harassment or bullying. At the same time, it recognises that different protected characteristics, including sex, gender reassignment, religion or belief, and others, may require careful balancing.

All decisions under this policy will be made in line with the Equality Act 2010, including where it is lawful to apply single-sex provisions or other exceptions, provided this is a proportionate means of achieving a legitimate aim.

SCOPE

This policy applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students and volunteers.

AIM

This policy aims to provide guidance on how trans employees should be supported and treated in a dignified, non-discriminatory way.

PROCEDURE**Supporting Transition at Work**

One of the most important factors in successfully supporting an employee's transition is early planning and agreeing with them how best to proceed. When an employee is considering, or are in the process of transitioning, discussions may feel sensitive or difficult. Any information shared, including what is shared, when, and with whom, will be led by the individual. Their wishes must be always respected.

Employees are encouraged to speak with their line manager as early as possible so that appropriate support can be discussed and put in place in a sensitive and supportive manner. If an employee feels they cannot talk to their line manager or that they need additional support, they can contact any of the following for help and guidance:

- Equality, Diversity and Inclusion team
- Workforce and Organisational Development (OD) team
- Trade Union Representative

All Health Board contacts will maintain confidentiality about an employees' trans status, except as agreed otherwise by the individual.

Health and Wellbeing Passport

The line manager (or nominated contact) and trans employee should complete a Health and Wellbeing Passport together, outlining the arrangements and support needed before, during and after transition. Trans employees are also encouraged to meet regularly with their manager to review the passport, review progress and agree any updates or changes required.

The timescales, activity and communication will be driven and led by the employee. If at any point they decide to delay or amend their Health and Wellbeing Passport, any information they have already shared will be kept confidential, in line with their wishes.

Informing Colleagues

Information about an employee's trans status or history should only be shared with their explicit consent. The employee should decide who shares this information, how and when it is shared, who it is shared with, and the level of detail, which may vary for different audiences.

Trans employees are not required to disclose their trans history as a condition of employment or promotion. If they transitioned before joining the Health Board, this information should not be shared unless absolutely necessary and only with their permission.

Where an employee plans to change their gender expression at work, the approach to any disclosure should be agreed with the individual on a case-by-case basis and recorded in the Health and Wellbeing Passport.

An employee's transition may be visible to colleagues and/or the public in some roles. While some staff may wish to move to an alternative role during this time, this will not be a requirement. Managers will take a supportive, individualised approach, listening to the employee's experience and working with them to identify appropriate and practical solutions.

No employee will be disadvantaged in their role, pay or career opportunities as a result of transitioning.

Use of Facilities

The use of changing, showering, toilet and any relevant facilities will be discussed and agreed, considering legal requirements. The Health Board will provide access to appropriate facilities in a way that upholds dignity, privacy and safety for all staff.

In accordance with the Equality Act 2010 where single-sex facilities are in place, this must be a proportionate means of achieving a legitimate aim, such as:

- privacy during undressing
- intimate care
- safeguarding considerations
- preventing reasonable distress

Single-sex services must be provided, based on biological sex. This does not mean automatic exclusion of trans staff from facilities aligned with their gender identity. Any decision must be justified as proportionate, necessary, and evidence based.

Decisions relating to access to facilities will be considered on a case-by-case basis, considering:

- legal obligations
- the needs and rights of all staff
- the nature of the working environment
- explicit consideration of impact on the trans employee

Trans employees will not be left without access to safe and dignified facilities, and a unisex or single-occupancy alternative will be made available.

No member of staff will be required to use a particular facility without appropriate consideration of their circumstances.

Staff must not challenge, question or attempt to 'police' individuals' use of facilities. Any concerns should be raised with their manager and advice sought from Workforce and OD so that concerns are handled sensitively and appropriately. Any inappropriate behaviour (e.g. challenging use of facilities, gossip, harassment) will be managed under the Disciplinary/Respect & Resolution policies.

Where a member of staff raises concerns in relation to sharing facilities, managers must:

- consider the concern respectfully and without assumption
- assess the situation in line with the Equality Act 2010
- identify whether a legitimate aim is engaged (e.g. privacy, dignity, safety)
- ensure any decision is proportionate and evidence-based
- document the rationale for the decision

Where gender-neutral or single-occupancy facilities are not available, the Health Board will:

- work with the employee to agree appropriate interim arrangements
- ensure access to safe, private and dignified facilities at all times
- consider the employee's preferences, legal obligations and the working environment
- ensure no employee is left without access to appropriate facilities
- review opportunities to improve access to inclusive facilities where reasonably practicable

Advice should be sought from Workforce and OD where appropriate.

Patient Preferences and Care Provision

As outlined in the [Chaperone Policy](#) (opens in new tab), all clinical interventions may cause distress, particularly intimate examinations (e.g. rectum, genitalia, breasts), which must be undertaken sensitively.

While gender cannot be defined by appearance or stereotypes, patients may express preferences about the sex of the clinician due to personal beliefs or experiences. Such requests should be considered sensitively on a case-by-case basis, considering clinical need, proportionality, and legal obligations, and accommodated where practical.

Any adjustments must not disclose or imply a staff member's trans status. Managers must ensure staff are supported and confidentiality is maintained.

Examples:

Non-intimate care (e.g. observations, triage) → refusal is unlikely to be reasonable.

Intimate care (e.g. breast/genital exams) → preferences may be reasonable; where possible, accommodate using neutral language (e.g. *"We'll arrange an alternative clinician"*) without "outing" staff.

Uniform and Dress Code

If a uniform and/or dress code is in place for the role, managers will ensure that the trans employee has access to uniform and are supported to dress in a way that aligns with their gender identity and expression.

The Health Board adheres to the [All Wales Uniform and Dress Code Policy](#) (opens in new tab). All staff are expected to comply with this policy, including requirements related to health, safety, infection control and professional standards.

Within these requirements, managers will take a flexible and supportive approach to ensure that trans staff can dress in accordance with their gender identity at a time agreed with the individual, respecting their dignity, privacy and individual circumstances.

Where uniform or clothing is provided by the Health Board, appropriate items will be made available to the employee in line with their gender identity, on the same basis as other uniform provision (e.g. changes in role or size).

Confidentiality

The trans employees' explicit permission should always be sought to disclose any information to others. This must be on a confidential, strictly 'need to know' basis.

Employees who have undergone gender reassignment may wish to maintain privacy regarding their gender history. Anyone with access to this information must maintain the trans employees' right to confidentiality. Under no circumstances should a staff member's trans status or gender history be confirmed, implied or disclosed without their explicit consent, including in response to queries from patients, colleagues or the public

Where an individual holds a Gender Recognition Certificate (GRC), additional legal protections apply under the Gender Recognition Act 2004. It is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent.

Managers must seek advice from Workforce and OD where they are unsure of their responsibilities.

Use of Pronouns

Managers will use the name and pronouns specified by the employee and should ensure these are respected in the workplace. Where appropriate, an employee's name and pronoun preferences may be recorded in the Health and Wellbeing Passport to support consistent use. Some individuals, including those who are non-binary, may use pronouns such as 'they/them' or other pronouns. Where an individual's pronouns are not known, colleagues should ask sensitively and respectfully and avoid making assumptions based on appearance.

Updating Records

Electronic records will be updated at a mutually agreed time to reflect the employee's gender identity and name. Where appropriate, this should include modifying records containing a binary title (e.g. Mr, Mrs, Miss, Ms) or a non-binary title (e.g. Mx, Ind, M, Misc).

Care will be taken to ensure that records do not link back to the former name or title, e.g. this may entail creating a whole new email address rather than simply changing the name on the existing one. The manager and employee should work together to ensure nothing is missed.

Name changes can occur informally without any legal process upon request by the trans employee. An individual does not need to hold a Gender Recognition Certificate in order to have their name details changed in any Health Board systems.

New name badges and security passes with the correct name and a new photograph will be issued, without any replacement cost to the employee.

Where possible, paper records will be updated. Those which cannot be updated will be stored in a separate secure place and marked clearly for access by specifically named persons, as agreed by the employee.

Professional Registration

If the employee's role involves professional registration, the individual is responsible for checking whether the registration body has a specific, confidential process for gender transition.

Time Off Work

An employee may wish to take a period of leave at the time of the transition and return to work in their affirmed gender.

Trans employees may undergo treatment, which can include hormone therapy and surgery. This may necessitate taking time off work, which may have an impact on workload and colleagues. Managers will be accommodating during this time and may need to consider making temporary adjustments to role requirements.

Reasonable time off will be provided to attend transition-related appointments. The length and amount of time off will vary according to individual need; therefore trans employees will be given reasonable time off to attend appointments where possible. The individual transitioning will have the right to privacy of appointments.

Absence related to surgery and recovery will be recorded as sickness absence; however, this should not automatically trigger formal sickness absence procedures. Trans employees are entitled to the same sick pay and absence provisions as all staff, in line with the [All Wales Managing Attendance at Work Policy](#) (opens in new tab).

Managers will endeavour to be flexible and supportive to employees. This should include discussing workload allocation with employees before the absence from work and on return, and any adjustments that could be made to facilitate the return to work. Managers should not seek to impose a change of duties on the individual, however, where appropriate, should seek assistance, including advice from Occupational Health, before decisions are made.

Recruitment

Applicants

The Health Board welcomes applications for employment from trans people, and all applicants can be assured of equal and fair treatment.

Applicants are not required to disclose their gender identity as part of the recruitment process. Gender identity is not a relevant criterion for selection and should not be asked about or inferred at any stage of recruitment or interview.

In limited circumstances, where a lawful occupational requirement or other exemption applies, it may be necessary to request relevant information. In such cases, appointing managers must seek advice from the Workforce and OD team, as strict legal criteria apply.

Any requirement for disclosure must be accompanied by clear reassurance that the information will be treated in strict confidence and will not affect the individual's eligibility for the role.

There is no general obligation for a trans person to disclose their trans status as a condition of employment. Selection decisions must be based solely on an individual's skills, experience and qualifications.

Anyone involved in recruitment who becomes aware of an applicant's trans status must treat this information as strictly confidential, in line with relevant legislation and organisational policy.

Disclosure and Barring Services (DBS)

Some roles require a Disclosure and Barring Service (DBS) check. As part of this process, applicants are normally required to provide details of any previous names.

The Health Board recognises that this requirement may cause concern for trans applicants and employees who have changed their name.

The DBS offers a confidential checking process for trans applicants, allowing them to provide previous identity information directly to the DBS, without disclosing this to the employer.

Further guidance on the sensitive DBS application process for trans applicants is available via the DBS website: [Transgender applications - GOV.UK \(www.gov.uk\)](https://www.gov.uk/transgender-applications) (opens in new tab).

References

Where a reference request is received for an existing employee who has transitioned, the Health Board will respect the employee's privacy and only respond using the employee's affirmed name and gender in the reference.

Disclosure on sickness absence will not include time taken off for transition-related medical appointments. This information is strictly confidential, and managers must be very careful of any record keeping for this.

When the Health Board requests a reference, it will be made using the prospective employee's affirmed name and gender since transitioning. No reference will be made to previous names or gender identity, unless specifically asked to do so (in writing) by the trans individual.

It may sometimes be necessary for a trans person to disclose a previous identity in order for a reference from a past employer to be obtained. In these cases, strict confidentiality and respect for dignity must be applied and protected information kept secure.

Birth Certificates

An individual who has changed gender is able to obtain a new birth certificate which will not disclose the fact that they have changed gender.

Work Permits

Staff who are working in the Health Board on a work permit or student visa are responsible for complying with any work permit/visa regulations which may relate specifically to name change or gender identity in order that the work permit/visa continues to be valid.

National Insurance

Trans employees who change their name are responsible for informing the local Department of Work and Pensions, however, they are under no obligation to provide a Gender Recognition Certificate (GRC) or disclose their trans status.

For those who wish to provide a full GRC, National Insurance (NI) contributions will be paid on the basis of their affirmed gender.

Pension

Pension entitlements and state pension arrangements are determined in accordance with current legislation. Where relevant, entitlements may depend on an individual's legal gender.

Employees are encouraged to seek advice from their pension provider or relevant authority for specific guidance.

RESPONSIBILITIES**Chief Executive**

The Chief Executive holds overall responsibility for the effective management of organisational policies.

Director of Workforce and OD

- Ensure all employment policies are developed in line with employment legislation and practice.
- Ensure all employment policies are monitored and reviewed on a 3 yearly basis.

Workforce and OD

- Co-ordinate the monitoring of the effectiveness of this policy.
- Provide guidance, advice and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.

Managers

- Support employees at work and encourage them to proactively discuss their individual needs and complete the Health and Wellbeing Passport.
- Maintain confidentiality at all times, including securing paper documents and files
- Appropriately investigate instances of discrimination, victimisation, harassment and/or bullying.
- Ensure they are familiar with the types of facilities available within their service (single-sex, unisex/universal, and single-occupancy), and that these are clearly communicated and signposted.
- Managers should check in with and offer appropriate support to staff following any incident where care is refused or concerns are raised relating to their gender identity or expression

Employees

- Notify the employer that they wish to transition and engage in discussions under the terms of this policy.
- Adhere to the requirements of this policy and treat trans people, including non-binary, with dignity and respect, which requires an acceptance of the needs and differences of others.
- Report any instances of discrimination, victimisation, harassment and/or bullying.

Occupational Health Department

- Provide support, guidance and advice to managers and staff.

- Respond to referrals from managers.

Trade Unions

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

Enfys LGBTQ+ Staff Network

- Offer peer support

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqlA)

Director and Directorate	Lisa Gostling, Director of Workforce and Organisational Development
Service Area	Whole Health Board

What is an Equality Impact Assessment (EqlA)?

An EqlA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqlA, or if applicable an EqlA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqlA or EqlA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqlA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Support

For further support please visit the [EqlA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Section 1: Overview

1.	What are you Equality Impact assessing?	350- Supporting Transgender Staff Policy
2.	Brief Aims and Description of the procedure/ proposal/ project/ policy:	The nature of the policy is to support all staff and potential employees. The policy will also advocate the Health Board wants all staff to feel included, so that everyone can be themselves, add value and fulfil their potential without fear of discrimination. This includes colleagues whose gender identity does not match the gender they were assigned at birth and who may identify themselves as transgender, and also those whose gender identity cannot be defined within the margins of the gender binary: man or woman (also known as “non-binary”). The policy is inclusive of all additional protected characteristics and is designed to have a positive impact on those to whom it applies. It is also intended to guide managers when supporting a trans employee at work. This policy aims to provide guidance on how trans employees should be supported and treated in a dignified, non-discriminatory way.
3.	Who is involved in undertaking this EqlA? (names/job titles)	Equality, Diversity & Inclusion Team
4.	Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	A recent Supreme Court ruling has clarified aspects of how “sex” and/or related protections are interpreted in law. This may affect how policies supporting trans staff are applied in practice, particularly where they relate to single-sex spaces, legal definitions, and balancing rights across protected groups. This EqlA considers the potential impacts of that clarification on staff with the protected characteristic of gender reassignment, alongside other groups. 153 - Equality and Diversity Policy (opens in a new tab) 995 - Respect and Resolution All Wales Policy (opens in new tab) 201 - Disciplinary Policy and Procedure (opens in new tab)

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

		139 - Uniform and Dress Code Policy for All Health Board Staff (opens in new tab) 129 - Time off for Medical and Dental Appointments During Working Hours (opens in new tab) 768 - Managing Attendance at Work All Wales Policy (opens in new tab) 340 - Staff Psychological Wellbeing Policy (opens in new tab) 131 - Flexi Working Policy (opens in new tab) 312 - Chaperone Procedure (opens in new tab)
5.	Is this a new EqIA or an updated EqIA?	New ☐ Updated ☒ Date of original or last version of the EqIA: 31/7/2023 Please give details / explain any amendments.
6.	Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	This policy applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students and volunteers.
7.	What might help/hinder the success of the procedure/ proposal/ project/ policy?	• Managers applying different interpretations • Increased HR casework and complaints • Legal risk if policies are not aligned with current law

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence		✓
Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?		Positive	
		Negative	
		No Impact	✓
Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of staff age in the specific service/ area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the age of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	Headcount	%
<= 20 years	257	1.92%
21 to 25	926	6.93%
26 to 30	1,290	9.65%
31 to 35	1,531	11.46%
36 to 40	1,636	12.24%
41 to 45	1,553	11.62%
46 to 50	1,475	11.04%
51 to 55	1,694	12.68%
56 to 60	1,568	11.74%
61 to 65	1,051	7.87%
66 to 70	296	2.22%
>= 71 years	84	0.63%
Total	13,361	100%

Workforce data as at 31st March 2025

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

Opportunities for improvement / mitigation

- Ensure that training and guidance are accessible and tailored to different learning needs, including practical, scenario-based guidance for managers and staff. Support will be made available to all staff to improve understanding and ensure consistent and respectful application of the policy.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Provide a brief summary of the positive impacts you have identified.	N/A
If you have determined no impact, please provide a brief explanation.	No Impact The policy is not expected to directly disadvantage any particular age group; however, it is important to recognise that staff of different ages may experience or respond to the policy differently. Younger staff may have greater familiarity with gender identity inclusion, whereas some older staff may feel less confident in understanding policy expectations or legal context, particularly in relation to facilities and terminology.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.		Positive Negative No Impact	 ✓ 																		
Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.																				
Insert breakdown of staff with a disability who may be affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation who have a disability is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations. Workforce data as at 31 st March 2025 <table border="1"> <thead> <tr> <th></th> <th>Headcount</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Disabled</td> <td>718</td> <td>5.37%</td> </tr> <tr> <td>Not Disabled</td> <td>11,127</td> <td>83.28%</td> </tr> <tr> <td>Prefer Not to Say</td> <td>53</td> <td>0.40%</td> </tr> <tr> <td>Not Recorded on ESR</td> <td>1,463</td> <td>10.95%</td> </tr> <tr> <td>Total</td> <td>13,361</td> <td>100%</td> </tr> </tbody> </table>				Headcount	%	Disabled	718	5.37%	Not Disabled	11,127	83.28%	Prefer Not to Say	53	0.40%	Not Recorded on ESR	1,463	10.95%	Total	13,361	100%
	Headcount	%																			
Disabled	718	5.37%																			
Not Disabled	11,127	83.28%																			
Prefer Not to Say	53	0.40%																			
Not Recorded on ESR	1,463	10.95%																			
Total	13,361	100%																			

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Disabled staff, including those with physical disabilities, sensory impairments, or mental health conditions, may be disproportionately affected by changes to facilities or expectations arising from this policy as some disabled facilities may need to be changed to make them gender neutral and accessible to all. • Disabled trans staff may rely more heavily on specific facilities, changes to provision may cause increased distress or practical barriers.	Opportunities for improvement / mitigation • The Health Board will ensure that accessible facilities remain available for those who need them. • Individual needs will be addressed through reasonable adjustments, supported by the Health and Wellbeing Passport and, where appropriate, Occupational Health input.
Provide a brief summary of the positive impacts you have identified.	N/A	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.		Positive	✓
		Negative	✓
		No Impact	
Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of staff gender reassignment information affected by your specific service/area of work. If no information is available, please state that here including how you	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

plan to address any identified data gaps in the future.					
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	<table border="1"> <thead> <tr> <th data-bbox="367 384 1238 416">Negative Impact</th><th data-bbox="1238 384 2192 416">Opportunities for improvement / mitigation</th></tr> </thead> <tbody> <tr> <td data-bbox="367 416 1238 1426"> • There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff experience across teams or sites. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment. </td><td data-bbox="1238 416 2192 1426"> • Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The policy reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The policy clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements. </td></tr> </tbody> </table>	Negative Impact	Opportunities for improvement / mitigation	• There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff experience across teams or sites. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	• Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The policy reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The policy clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.
Negative Impact	Opportunities for improvement / mitigation				
• There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff experience across teams or sites. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	• Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The policy reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The policy clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.				

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	• Staff may misinterpret recent legal developments as permission to challenge or exclude colleagues inappropriately. • These factors may contribute to reduced wellbeing, potential disengagement, and increased turnover among trans staff, as well as reputational risk for the organisation •	
Provide a summary of the positive impacts you have identified.	Positive Impact • Clearer legal framework may support more consistent decision-making were applied well • New name badges and security passes with the correct name and a new photograph will be issued, without any replacement cost to the employee • This policy sets out the support available to trans and non-binary employees, from recruitment through to any transition during employment. It aims to ensure that staff who are considering, undergoing, or have undergone transition are supported in a consistent, inclusive and dignified manner. • Policy highlights that it is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent. •	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to marriage and civil partnership, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct adverse impact has been identified; however, staff who are pregnant or returning from maternity leave may experience uncertainty regarding changes to workplace facilities or expectations. Clear communication will be provided to staff returning from leave, and where concerns arise regarding privacy or facilities, appropriate arrangements will be discussed and implemented to ensure dignity and wellbeing are maintained.		

How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.		Positive	
		Negative	✓
		No Impact	
If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their race/ethnicity or nationality is not		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations. <table border="1" data-bbox="371 308 1189 647"> <thead> <tr> <th></th><th>Headcount</th><th>%</th></tr> </thead> <tbody> <tr> <td>Asian or Asian British</td><td>735</td><td>5.50%</td></tr> <tr> <td>Black or Black British</td><td>185</td><td>1.38%</td></tr> <tr> <td>Mixed</td><td>119</td><td>0.89%</td></tr> <tr> <td>White</td><td>11,425</td><td>85.52%</td></tr> <tr> <td>Any Other Ethnic Group</td><td>210</td><td>1.57%</td></tr> <tr> <td>Not Recorded on ESR</td><td>687</td><td>5.14%</td></tr> <tr> <td>Total</td><td>13,361</td><td>100%</td></tr> </tbody> </table> Workforce data as at 31st March 2025			Headcount	%	Asian or Asian British	735	5.50%	Black or Black British	185	1.38%	Mixed	119	0.89%	White	11,425	85.52%	Any Other Ethnic Group	210	1.57%	Not Recorded on ESR	687	5.14%	Total	13,361	100%
	Headcount	%																								
Asian or Asian British	735	5.50%																								
Black or Black British	185	1.38%																								
Mixed	119	0.89%																								
White	11,425	85.52%																								
Any Other Ethnic Group	210	1.57%																								
Not Recorded on ESR	687	5.14%																								
Total	13,361	100%																								
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Staff from different cultural or ethnic backgrounds may have differing perspectives on gender identity, which may influence understanding of, or response to, the policy. • Staff who are both trans and from ethnic minority backgrounds may experience compounded discrimination and barriers. •	Opportunities for improvement / mitigation • The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups. • The policy will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.																								
Provide a brief summary of the positive impacts you have identified.	N/A																									

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	No Impact
---	------------------

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.		Positive	
		Negative	✓
		No Impact	
If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their religion or belief (or non-belief) is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	Headcount	%
Atheism	2,324	17.39%
Buddhism	82	0.61%
Christianity	5,694	42.62%
Hinduism	135	1.01%
Islam	190	1.42%
Jainism	3	0.02%
Judaism	8	0.06%
Sikhism	7	0.05%
Other	1,415	10.59%
I Do Not Wish to Disclose my Religion/Belief	2,464	18.45%
Not Recorded on ESR	1,039	7.78%
Total	13,361	100%

Workforce data as at 31st March 2025.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

- Some staff may hold strong views about sex and gender, increasing the risk of conflict
- Risk of sharing facilities with members of the opposite sex

Opportunities for improvement / mitigation

- Ensure that all staff can access facilities in a way that maintains dignity, safety, and respect
- Decisions will be made on a case-by-case basis, ensuring that any actions are lawful, proportionate, and do not result in discrimination or harassment.

Provide a brief summary of the positive impacts you have identified.

N/A

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	No Impact
---	------------------

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?		Positive Negative No Impact	✓ ✓ 												
If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.														
Insert breakdown of the Sex of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations. <table border="1" data-bbox="371 1061 969 1236"> <thead> <tr> <th></th> <th>Headcount</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>10,573</td> <td>79.13%</td> </tr> <tr> <td>Male</td> <td>2,788</td> <td>20.87%</td> </tr> <tr> <td>Total</td> <td>13,361</td> <td>100%</td> </tr> </tbody> </table> Workforce data as at 31 st March 2025.				Headcount	%	Female	10,573	79.13%	Male	2,788	20.87%	Total	13,361	100%
	Headcount	%													
Female	10,573	79.13%													
Male	2,788	20.87%													
Total	13,361	100%													

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • The policy may have differing impacts based on sex, particularly in relation to access to single-sex facilities. • Some staff may have concerns regarding privacy, dignity, or safety when sharing facilities. • Risk of sharing facilities with members of the opposite sex	Opportunities for improvement / mitigation • Decisions regarding facilities will be made on a case-by-case basis, balancing the rights of all individuals. • Wherever possible, alternative options such as single-occupancy or unisex facilities will be made available to support the dignity, privacy, and safety of all staff.
Provide a summary of the positive impacts you have identified.	Positive Impact • Some staff may feel reassured by clearer definitions linked to single-sex provision	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.		Positive	✓
		Negative	✓
		No Impact	
If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Patient data N/A - This policy applies on an organisation-wide basis to staff only, at all levels, in all departments.		
Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

	Headcount	%
Bisexual	153	1.15%
Gay or Lesbian	195	1.46%
Heterosexual or Straight	10,585	79.22%
Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%
Not Recorded on ESR	1,025	7.67%
Other Sexual Orientation Not Listed	28	0.21%
Undecided	17	0.13%
Total	13,361	100%

Workforce data as at 31st March 2025.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

- It is recognised that there may be differing views within the LGBTQ+ community, which could lead to tension in some cases.

Opportunities for improvement / mitigation

- The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups.
- The policy will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.
- The policy confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required.
- The health board's Respect and Resolution policy guides staff and managers on raising and resolving concerns early, fairly and consistently.
- Enfys staff network will continue to provide peer support to all members and allow for continuous engagement with trans staff to understand lived experience and inform ongoing improvements.

Provide a summary of the positive

Positive Impact

- The policy is expected to have a positive impact on LGBTQ+ staff by reinforcing an inclusive and respectful workplace

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

impacts you have identified.	
If you have determined no impact, please provide a brief explanation.	No Impact

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u>		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to armed forces, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to socio-economic status, and individuals from different socio-economic backgrounds are not expected to be affected differently from other staff as a result of this policy.		

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact The opportunity for staff to use the Welsh language will remain the same as a result of this policy.		

Additional considerations	
In addition to the above protected characteristics please consider impact on the following: • Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers) • Unpaid Carers • Individuals and communities who experience Digital Exclusion • Rural and Urban communities	
No direct impact has been identified for vulnerable groups. However, it is recognised that individuals from these groups may be more likely to experience marginalisation or barriers within the workplace more broadly, and where this intersects with gender identity, there may be an increased risk of exclusion or discrimination. The Health Board will ensure that all staff are treated with dignity and respect, and that any concerns are addressed through appropriate support mechanisms.	
Intersectionality	
It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.	
Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqlA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

The Health Board recognises that individuals may experience the impact of this policy differently where they have more than one protected characteristic. For example:

- a trans person with a disability may be more reliant on specific facilities
- a trans person from an ethnic minority background may experience compounded discrimination
- staff with strong religious beliefs may experience tension in relation to facilities use.

These overlapping factors have been considered, and a flexible, case-by-case approach will be taken to ensure that all staff are treated with dignity and respect.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: an **opportunity/impact score** and a **likelihood score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Opportunity/impact Score x Likelihood Score = Total Score)

OPPORTUNITY AND IMPACT			
IMPACT	SCORE		The proposed change is anticipated to lead to the following level of opportunity and/or impact:
Positive	5	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities.
Neutral	0	Neutral	(Neutral): No effect, either positive or negative.
Negative	-1	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery.
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occurring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD	OPPORTUNITY							IMPACT				
		5	4	3	2	1	0	-1	-2	-3	-4	-5
	5	25	20	15	10	5	0	-5	-10	-15	-20	-25
	4	20	16	12	8	4	0	-4	-8	-12	-16	-20
	3	15	12	9	6	3	0	-3	-6	-9	-12	-15
	2	10	8	6	4	2	0	-2	-4	-6	-8	-10
	1	5	4	3	2	1	0	-1	-2	-3	-4	-5
CATEGORY												
	Excellent opportunity							Extreme risk				
	Good opportunity							High risk				
	Moderate opportunity							Moderate risk				
	Minor opportunity							Low risk				

- To access the scoring table below you will need to double click on the table to open an editable version.
- To close the scoring table, you need to click to the side of the table.
- The information you input will remain when you click back on the word document.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity* / Impact Rating**	*IIA Matrix		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Opportunity/Impact	Likelihood	Total Score
Age			X		* positive rating			0
					** negative rating	-1	1	-1
Disability			X		* positive rating			0
					** negative rating	-2	3	-6
Gender Reassignment	X		X		* positive rating	1	3	3
					** negative rating	-1	3	-3
Marriage and Civil Partnership					* positive rating			0
					** negative rating			0
Pregnancy and Maternity					* positive rating			0
					** negative rating			0
Race/Ethnicity or Nationality			X		* positive rating			0
					** negative rating	-1	2	-2
Religion or Belief			X		* Positive rating			0
					** negative rating	-1	2	-2
Sex	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Sexual Orientation	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Armed Forces					* positive rating			0
					** negative rating			0
Socio-economic Deprivation					* positive rating			0
					** negative rating			0
Welsh Language					* positive rating			0
					** negative rating			0

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.	Yes
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	

	Actions - Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. - Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	Assigned to	Target Review Date	Completion Date	Comments/ Update
1.	What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected? Complaints, respect and resolutions, trans staff retention and recruitment.	Eiddan Harries	10/12/2026		Check 6 monthly
2.	Update policy once EHRC guidance has been approved by government	Eiddan Harries	10/6/2027		Update policy if EHRC guidance approved earlier
3.	This EqlA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.	Eiddan Harries	10/6/2027		
4.	Facilitate Trans Awareness Training for staff.	Eiddan harries	10/6/2027		Earlier if any complaints received

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Section 6: Authorisation

Ensure that the details for the person completing, as well as the person authorising/owning the EqlA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqlA and if required provided guidance.

EqlA Completed by:	Name/s	Kylie Daniels
	Title	Senior Diversity & Inclusion Officer
	Team / Division	Business, Partnership & Inclusion
	Contact details	Kylie.Daniels@wales.nhs.uk
	Date	9/6/2026
EqlA Authorised by/Owned by: - Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy - Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5	Name	Eiddan Harries
	Title	Diversity & Inclusion Manager
	Team / Division	Business, Partnership & Inclusion
	Contact details	Eiddan.Harries@wales.nhs.uk
	Date	9/6/2026
Guidance has been provided by Diversity & Inclusion Team: (to be completed by Diversity and Inclusion team only)	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Team	Business, Partnership & Inclusion
	Contact details	Alan.winter@wales.nhs.uk
	Date	9/6/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Supporting staff who are unpaid Carers Policy (Unpaid Carers Policy)

Policy information

Policy number: 511

Classification: Employment

Supersedes: Previous versions

Version number: 5

Date of Equality Impact Assessment: 18.06.2026

Approval information

Approved by: People, Organisational Development and Culture Committee

Date of approval:

Date made active:

Review date:

Summary of document:

This policy sets out a vision and guidance for providing a supportive working environment for Hywel Dda University Health Board staff who are looking after a family member or friend in their personal lives as an unpaid carer.

Scope:

This policy is for all employees under a contract of employment with the Health Board who have caring responsibilities fitting the definition of an unpaid carer.

To be read in conjunction with:

126 - [All Wales Flexible Working Policy](#) – opens in a new tab

131 [Flexi Time Policy and Procedure](#) – opens in a new tab

122 [All Wales Special Leave Policy](#) – opens in a new tab

245 [Employment Break Scheme](#) – opens in a new tab

1085 – [Leave and pay for new and existing parents policy](#) – opens in a new tab

129 [Time Off for Medical/Dental Appointments During Normal Working Hours Policy](#) – opens in a new tab

768 [All Wales Managing Attendance at Work Policy](#) – opens in a new tab

133 [Equality, Diversity and Inclusion Policy](#) – opens in a new tab

340 [Staff Psychological and Wellbeing Policy](#) – opens in a new tab

109 [Time off in Lieu Procedure](#) – opens in a new tab

Hywel Dda University Health Board

[172 Confidentiality Policy](#) – opens in a new tab

[Annual Leave Purchase Scheme](#) – opens in a new tab

Patient information:

Owning group: Carers Team

Executive Director job title: Director of Workforce & OD

Reviews and updates:

1 – new policy 17.12.2020

2 – revised

3 – full review 15.04/2024

4 – full review

Keywords: Unpaid Caring, Flexible Working, Flexibility, Work Life Balance

Glossary of terms:

ESR - Electronic Staff Record

Contents

Policy information..... 1

Approval information 1

Introduction..... 4

Policy Statement..... 4

Scope 4

Aim 4

Objectives..... 5

Carer Awareness 5

Sources of support..... 6

Responsibilities 7

Appendix 1 – Other relevant Policies 8

Introduction

People are at the heart of everything we do at Hywel Dda University Health Board (Health Board). Each day, our staff and volunteers help improve the lives of people and communities across our large, mainly rural area. The wellbeing of our staff is crucial, and the Health Board is committed to creating an environment that supports staff to manage their employment alongside their unpaid caring roles. Our Unpaid Carers Policy aligns with the Health Board's values and promotes a culture which allows staff to be open about their unpaid caring responsibilities so that they feel recognised, respected and supported.

Within this Policy the term "carer" is used to describe unpaid carers. The three statements below provide a definition of an unpaid carer and set out the different circumstances of caring roles:

An unpaid carer is someone who looks after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use and who could not manage without that help.

A young carer (under 18) or **young adult carer** (18–25 years old) is someone whose life is restricted because of the need to take responsibility for a family member due to issues as above.

A parent carer is someone who looks after their child, who would struggle to manage without their help, due to illness, physical disability, learning disability or who has a mental health concern or substance misuse problem.

In each of the definitions above the care they provide is **unpaid**. Receiving a benefit, such as Carer's Allowance, does not mean a person is paid; individuals receiving such benefits are still considered unpaid carers. This highlights the difference between unpaid carers and paid care workers e.g. domiciliary carers, personal assistants who are employed to do a caring role.

This policy contributes to our responsibilities under the Equality Act 2010, Social Services and Well-being (Wales Act) 2014 and Carer's Leave Act 2024. It will also support the Health Board People First, Future Ready WOD Strategy 2026–2031 which is currently under development.

Policy Statement

Hywel Dda University Health Board is committed to supporting staff with unpaid caring responsibilities. We will promote a culture where unpaid carers are recognised, respected and supported to balance their work and caring commitments, in line with our values and legal responsibilities.

Scope

This Unpaid Carers policy is for all staff under a contract of employment with the Health Board who meet the definition of an unpaid carer.

Aim

The aim of this policy is to ensure that the valuable role that unpaid carers play in our families and communities are recognised, and unpaid carers are identified and supported by the Health Board. The policy promotes the Health Board's values to provide a compassionate, inclusive and healthy working environment.

Objectives

The Health Board is committed to supporting unpaid carers in accordance with the following aims:

- **Self-identification as an unpaid carer:** Proactively encourage individuals with unpaid caring responsibilities to identify themselves as an unpaid carer to their line manager.
- **Identification as an unpaid carer:** Encourage line managers to identify staff with unpaid caring responsibilities to encourage the use of the Health and Wellbeing Passport.
- **Support for unpaid carers:** the line manager will be proactive in advising staff about how they can access information, advice and assistance from internal and external support services, including Health Board policies relevant to their needs. This will support staff to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities, contributing to increased staff retention.
- **Improve staff experience:** supporting staff to balance employment and unpaid caring responsibilities.
- **No unfair treatment:** Staff who have identified themselves as an unpaid carer and/or requested support in accordance with this policy will not be treated unfairly or be disadvantaged as a result.
- **Confidentiality:** Information about a staff member's caring responsibilities and any support they need will be kept confidential and only shared when necessary, and with their agreement, to support them and ensure the effective running of Health Board services.

Carer Awareness

According to national Census data (2021), around half of unpaid carers in Wales are in employment and this represents about 10% of the total number of people in employment. In Hywel Dda we know that, as of 31 March 2026, 379 staff had self-identified as unpaid carers through ESR.

Not everyone recognises themselves as an unpaid carer. When people care for an ill, older or disabled family member or friend it can often be considered a part of everyday life. Staff with caring responsibilities are encouraged to self-identify themselves as unpaid carers by highlighting their caring role to their line manager and registering their unpaid caring role through the supplementary role function in their Electronic Staff Record (ESR). For more information about how to do this, click here: [Adding Supplementary Roles Guide](#) (opens in a new tab).

The Health Board has made the Carer Awareness e-learning (accessed via ESR) mandatory. A guide on how to access the e-learning can be found using the link below:

[People Development - Carer Awareness e-Learning Guide.pdf - All Documents \(sharepoint.com\)](#) (opens in a new tab)

Further carer awareness or bespoke training is available. For information about how to access training, email CarersTeam.hdd@wales.nhs.uk (opens in a new tab)

Sources of support

Staff with unpaid caring responsibilities can access support in a number of ways.

Staff Health and Wellbeing Passport

The Health Board recognises that staff may find it difficult to explain their personal circumstances, issues and challenges. The purpose of the Staff Health and Wellbeing Passport is to provide a template for staff to record their caring needs, and any reasonable adjustments that might help them to fulfil their employment or career development opportunities alongside their caring responsibilities. Completion of the Passport is voluntary, and the staff member retains ownership of the form. [Click here to access the Health and Wellbeing Passport.](#) (link to be uploaded once the policy is approved).

Completing a Passport enables an unpaid carer and their manager to hold a supportive conversation and document the agreed flexibilities that will be available to support the staff member in their unpaid caring role and work. Requests for support will be considered on an individual basis, in line with this policy, taking into account the employee's circumstances and ensuring fairness and consistency. Managers should ensure they take a consistent approach to the application of this policy and staff requests for adjustments, whilst recognising that every caring situation is unique and confidential.

The Passport should be treated as a living document and should be reviewed every year, or as needed, to respond to any changes in the nature or impact of the caring responsibilities on staff health and wellbeing.

Having a Passport does not guarantee that the previously agreed arrangements will remain in place as line managers have a responsibility to balance the needs of the employee with the requirement to ensure service delivery and business continuity is maintained. Where the needs of a service or team change, managers are expected to explore alternative ways to support the staff member through open discussion and ensure that this is clearly documented.

[Click here to view the Health and Wellbeing Passport - Managers Guidance](#) (opens in a new tab)

[Click here to view the Health and Wellbeing Passport - Staff Guidance](#) (opens in a new tab) [Links to be uploaded following Policy Approval.](#)

Unpaid Carer's Leave Act 2024

Staff with an unpaid caring role are entitled to take up to a week's unpaid leave in any 12-month period. A 'week' means the length of time they usually work over 7 days. For example, if someone usually works 3 days a week, they can take 3 days of unpaid carer's leave. Requests for unpaid time off can be made in consecutive or non-consecutive half-days or full days. This unpaid leave is for planned events only such as appointments or regular therapy sessions.

Staff must give written notice to their line manager of their intention to take unpaid Carer's Leave. The notice period must be either three working days, or twice the amount of time of the period of leave requested – whichever is longer. Whilst requests for unpaid Carer's Leave must not be refused line managers may postpone a request if the department or service would be unduly disrupted. In these circumstances, the line manager must explain the reasons why and consult with the staff member about rescheduling the leave. The line manager must then allow the leave to be taken within one month of the date of the original leave request. More details about unpaid Carer's Leave can be found here: [Unpaid carer's leave - GOV.UK](#) (opens in a new tab)

Health and Well-being services

There are several services that are available to all employed staff including those with an unpaid caring role. These include the Occupational Health Service, employee assistance programme, and Staff Psychological Wellbeing service. See the SharePoint pages for more details: [Staff Health & Wellbeing Gateway \(sharepoint.com\)](#) (opens in a new tab)

Staff Networks

The Health Board recognises the important role that staff networks provide as an opportunity for staff to connect, socialise, support one another, and discuss issues of relevance to them in accordance with their shared characteristics and common experiences. The Health Board has a growing number of staff networks, including a Carers Peer Support network. More information about the staff networks can be found here: [Staff Networks](#) (opens in a new tab)

Carers Team

The Health Board has a Carers Team who can provide information, advice and support for individuals and teams. Information and resources for staff can also be found on the Health Board's Unpaid Carers SharePoint page: [Unpaid Carers](#) (opens in a new tab)

Policies to support unpaid carers

There are a range of other employment policies which can support staff with caring responsibilities which are set out in Appendix 1.

Community support

Services delivered by the third sector or other support organisations can enable unpaid carers to maintain their caring role. Information about a wide range of support services can be found on the Carers Support West Wales Website:

[Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru](#) (opens in a new tab)

Responsibilities

Chief Executive

Holds overall responsibility for the effective management of organisational policies.

Director of Workforce & Organisational Development

Has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Line Manager

Have the responsibility to familiarise themselves with this Policy and to work within its parameters. They should undertake associated training such as the Carer Aware e-learning and specific training for line managers to be able to recognise, value and support unpaid carers working within their teams.

Staff

Staff should undertake Carer Aware e-learning training so that they are able to recognise, value and support colleagues who are working within their teams. Staff are not obliged to disclose that they are caring for someone but are encouraged to do so making use of the Health and Wellbeing Passport.

Workforce Advisors

Provide support and guidance to managers on the application of this and other employment policies.

Appendix 1 – Other relevant Policies

Policy Title	How it can help
126 - All Wales Flexible Working Policy – opens in a new tab	Helps staff to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives.
131 Flexi Time Policy and Procedure – opens in a new tab	Sets out principles and process to be followed by employees who work flexi time, including steps needed to discuss a flexible working pattern whilst remaining on the same contractual hour.
109 Time off in Lieu Procedure – opens in a new tab	Sets out procedure to facilitate flexible time-management whilst establishing agreed principles which deal effectively with time accrued.
122 All Wales Special Leave Policy – opens in a new tab	The policy includes provision for paid time off work for emergency unpaid carers and dependent leave.
Annual Leave Purchase Scheme – opens in a new tab	Staff can buy additional leave on top of their standard leave entitlement, with deductions spread evenly across the financial year.
245 Employment Break Scheme – opens in a new tab	Staff have an opportunity to apply to leave the workplace for a specific period of unpaid leave and to return to the same or a similar position at the end of that period.
1085 – Leave and pay for new and existing parents policy – opens in a new tab	Provides a clear understanding of their statutory and employment entitlements and the type and period of leave, both paid and unpaid that can apply in relation to maternity, adoption, paternity leave, shared parental leave and ordinary parental leave.
129 Time Off For Medical/Dental Appointments During Normal Working Hours Policy – opens in a new tab	Clarifies the process in respect of staff taking time off to Attend medical and dental appointments to support dependents. It covers both planned and emergency situations.
768 All Wales Managing Attendance at Work Policy – opens in a new tab	Sets out the provision to support the health and wellbeing of staff in the workplace.
133 Equality, Diversity and Inclusion Policy – opens in a new tab	The policy sets out the expectations that staff will implement a values-based approach when carrying out their duties and create an inclusive environment where everyone is treated fairly and equitably.
340 Staff Psychological and Wellbeing Policy – opens in a new tab	Outline of how to promote employee mental health, resilience and psychological wellbeing, identify and reduce key stressors in the organisation and for individual employees, and how to support staff who may be experiencing difficulties.
172 Confidentiality Policy – opens in a new tab	This policy states our commitment to maintain the confidentiality, Privacy and security of all Classified information and outlines mechanisms for ensuring this takes place.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Lisa Gostling, Workforce and Organisational Development
Service Area	Business, Partnerships and Inclusion - Carers

Title of Procedure, Project, Proposal, Policy being screened:	511 Supporting staff who are unpaid carers Policy
--	---

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The Health Board is committed to supporting staff who are unpaid carers in according with the following aims:

- Support employees to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities.
- Outline the range of existing policies and employee support that can be accessed by employees with caring responsibilities.
- Provide guidance to managers about the needs of carers to promote a supportive response to unpaid caring responsibilities/needs identified by employees.
- Improve the employee experience of balancing employment and caring responsibilities
- Contribute to increased staff retention.

The policy provides:

- Vision and guidance for managers on how to support staff with caring responsibilities.
- Information for staff on how to seek support from the Health Board and external services to help them with their caring responsibilities.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

A staff survey is carried out annually and in 2025 there were 188 respondents. The survey included an equality monitoring questionnaire and the information gathered has been used to feed into this screening tool.

The Health Board's ESR system includes a category to self-identify that they are an unpaid carer as a supplementary role. This this information is provided on a voluntary basis and cannot therefore be relied upon as an accurate representation of the number of unpaid carers within the workforce. As of 31 March, we know that 379 members of staff have reported their caring role to the Health Board.

Demographic information is not routinely collected for unpaid carers across the Health Board. It is also noted that some unpaid carers may not wish to self identify or recognise themselves as carers. Whilst the Health Board encourages unpaid carers to discuss their caring responsibilities with their line manager this is not mandatory.

2021 Census data suggests that within Wales there are more than 47,000 unpaid carers, representing 12.5% of residents (ONS, 2021) and we know there is a considerable number of hidden carers who do not define themselves as such

It is estimated that 5 million people juggle work and care in the UK, 1 in 7 in every workplace, and this figure is set to increase. In Wales, around half of unpaid are in employment. Given the stresses and strain that can result from balancing work and caring, it is unsurprising that 1 in 6 carers give up work or reduce their hours to care (Employers for Carers).

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Age

Is it likely to affect older and younger people in different ways or affect one age group and not another?

Positive Impact	✓	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

Justification of impact identified:

According to the Carers Staff Survey in 2025, most staff with unpaid caring responsibilities in Hywel Dda are aged 45 to 55. While this group is likely to benefit most, the policy supports carers of all ages by encouraging self-identification and access to support both within the workplace and the community, resulting in an overall positive impact.

The Draft National Strategy for Unpaid Carers reported that a significant number of people do not self-identify as unpaid carers, particularly in communities where caring is viewed as a familial responsibility. This was reported to be especially common among older individuals, Black, Asian and Minority Ethnic people, and those caring for partners or children.

Disability

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?

Positive Impact	✓	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

Justification of impact identified:

Unpaid carers come from all backgrounds and may care for individuals with a range of conditions, including physical disabilities, dementia, mental health conditions and stroke. Carers themselves may also have their own disabilities. According to the Health Board Carers Survey in 2025, 18% of staff who are an unpaid carer have a disability of their own.

This policy outlines carers information and support both within the Health Board and in the community that staff may need, according to what's important to them.

Gender Reassignment

Is it likely to affect those who either:

• Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth				
Positive Impact		Negative Impact		No Impact
☒				
Justification of impact identified: This policy applies to all unpaid carers, including those who have undergone, intend to undergo or are currently undergoing gender reassignment, ensuring equitable access to support regardless of gender identity.				
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact
	☒			
Justification of impact identified: This policy supports staff who are caring for spouses or partners and reinforces existing employment protections, ensuring they are able to access appropriate support in the workplace.				
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact		Negative Impact		No Impact
	☒			
Justification of impact identified: This policy applies to all unpaid carers and will benefit those who are pregnant or have recently had a baby. Staff who are pregnant or on maternity leave and also have additional caring responsibilities may experience increased pressure, this policy highlights coordinated support across policies. The Carers Staff Survey report in 2025 says that 17% of staff in the Health Board look after or care for children and young people under the age of 18 years old. A good proportion of staff will therefore benefit from this policy.				
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact
	☒			
Justification of impact identified: The Draft National Strategy for Unpaid Carers reported that a significant number of people do not self-identify as unpaid carers, particularly in communities where caring is viewed as a familial responsibility. This was reported to be especially common among older individuals, Black, Asian and Minority Ethnic people, and those caring for partners or children. This policy supports staff from all racial and ethnic backgrounds by recognising that caring responsibilities are experienced across diverse communities. It promotes equitable access to support, helping to ensure that staff can balance work and caring responsibilities				

regardless of their background. By encouraging self-identification and improving awareness of available support, the policy also has the potential to reduce disparities in access to support.				
Religion or Belief				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	☒	Negative Impact	☐	No Impact
Justification of impact identified:				
This policy supports staff of all religions and beliefs by recognising that caring responsibilities may be influenced by cultural and faith-based values. It promotes equitable access to support, ensuring that staff can balance work and caring responsibilities in a way that respects their beliefs. By encouraging awareness and self-identification, the policy helps to ensure inclusive support across a diverse workforce.				
Sex				
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	☒	Negative Impact	☐	No Impact
Justification of impact identified:				
This policy supports staff of all sexes by promoting equitable access to support. As women are more likely to have caring responsibilities, it is expected to have a particularly positive impact on female staff while remaining inclusive to all.				
Sexual Orientation				
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	☒	Negative Impact	☐	No Impact
Justification of impact identified:				
This policy supports staff of all sexual orientations by promoting equitable access to support for those with caring responsibilities. It recognises that caring relationships may include partners and family structures beyond traditional definitions, ensuring that support is inclusive and accessible to all staff.				
Armed Forces Community				
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'				
For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance				
Positive Impact	☒	Negative Impact	☐	No Impact
Justification of impact identified:				
This policy supports members of the Armed Forces community and their families by recognising that caring responsibilities may be shaped by unique circumstances, such as mobility, deployment, and changes in support networks. It promotes equitable access to support, helping staff to balance work and caring responsibilities and ensuring inclusive support for this group.				

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	√	Negative Impact		No Impact	
-----------------	---	-----------------	--	-----------	--

Justification of impact identified:

This policy will benefit all staff in particular staff in low income or living in areas known to exhibit poor economic indicators, by supporting them to remain in employment while managing caring responsibilities.

The Draft National Strategy for Unpaid Carers (2026) unpaid carers consistently reported financial pressures and hardship, often due to having to give up work or reduce their working hours. By supporting staff to balance work and care, this policy may help to reduce financial strain and mitigate longer-term impacts on income, career progression and pension outcomes.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	√
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

This policy does not impact a person's opportunity to use the Welsh language. Carer's Information is available bilingually and unpaid carers are encouraged to use Welsh language.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Beverly B Davies
	Title	Strategic Partnership and Inclusion Manager
	Contact details	Beverly.davies@wales.nhs.uk
	Date	18 June 2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnerships, Diversity and Inclusion
	Contact details	Helen.Sullivan@wales.nhs.uk
	Date	18 June 2026
	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer

Guidance has been provided by Diversity & Inclusion Team:	Contact details	Kylie.daniels@wales.nhs.uk
	Date	18/06/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Health and Wellbeing Passport

2026



Welcome to your Health and Wellbeing Passport

This passport forms part of Hywel Dda's commitment to staff wellbeing, inclusion, and reasonable adjustments. It complements existing HR and Occupational Health processes and supports early, proactive conversations

Your Health and Wellbeing Passport is a voluntary, staff-owned document designed to help you work at your best in a supportive and inclusive environment.

It gives you a structured way to:

- Share what helps you stay well at work
- Record agreed support and reasonable adjustments
- Avoid having to explain the same information repeatedly
- Ensure continuity of support if your role or manager changes

The Passport is:

- About support, not judgement
- Focused on what helps, not what's "wrong"
- Owned and controlled by you
- Flexible and can change over time

The Passport is not:

- A performance or capability document
- Part of sickness absence management
- A requirement to disclose medical diagnoses
- Something that replaces HR or Occupational Health processes



You don't need to complete every section of this passport; fill in the parts that feel relevant and helpful for you at work. You can write in bullet points, short phrases, or sentences, there is no "right" level of detail.

You can ask for support from a person of your choice to help you complete this passport (for example a manager, colleague, staff network, or trusted individual).

Supporting guidance for manager's and staff are available [here](#), and further information and signposting can be found at the end of this document.



Personal details and confidentiality agreement

- The information held in this Health and Wellbeing Passport is confidential
- You own your passport
- You decide what information to include
- You agree who can see it and where it is stored
- It will not be shared without your consent

Please complete the section below to confirm that you and your manager have read, understood, and agreed to the points above.

Staff Member Name		
Preferred Name		
Staff Member Pronouns		
Staff Member Number		
Staff Member Signature		Date:
Manager's name		
Manager's Signature		Date:
Team / Department		

If my usual line manager is unavailable, I am comfortable for the following person or role to be contacted to help ensure continuity of support or agreed adjustments:

Preferred alternative contact (name or role):	
What they should know / have access to:	
Any support I would prefer not to be discussed:	

This document will be stored (e.g Staff Member's One Drive, Manager's One Drive):	
Staff Member Signature:	
Manager's Signature:	



Review

The Passport must be reviewed at agreed intervals, and additionally whenever circumstances change, including health, personal situation, job role, or working environment.

Agreed review intervals:

This is to be completed by staff member and manager after each review.

Review date	Agreed changes/ no changes	Manager's Signature	Staff Member's Signature





About my personal circumstances

You can briefly describe anything relevant to your work, such as:

- A disability or long-term condition
- Neurodivergent conditions or differences
- Mental health or wellbeing needs
- Menopause
- Caring responsibilities
- Religion or belief
- Gender reassignment
- Pregnancy or fertility treatment

You do not need to share your diagnosis if you have one. The purpose of this section is to help your manager better understand any background information that you feel may be relevant.

Please use this space to describe how your personal circumstances may affect you at work. This is about impact, not labels.

If you feel able to, you may wish to indicate whether your circumstances are

Ongoing	Fluctuating	Temporary	Expected to change over time



Wellbeing at work

Please outline how your disability, health condition, or personal circumstances impact you at work. You may wish to describe what this looks like on a good day and on a bad day. This helps your manager understand that not every day may be the same.

Good day	Bad day

Symptoms and support

Please use this space to describe any symptoms that may indicate you need support or are not well enough to remain at work and note any actions or adjustments that would help in these situations.

You may wish to include details here of who should be contacted if you become unwell at work, for example if you suffer with migraines or epilepsy and suddenly become unwell at work and may not be able to make your way home without additional support.



Environmental and Team Support Preference

Please use this space to describe any environmental needs you may have for the workplace. This could be noise levels, lighting, smells, quiet space, seating etc.

Please describe the types of support from your manager or colleagues that would help you do your best work such as regular check-ins, advance notice of change etc.

Please use this space to note what information, if any, should be shared with your team to support you at work. Agree together what will be shared and with whom.

Triggers stressors, or situations that can make work more difficult for you

Please use this space to describe anything that may create challenges for you at work.



Reasonable Adjustments and Occupational Health Adjustments

A reasonable adjustment is a change that removes or reduces the impact of a disability, enabling a staff member to do their job.

This section records adjustments that are:

- Already in place
- Newly discussed
- Agreed or not agreed

Examples of adjustments:

- Flexible start and finish times
- Adjusted workload during flare-ups
- Home or hybrid working
- Longer breaks
- Assistive technology
- Specialist equipment and devices
- Phased return after illness

If an adjustment isn't agreed straightaway, it can still be reviewed later.





Use this section to record current adjustments and any discussed, agreed, or declined changes. For agreed adjustments, include who is responsible for any actions.

(Copy and paste the boxes below to add additional adjustments.)

1.	
Agreed (yes or no) (add a reason if not agreed)	
Manager's Signature	
Staff Member Signature:	
Date:	
2.	
Agreed (yes or no)	
Manager's Signature (add a reason if not agreed)	
Staff Member Signature:	
Date:	

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed, as directed in the [Flexible Working Policy](#), available on the intranet. A copy of this application must be kept with the Passport and reviewed in line with the policy.

Please use this space to share any other information that may be relevant to your health and wellbeing that hasn't been covered in the previous sections. You may want to note:

- Regular medical or caring appointments
- Religious observance
- Periods when flexibility is especially helpful



Support page

- [Staff Psychological Wellbeing Service](#)
- [Occupational Health](#)
- Staff Support Networks (SSNs)
- [Carers support resources](#)
- [Menopause information](#)
- [Flexible Working Policy](#)
- [Stress Risk Assessment tools](#)
- HR or People Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Health and Wellbeing Passport

Staff Guidance



Staff Guidance: Completing Your Health and Wellbeing Passport

Introduction

This guidance is here to support you in completing your Health and Wellbeing Passport. The passport is designed to help you share information about your health, wellbeing, and working needs in a way that supports you to perform at your best.

It is a supportive, non-judgemental tool, not an assessment, and there is no expectation to disclose anything you are not comfortable sharing.

The aim is to:

- Help your manager understand how to support you effectively
- Create open, honest conversations about wellbeing
- Identify practical and reasonable adjustments
- Support consistency, particularly if you change roles or managers

You remain fully in control of:

- What information you include
- When you share it
- Who you share it with

Top Tips Before You Start

- You only need to share what you feel comfortable sharing, this document should feel safe and supportive
- Focus on what helps you work well, not just what can be difficult
- You do not need to use medical language, simple descriptions are fine
- You can complete this gradually and revisit it over time
- Consider completing it with support from a manager, colleague, HR, or staff network if helpful
- Be realistic about what is practical within your role and service
- Remember, your needs may change, and this document can be updated at any time



About My Personal Circumstances

Purpose:

To help your manager understand any background factors that may influence your work, without needing to share private or detailed personal information.

What to include:

- Ongoing health conditions
- Neurodivergence (if you wish to share)
- Caring responsibilities
- Temporary life circumstances affecting wellbeing
- Cultural, religious, or personal considerations that impact work

Helpful prompts:

- Is there anything that regularly affects your energy, focus, or availability?
- Are there responsibilities outside work that may occasionally impact your working day?
- Are there situations where you may need flexibility or understanding?

Examples:

- “I have a long-term condition that can affect my energy levels, particularly in the morning.”
- “I have caring responsibilities which may occasionally impact my start and finish times.”
- “I experience anxiety in busy or unpredictable environments.”
- “I am currently experiencing personal circumstances that may temporarily affect my concentration.”

Impact on Work (Good Day / Bad Day)

Purpose:

To help your manager understand how your experience may vary, so they can respond appropriately and proactively.

What to consider:

- Your ability to focus, communicate, and complete tasks
- Differences in productivity or energy
- How visible (or not) these changes may be to others

Helpful prompts:

- What does a typical “good” day look like for you?
- What signs might indicate you're struggling?
- What might others notice?



Examples

Good day:

- “Able to focus, prioritise, and complete tasks independently”
- “Comfortable contributing in meetings and engaging with colleagues”
- “Able to manage workload and deadlines effectively”

Bad day:

- “Struggle with concentration and decision-making”
- “May feel overwhelmed and need clearer prioritisation”
- “May find communication more difficult or need additional time to respond”
- “May need a quieter space or additional breaks”

Symptoms and Support

Purpose:

To help your manager recognise when you may need support and what would help in that moment.

What to include:

- Early signs that you may be struggling
- What support helps prevent things from worsening
- What support is helpful vs. unhelpful

Helpful prompts:

- How might others recognise you need support?
- What helps you recover or manage symptoms?
- What should someone avoid doing?

Examples:

- “If I become overwhelmed, I may become quieter or withdrawn, a short break helps me reset.”
- “If I experience migraines, I may need reduced screen time or to work in low lighting.”
- “If my workload feels unmanageable, I benefit from someone helping me prioritise tasks.”
- “Gentle check-ins are helpful, but too many interruptions can increase stress.”



Environment and Team Support

Purpose:

To outline the working conditions and team approaches that help you thrive.

What to include:

- Preferred working environment (noise, lighting, space)
- Communication preferences
- Ways of working that help you stay organised and engaged
- Team behaviours that support your wellbeing

Helpful prompts:

- What type of environment helps you focus best?
- How do you prefer to receive information or feedback?
- What helps you feel included and supported in your team?

Examples:

- “I work best in quieter environments or with noise-reducing options.”
- “Advance notice of changes helps me feel prepared and reduces anxiety.”
- “Written follow-ups after meetings help me retain information.”
- “Regular check-ins (e.g. weekly) help me stay on track.”

Triggers or Stressors

Purpose:

To identify situations that may impact your wellbeing, so that they can be anticipated or reduced where possible.

What to include:

- Workplace triggers
- Environmental or interpersonal stressors
- Patterns or situations that increase pressure

Helpful prompts:

- Are there situations that consistently increase stress or anxiety?
- Are there changes or demands that are particularly challenging?

Examples:

- “Short notice changes to plans or expectations”
- “Periods of sustained high workload without breaks”
- “Busy, noisy environments or interruptions”



Reasonable Adjustments

Purpose:

To identify adjustments that may support you to work effectively and sustainably.

What to include:

- Practical, realistic adjustments
- Temporary or long-term needs
- Adjustments that directly relate to your role

Helpful prompts:

- What changes would make your work more manageable?
- What has helped you previously?
- What small adjustments could make a big difference?

Examples:

- Flexible start and finish times
- Hybrid or home working arrangements
- Adjusted workload during difficult periods
- Additional or structured breaks
- Changes to workspace or equipment
- Clearer task prioritisation or deadlines

Not all adjustments will be possible, but your manager will work with you to explore options that are:

- Reasonable
- Practical within your role
- Sustainable for the service

Consideration will include:

- Service and organisational needs
- Impact on team delivery
- Feasibility and proportionality

If you feel adjustments are not being implemented, you can seek support via HR, Staff Networks, or Speak Up processes.



Where to Get Further Support

You do not have to manage things alone. Additional support is available:

Internal support:

- [Staff Psychological Wellbeing Service](#)
- [Occupational Health](#)
- [Staff Support Networks \(SSNs\)](#)
- [Carers support resources](#)
- [Menopause information](#)
- [Flexible Working Policy](#)
- [Stress Risk Assessment tools](#)
- [Organisational Development](#)

External support:

- Access to Work (practical and financial support for adjustments)
- GP or specialist healthcare services
- Mental health organisations (e.g. Mind, Samaritans)

Final Reminder

This passport is about helping you to work in a way that supports your wellbeing and success.

- It should feel supportive, not burdensome
- There is no “right” way to complete it
- You can update it at any time
- You remain in control of your information
- Sharing even small details can make a big difference to your support



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Health and Wellbeing Passport

Managers Guidance



Manager's Guidance: Supporting Staff with the Health and Wellbeing Passport

Purpose of this Guide

This guide is designed to help managers confidently support staff in completing and using the Health and Wellbeing Passport. It aims to:

- Encourage meaningful, supportive conversations about wellbeing
- Ensure consistency in how passports are completed and used
- Help managers identify practical, reasonable adjustments that enable staff to perform at their best
- Promote a proactive, preventative approach rather than reactive problem-solving

Ultimately, the passport should be a live, working document that improves employee experience, wellbeing, and productivity.

Your Role as a Manager

As a manager, you play a key role in setting the tone and ensuring the passport process is supportive and effective. You should:

- Create psychological safety so staff feel comfortable sharing information
- Focus on what individuals need to work well, not just what they struggle with
- Take a collaborative, problem-solving approach
- Balance service needs with individual needs in a fair and transparent way
- Follow through on agreed actions and ensure accountability
- Keep the passport relevant by reviewing and updating it regularly

Good practice includes being visible, approachable, and consistent, demonstrating that wellbeing is a priority rather than a one-off conversation.



Starting the Conversation

A positive start is essential for building trust. When introducing the passport:

- Arrange a private, comfortable space (virtual or in person)
- Allow sufficient uninterrupted time (avoid rushed conversations)
- Explain the purpose clearly: to support the staff member to thrive at work
- Reassure them that this is not a performance or absence management tool
- Emphasise that they are in control of what they choose to share

Example approach:

“This conversation is about understanding what helps you perform at your best and seeing if there’s anything we can put in place to support you.”

Managers should also be mindful that staff may feel nervous or unsure, so patience and reassurance are key.

How to Respond to Staff

Effective listening and response are critical. You should:

- Practise active listening (e.g. summarising, reflecting, asking open questions)
- Acknowledge and validate what the staff member shares
- Thank them for their openness and trust
- Focus on impact, not diagnosis (you do not need medical details)
- Avoid making assumptions or offering quick fixes

Helpful questions include:

- “What does a good day at work look like for you?”
- “What tends to make things more difficult?”
- “What has helped in the past?”

Your role is to understand and support, not to assess or challenge.



Completing the Passport Together

The passport should be completed collaboratively and meaningfully.

To ensure quality:

- Encourage staff to use their own words wherever possible
- Focus on:
 - How their wellbeing affects their work
 - Patterns (good days vs more difficult days)
 - Triggers or barriers
 - Practical strategies that help
- Avoid vague statements, aim for clear, actionable information

Managers should guide the discussion to ensure:

- Information is relevant to the workplace
- Adjustments are realistic and specific
- The content is clear enough to be used by others if needed (with consent)

Agreeing Reasonable Adjustments

Adjustments should be:

- Practical and achievable within the service
- Focused on reducing barriers and enabling performance
- Tailored to the individual
- Trialled and reviewed rather than fixed permanently

Examples include:

- Flexible working hours or patterns
- Adjusted workload or deadlines during difficult periods
- Changes to the work environment (e.g. quieter workspace)
- Additional breaks or structured check-ins
- Temporary changes during recovery or periods of stress



Managers should ensure adjustments are:

- Clearly defined
- Mutually agreed
- Documented in the passport

Implementing Adjustments

Once adjustments are agreed:

- Confirm who is responsible for each action (manager, staff member, or both)
- Set clear timelines for implementation
- Communicate any agreed changes appropriately (with consent)
- Ensure consistency in applying adjustments

Managers should:

- Monitor how well adjustments are working
- Be proactive in addressing any issues
- Avoid delays, as this can undermine trust

Implementation is just as important as agreement, unfollowed actions reduce confidence in the process.

If You Cannot Agree a Reasonable Adjustment

- Acknowledge the request and explain clearly and sensitively why it cannot be supported
- Work together to explore alternative or partial adjustments
- Consider trialling a solution where appropriate
- Seek advice from HR, Occupational Health, or Diversity and Inclusion teams if needed
- Document the request, decision, and any alternatives discussed
- Keep the conversation open and agree a follow-up discussion
- Ensure decisions are fair, consistent, and non-discriminatory



Confidentiality

The passport belongs to the staff member. Managers must:

- Respect that staff control what is recorded and shared
- Agree what information can be shared, with whom, and why
- Store information securely in line with organisational policy

Be clear that:

- Information will not be shared without consent (unless there is a serious risk)
- Only relevant information should be shared when necessary

Building trust here is essential, poor handling of confidentiality can discourage future engagement.

Review and Ongoing Support

The passport should be regularly reviewed to keep it relevant. Reviews should:

- Take place at agreed intervals (e.g. every 3–6 months) or sooner if needed
- Consider what is working well and what may need to change
- Reflect any changes in role, health, or personal circumstances

Managers should:

- Encourage staff to request reviews proactively
- Treat the passport as a flexible tool, not a static document
- Use reviews as an opportunity to strengthen support and engagement

Signposting Support

Signposting should be:

- Timely and appropriate
- Clearly explained (what the service offers and how to access it)



Managers should be confident in directing staff to available support, including:

Internal support:

- Staff Psychological Wellbeing Service
- Occupational Health
- Staff Support Networks (SSNs)
- Carers' support
- Stress management tools and resources
- Flexible working policies

External support:

- Access to Work
- Other relevant community or national services

Additional Support

If needs are more complex or adjustments are not sufficient:

- Seek advice from Occupational Health or HR
- Consider formal assessments or referrals where appropriate
- Ensure the staff member is informed and involved throughout

Managers should not feel they need to manage complex situations alone, seeking support is good practice.

Building a Supportive Team Culture

Beyond individual passports, managers should:

- Normalise conversations about wellbeing in team settings
- Encourage regular check-ins as part of routine management
- Promote awareness of available support services
- Lead by example in demonstrating healthy working practices

A supportive culture helps reduce stigma and encourages earlier conversations, making interventions more effective.



Key Principles

- Staff-led: The individual guides what is shared and what support is helpful
- Supportive: Focus on enabling success, not highlighting problems
- Flexible: Adapt to changing needs and circumstances
- Trust-based: Build openness through confidentiality and follow-through
- Practical: Focus on clear, realistic actions that make a difference

Guidance for Staff: Single-Sex Services and Facilities

Guideline information

Guideline number: 1506

Classification: Employment

Supersedes: new guidance

Version number: 1

Date of Equality Impact Assessment: 10/06/2026

Approval information

Approved by: PODCC

Date of approval

Date made active

Review date

Summary of document:

This guidance provides an overview of the principles of providing single-sex services, managing single sex spaces, supporting service users and colleagues, and handling sensitive situations.

Scope:

This guidance applies on an organisation-wide basis, to all staff, at all levels, where there are single-sex services and facilities. The guidance also applies to patients and visitors, in relation to the provision of single sex services and facilities.

To be read in conjunction with:

312 – [Chaperone Policy](#) (opens in new tab)

350 - [Supporting Transgender Staff Policy](#) (opens in new tab) currently under review

WP5 – [All Wales Respect and Resolution Policy](#) (opens in new tab)

[Listening to People \(2026\) Regulations](#) (opens in new tab)

CG138 NICE Guidance [Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#) (opens in new tab)

Owning group: Diversity and Inclusion Team

Executive Director job title: Lisa Gostling Director of Workforce and OD/Deputy CEO

Reviews and updates:

1. New policy

Keywords

Transgender/trans, Single-sex

Glossary of terms

Unisex/universal facilities - the term used in this guidance when referring to toilets and/or changing rooms, which must be single occupancy, self-contained units with a lockable door.

Unisex/universal services - services that can be used by all, such as mixed-sex wards or individual side rooms occupied by one person only.

Single-sex services - the provision of services (and facilities such as toilets and changing rooms) which are separate services for persons of each sex or for one sex only (e.g. a service for women only or male only toilets).

Contents

Guideline information.....	1
Approval information.....	1
Scope	3
Aim	3
Objectives	3
Key Principles	3
What Services/Facilities must the Health Board provide?	4
Use of Services/Facilities	4
Handling sensitive situations.....	5
Guiding Principles.....	6
Non Binary Individuals.....	7
Summary of Key Points.....	7
References.....	7

Scope

This guidance applies on an organisation-wide basis, to all staff, at all levels, where there are single-sex services and facilities. The guidance also applies to patients and visitors, in relation to the provision of single sex services and facilities.

Aim

The aim of this document is to:

- Provide an overview of the principles of providing single-sex services, managing single sex spaces, supporting service users and colleagues, and handling sensitive situations.
- The information within this guidance summarises the Health Board's responsibilities under the Equality Act 2010, following the Supreme Court judgement in *For Women Scotland v Scottish Ministers* [2025] UKSC 16 and changes made to the Equality and Human Rights Commission Code of Practice for services, public functions and associations.

Objectives

The aim of this document will be achieved by the following objectives:

- Detailing what services/facilities the Health Board must provide
- How the services/facilities will be used
- How the Health Board will handle sensitive situations
- Provide guidance for managers/staff to provide the services

Key Principles

Sex, as a protected characteristic within the Equality Act 2010 means biological sex

The Supreme Court has confirmed that references to “man” and “woman” and “sex” in the Equality Act 2010 refer to biological sex, even if a person has a gender recognition certificate and their legal gender is different to their biological sex (under the Gender Recognition Act 2004).

This means that single-sex services must be provided based on biological sex.

Trans people are protected from discrimination

Under the Equality Act, anyone undergoing, intending to undergo, or who has undergone gender reassignment is protected from direct and indirect discrimination.

It is important to note that disclosing information about a person's gender history and trans status, without their consent, can be a criminal offence, particularly if the disclosure is made by someone in an official capacity.

Gender expression

Gender cannot be defined by how someone looks, dresses or whether they conform to societal stereotypes.

Single sex services can be lawful

The Health Board may lawfully provide single sex services, where this is:

- a proportionate means of achieving a legitimate aim (e.g. privacy, dignity, safety, religious/cultural needs)
- or where required by law (e.g. certain workplace facilities such as toilets)

No one should be left without access to services/facilities

When providing single-sex services, it is important to ensure that everyone is treated with dignity and respect and has access to suitable services and facilities. A trans person must not be left without a safe and dignified service/facility to use.

Providing unisex/universal or single occupancy services/facilities (including accessible toilets that have been assigned as 'accessible to all') can meet this requirement.

What Services/Facilities must the Health Board provide?

For the public (patients and visitors):

The Health Board may provide:

- male and female single sex services
- unisex/universal services
- unisex/universal, single occupancy, lockable facilities

The law does not require every area to have male, female and unisex/universal services and facilities, but provision must be proportionate and non-discriminatory.

For staff (Workplace (Health, Safety and Welfare) Regulations 1992):

Workplaces must provide either:

- Separate male and female toilets, or
- Fully enclosed unisex/universal toilets (one person, lockable)

Changing rooms used for undressing must normally be single sex, unless they are single occupancy and lockable, where they would be considered unisex/universal.

Reasonable adjustments

Often the solution is:

- Changing signage on existing accessible toilets to ("Accessible to all")
- Designating one self-contained lockable room as a unisex/universal changing room

These options are considered legally acceptable.

Use of Services/Facilities

General approach

Patients and staff are required to use single-sex services based on their biological sex. However, everyone should be treated with dignity and respect at all times so Trans people should not be compelled to use services/facilities matching their biological sex, as this is likely to be discriminatory. Therefore, a safe, proportionate alternative service/facility, such as a unisex/universal option should be provided.

A typical arrangement might be that single-sex services remain as they are, and an additional unisex/universal option is provided (e.g. a toilet that is a single occupancy, self-contained unit with a

lockable door or a side room on a ward that is used by one person only). This enables trans individuals to choose to use the unisex/universal service/facility or the single-sex service of their biological sex.

When could exclusion from a single sex space be lawful?

Exclusion is only lawful where:

- the service is legitimately single sex, and
- exclusion is a proportionate means of achieving a legitimate aim, e.g.:
 - intimate care
 - undressing
 - religious/cultural needs
 - vulnerability of service users
 - potential alarm/distress to others

An alternative service or facility must always be made available for the trans person. There cannot be a situation where someone who is trans has no alternative provision to use, as this would result in them being excluded from a service or facility and would be considered indirect discrimination.

Handling sensitive situations

If a patient refuses care from a trans staff member

As set out in the [312 – Chaperone Policy](#) (opens in new tab), “all clinical interventions (consultations, examinations, investigations, inspection, photography etc.) are potentially distressing to the patient or person undergoing them. Interventions involving the rectum, genitalia or breasts are particularly intrusive and collectively referred to as “intimate examination”. As such, these can cause anxiety with patients and need to be practised in a sensitive manner.

Gender cannot be defined by how someone looks, dresses or whether they conform to societal stereotypes but due to individual beliefs, views, religion, culture and experiences, there may be occasions where a patient refuses care or expresses a preference for the healthcare professional performing the procedure. Wherever practical, these requests should be considered and supported.”

Examples of situations and responses:

- Non-intimate care (e.g. taking blood pressure, triage, observations)
→ refusal is unlikely to be reasonable.
- Intimate or personal care (e.g. breast examination, genital exam)

→ patient preferences may be reasonable. Seek to accommodate the request without “outing” staff. A neutral explanation should be used e.g.: “We’ll arrange an alternative clinician for you.” Do not confirm or imply a staff member’s trans status as this would result in a breach of confidentiality.

In situations where patients are refusing to be cared for by a trans staff member it is important to check on the well-being of the member of staff and provide support if needed. Having a patient refuse for them to provide care and/or perform a procedure can cause upset and distress.

If a patient objects to a trans patient being accommodated in a single-sex service e.g. single-sex ward, maternity department or breast screening service

Whilst it is hoped that these circumstances will be rare, it is important to consider what action could be taken. Possible approaches could include:

- Offering alternative appointment times
- Offering additional privacy
- Arranging a single-occupancy side room if needed and available

At all times, concerns should be managed sensitively. Both individuals' rights must be balanced; neither protected characteristic group's rights automatically override the other.

Do not confirm or imply a patient's trans status as this would result in a breach of confidentiality.

Complaints by patients, visitors or staff about the use of single-sex services

If a concern is raised:

- Gather information from all parties sensitively.
- Check whether single sex use is legally required in that context (e.g. that the provision of the service on a single-sex basis is a proportionate means of achieving a legitimate aim).
- Seek to provide access to an alternative facility if appropriate (e.g. unisex/universal facility, private/individual room), ensuring the dignity, safety and privacy of both parties.

If either/both parties remain unsatisfied and no reasonable solution can be reached, escalate concerns to the manager and:

- a) If the concern has been raised by a patient/visitor: follow the Health Board complaints procedure, [Listening to People \(2026\) Regulations](#) (opens in new tab).
- b) If the complaint is about the use of single-sex services by staff, seek advice from the Health Board's HR department and, if needed, follow the WP5 – [All Wales Respect and Resolution Policy](#) (opens in new tab).

Guiding Principles

Managers/Staff Providing Services must ensure:

- They are clear about the options which are available within their ward or service setting i.e. single sex services, unisex/universal services and unisex/universal single occupancy services.
- Clear signage of the facility options
- Make decisions that are evidence based, proportionate, and recorded
- Staff, patients and visitors are treated with dignity and respect
- Staff, patients and visitors are not indirectly or directly discriminated against, as a result of their protected characteristic (e.g. Sex, Gender Reassignment)
- If situations are unclear, they use usual escalation processes for their ward, service setting or department (including for situations that arise out of hours) and seek advice from HR and Equality, Diversity and Inclusion colleagues, as and when necessary
- Local solutions are developed in situations where buildings are older or have limited space

Where space is limited:

- Repurposing an existing accessible toilet as a unisex/universal toilet would usually be considered lawful and proportionate
- Full redesign or building works are not normally required

Non Binary Individuals

Non binary is an umbrella term used for people whose gender identity doesn't sit comfortably with "man" or "woman". Those who are non-binary are not currently recognised as a protected group under the Equality Act 2010. However:

- They must still be treated with dignity
- Unisex/universal, single occupancy facilities remain the appropriate option

Summary of Key Points

- ✓ Treat all service users and colleagues with dignity and respect and maintain confidentiality at all times
- ✓ Provide a unisex/universal option wherever possible
- ✓ Single sex provision is lawful where justified
- ✗ Do not make assumptions about anyone's sex or gender identity
- ✗ Do not "police" toilets or changing rooms
- ✗ Do not force trans people to use services/facilities matching their biological sex
- ✗ Do not "out" anyone as trans

References

[Equality and Human Rights Commission](#) (opens in new tab)

[Code of Practice for services, public functions and associations, Equality and Human Rights Commission](#) (opens in new tab)

[Equality Act 2010](#) (opens in new tab)

[Supreme Court judgement in *For Women Scotland v Scottish Ministers* \[2025\] UKSC 16](#) (opens in new tab)

[Gender Recognition Act 2004](#) (opens in new tab)

[Workplace \(Health, Safety and Welfare\) Regulations 1992](#) (opens in new tab)

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Hywel Dda University Health Board Equality Impact Assessment (EqlA)

Director and Directorate	Lisa Gostling, Director of Workforce and Organisational Development
Service Area	Whole Health Board

What is an Equality Impact Assessment (EqlA)?

An EqlA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqlA, or if applicable an EqlA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqlA or EqlA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqlA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.

Support

For further support please visit the [EqlA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 1: Overview

1.	What are you Equality Impact assessing?	Guidance for staff: Single-sex Services and Facilities
2.	Brief Aims and Description of the procedure/ proposal/ project/ policy:	This guidance provides practical instructions for staff on providing single-sex services, managing single-sex spaces, supporting service users and colleagues, and handling sensitive situations. The information within this guidance summarises the Health Board's responsibilities under the Equality Act 2010, and the Supreme Court judgement in <i>For Women Scotland v Scottish Ministers</i> [2025] UKSC 16. The guidance is inclusive of all additional protected characteristics and is designed to have a positive impact on those to whom it applies.. This guidance outlines how trans employees, patients and visitors should be supported and treated in a dignified, non-discriminatory way.
3.	Who is involved in undertaking this EqIA? (names/job titles)	Helen Sullivan Head of Partnerships Diversity and Inclusion
4.	Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?	A recent Supreme Court ruling has clarified aspects of how "sex" and/or related protections are interpreted in law. This may affect how policies are applied in practice, particularly where they relate to single-sex spaces, legal definitions, and balancing rights across protected groups. This EqIA considers the potential impacts of that clarification on staff, patients and visitors with the protected characteristic of gender reassignment, alongside other groups. 312 – Chaperone Policy (opens in new tab)

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

		350 - Supporting Transgender Staff Policy (opens in new tab) currently under review WP5 – All Wales Respect and Resolution Policy (opens in new tab) Listening to People (2026) Regulations (opens in new tab)
5.	Is this a new EqlA or an updated EqlA?	New ☒ Updated ☐ Date of original or last version of the EqlA: Please give details / explain any amendments.
6.	Who will be affected by the procedure/ proposal/ project/ policy development? (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	This guidance applies to all staff, including those currently employed, potential employees, locums, staff on honorary contracts, students, volunteers, patients and visitors.
7.	What might help/hinder the success of the procedure/ proposal/ project/ policy?	• Managers applying different interpretations • Increased HR casework and complaints • Legal risk if application of this guidance is not aligned with current law

Section 2: Human Rights

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
Article 2: The right to life. Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.	✓	
Article 3: The right not to be tortured or treated in an inhuman or degrading way. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence		✓
Article 8: The right to respect for private and family life, home and correspondence. Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Section 3: Gathering of Evidence and Assessment of Potential Impact

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?		Positive	
		Negative	
		No Impact	✓
Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by age.		
Insert breakdown of staff age in the specific service/ area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the age of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	Headcount	%
<= 20 years	257	1.92%
21 to 25	926	6.93%
26 to 30	1,290	9.65%
31 to 35	1,531	11.46%
36 to 40	1,636	12.24%
41 to 45	1,553	11.62%
46 to 50	1,475	11.04%
51 to 55	1,694	12.68%
56 to 60	1,568	11.74%
61 to 65	1,051	7.87%
66 to 70	296	2.22%
>= 71 years	84	0.63%
Total	13,361	100%

General Workforce data as at 31st March 2025

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

Negative Impact

Opportunities for improvement / mitigation

- Ensure that training and guidance are accessible and tailored to different learning needs, including practical, scenario-based guidance for managers and staff. Support will be made available to all staff to improve understanding and ensure consistent and respectful application of the guidance.

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Provide a brief summary of the positive impacts you have identified.	N/A
If you have determined no impact, please provide a brief explanation.	No Impact The guidance is not expected to directly disadvantage any particular age group; however, it is important to recognise that staff of different ages may experience or respond to the guidance differently. Younger staff may have greater familiarity with gender identity inclusion, whereas some older staff may feel less confident in understanding the guidance or legal context, particularly in relation to facilities and terminology.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.		Positive	
		Negative	✓
		No Impact	

Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients who have a disability.																													
	General population data <table border="1"> <thead> <tr> <th></th> <th>Carms</th> <th>Cere</th> <th>Pembs</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Disabled under the Equality Act: Day-to-day activities limited a lot</td> <td>21225</td> <td>6686</td> <td>12522</td> <td>40463</td> </tr> <tr> <td>Disabled under the Equality Act: Day-to-day activities limited a little</td> <td>21897</td> <td>8951</td> <td>14651</td> <td>45499</td> </tr> <tr> <td>Total with a disability</td> <td>43152</td> <td>15637</td> <td>27173</td> <td>85,963</td> </tr> <tr> <td>Total population</td> <td>187,895</td> <td>71,474</td> <td>123,366</td> <td>382,735</td> </tr> <tr> <td>Percentage of population with a disability</td> <td>23%</td> <td>22%</td> <td>22%</td> <td>22%</td> </tr> </tbody> </table>		Carms	Cere	Pembs	Total	Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463	Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499	Total with a disability	43152	15637	27173	85,963	Total population	187,895	71,474	123,366	382,735	Percentage of population with a disability	23%	22%	22%
	Carms	Cere	Pembs	Total																										
Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463																										
Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499																										
Total with a disability	43152	15637	27173	85,963																										
Total population	187,895	71,474	123,366	382,735																										
Percentage of population with a disability	23%	22%	22%	22%																										

Insert breakdown of staff with a disability who may be affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation who have a disability is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.
	General Workforce data as at 31 st March 2025

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

identified data gaps in the future.	<table border="1"> <thead> <tr> <th></th> <th>Headcount</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Disabled</td> <td>718</td> <td>5.37%</td> </tr> <tr> <td>Not Disabled</td> <td>11,127</td> <td>83.28%</td> </tr> <tr> <td>Prefer Not to Say</td> <td>53</td> <td>0.40%</td> </tr> <tr> <td>Not Recorded on ESR</td> <td>1,463</td> <td>10.95%</td> </tr> <tr> <td>Total</td> <td>13,361</td> <td>100%</td> </tr> </tbody> </table>			Headcount	%	Disabled	718	5.37%	Not Disabled	11,127	83.28%	Prefer Not to Say	53	0.40%	Not Recorded on ESR	1,463	10.95%	Total	13,361	100%	
	Headcount	%																			
Disabled	718	5.37%																			
Not Disabled	11,127	83.28%																			
Prefer Not to Say	53	0.40%																			
Not Recorded on ESR	1,463	10.95%																			
Total	13,361	100%																			
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact - Disabled staff, patients and visitors, including those with physical disabilities, sensory impairments, or mental health conditions, may be disproportionately affected by changes to facilities or expectations arising from this guidance as some disabled facilities may need to be changed to make them gender neutral and accessible to all. - Disabled trans staff may rely more heavily on specific facilities, changes to provision may cause increased distress or practical barriers.	Opportunities for improvement / mitigation - The Health Board will ensure that accessible facilities remain available for those who need them. - Individual needs will be addressed through reasonable adjustments, supported by the Health and Wellbeing Passport and, where appropriate, Occupational Health input.																			
Provide a brief summary of the positive impacts you have identified.	N/A																				
If you have determined no impact, please provide a brief explanation.	No Impact																				

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.		Positive	✓
		Negative	✓
		No Impact	
Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication.		
Insert breakdown of staff gender reassignment information affected by your specific service/area of work. If no information is available, please state that here including how you	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

plan to address any identified data gaps in the future.					
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	<table border="1"> <thead> <tr> <th data-bbox="367 384 1238 416">Negative Impact</th><th data-bbox="1238 384 2192 416">Opportunities for improvement / mitigation</th></tr> </thead> <tbody> <tr> <td data-bbox="367 416 1238 1426"> • There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff, patients and visitors. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff and patients with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff and patient experience. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff and visitors may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment. </td><td data-bbox="1238 416 2192 1426"> • Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The guidance confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The guidance reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The guidance clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements. </td></tr> </tbody> </table>	Negative Impact	Opportunities for improvement / mitigation	• There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff, patients and visitors. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff and patients with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff and patient experience. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff and visitors may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	• Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The guidance confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The guidance reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The guidance clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.
Negative Impact	Opportunities for improvement / mitigation				
• There is a potential for increased restriction or perceived restriction of access to facilities (such as toilets, changing rooms and clinical environments), which may lead to uncertainty or distress for trans staff, patients and visitors. • Trans staff may experience heightened anxiety, exclusion, or reduced confidence in being open about their identity in the workplace. • There is a risk of increased discrimination, harassment, microaggressions, or inappropriate challenge from colleagues. • Tensions may arise between staff and patients with different protected characteristics (for example, sex and gender reassignment), particularly in relation to facilities use. • There may be inconsistent application of case-by-case decisions by managers, leading to variation in staff and patient experience. • Facilities such as toilets and changing rooms may be limited in some locations, meaning staff and visitors may need to travel further to access appropriate provision. There is a risk of individuals being inadvertently “outed” where confidentiality is not appropriately maintained. • Biological sex-based decision-making, if not handled sensitively and proportionately, may lead to feelings of exclusion or unfair treatment.	• Provide training for managers on lawful, inclusive practice, including balancing competing rights and applying case-by-case decisions consistently. • Refer to the new guidance for staff covering facilities use, confidentiality, and expected standards of behaviour. • Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, privacy, and safety, including provision of unisex or single-occupancy options wherever possible. • The guidance confirms that no member of staff will be left without access to safe and appropriate facilities, and that interim arrangements will be agreed where required. • The guidance reinforces that staff must not challenge, question, or attempt to ‘police’ another individual’s use of facilities, and that concerns should be managed through formal channels. • Maintain strict confidentiality regarding an individual’s trans status, in line with legal requirements and organisational policy. • The guidance clearly communicates that protections under the Equality Act 2010, including gender reassignment, remain in place. • Continue engagement with trans staff and relevant staff networks to understand lived experience and inform ongoing improvements.				

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	• Staff may misinterpret recent legal developments as permission to challenge or exclude colleagues inappropriately. • These factors may contribute to reduced wellbeing, potential disengagement, and increased turnover among trans staff, as well as reputational risk for the organisation •	
Provide a summary of the positive impacts you have identified.	Positive Impact • Clearer legal framework may support more consistent decision-making were applied well • This guidance sets out how trans staff, patients and visitors should be supported in a consistent, inclusive and dignified manner. • The guidance highlights that it is a criminal offence to disclose information about a person's gender history, where this has been obtained in an official capacity, without their consent.	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to marriage and civil partnership, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this policy.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity		Positive	
Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct adverse impact has been identified; however, staff who are pregnant or returning from maternity leave may experience uncertainty regarding changes to workplace facilities or expectations. Clear communication will be provided to staff returning from leave, and where concerns arise regarding privacy or facilities, appropriate arrangements will be discussed and implemented to ensure dignity and wellbeing are maintained.		

How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality								Positive		
People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.								Negative		✓
								No Impact		
If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data									
	Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by race/ethnicity or nationality.									
	General population data									
	County		Carms		Cere		Pembs		Total	
	Ethnicity		Value	%	Value	%	Value	%	Value	%
	Total: All usual residents		187,898	100	71,473	100	123,359	100	382,730	100
Asian, Asian British or Asian Welsh		2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2	
Black, Black British, Black		455	0.2	366	0.5	244	0.2	1,065	0.3	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

	Welsh, Caribbean or African																																
	Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1																								
	White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97																								
	Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3																								
	Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4																								
Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their race/ethnicity or nationality is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.																																
	<table><tr><th></th><th>Headcount</th><th>%</th></tr><tr><td>Asian or Asian British</td><td>735</td><td>5.50%</td></tr><tr><td>Black or Black British</td><td>185</td><td>1.38%</td></tr><tr><td>Mixed</td><td>119</td><td>0.89%</td></tr><tr><td>White</td><td>11,425</td><td>85.52%</td></tr><tr><td>Any Other Ethnic Group</td><td>210</td><td>1.57%</td></tr><tr><td>Not Recorded on ESR</td><td>687</td><td>5.14%</td></tr><tr><td>Total</td><td>13,361</td><td>100%</td></tr></table> General Workforce data as at 31 st March 2025											Headcount	%	Asian or Asian British	735	5.50%	Black or Black British	185	1.38%	Mixed	119	0.89%	White	11,425	85.52%	Any Other Ethnic Group	210	1.57%	Not Recorded on ESR	687	5.14%	Total	13,361
	Headcount	%																															
Asian or Asian British	735	5.50%																															
Black or Black British	185	1.38%																															
Mixed	119	0.89%																															
White	11,425	85.52%																															
Any Other Ethnic Group	210	1.57%																															
Not Recorded on ESR	687	5.14%																															
Total	13,361	100%																															
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation	Negative Impact - Staff from different cultural or ethnic backgrounds may have differing perspectives on gender identity, which may influence understanding of, or response to, the guidance. - Staff who are both trans and from ethnic minority backgrounds may experience compounded discrimination and barriers.					Opportunities for improvement / mitigation - The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups. - The guidance will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback.																											

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

actions align with the relevant negative impact.		Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.
Provide a brief summary of the positive impacts you have identified.	N/A	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.							Positive	
							Negative	✓
							No Impact	

If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by religion, belief or non belief.								
	General Population Data								
	County	Carms		Cere		Pembs		Total	
	Religion	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100
	No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
	Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
	Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
	Hindu	419	0.2	158	0.2	161	0.1	738	0.2
	Jewish	103	0.1	75	0.1	58	0	236	0.1
Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6	
Sikh	177	0.1	35	0	32	0	244	0.0	
Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7	
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8	

Insert breakdown of Religion or Belief (or non-belief) of staff affected by your	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation, as well as their religion or belief (or non-belief) is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.
--	---

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.		Headcount	%
	Atheism	2,324	17.39%
	Buddhism	82	0.61%
	Christianity	5,694	42.62%
	Hinduism	135	1.01%
	Islam	190	1.42%
	Jainism	3	0.02%
	Judaism	8	0.06%
	Sikhism	7	0.05%
	Other	1,415	10.59%
	I Do Not Wish to Disclose my Religion/Belief	2,464	18.45%
	Not Recorded on ESR	1,039	7.78%
	Total	13,361	100%
	General Workforce data as at 31 st March 2025.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact - Some staff and patients may hold strong views about sex and gender, increasing the risk of conflict - Risk of sharing facilities with members of the opposite sex	Opportunities for improvement / mitigation - Ensure that all staff, patients and visitors can access facilities in a way that maintains dignity, safety, and respect - Decisions will be made on a case-by-case basis, ensuring that any actions are lawful, proportionate, and do not result in discrimination or harassment. - Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.	
Provide a brief summary of the positive impacts you have identified.	N/A		

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	No Impact
---	------------------

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?								Positive	✓																																												
								Negative	✓																																												
								No Impact																																													
If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	General Population data																																																				
	<table border="1"> <thead> <tr> <th>County</th> <th colspan="2">Carms</th> <th colspan="2">Cere</th> <th colspan="2">Pembs</th> <th colspan="2">Total</th> </tr> <tr> <th>Gender</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>All persons</td> <td>187,897</td> <td>100</td> <td>71,475</td> <td>100</td> <td>123,360</td> <td>100</td> <td>382,732</td> <td>100.0</td> </tr> <tr> <td>Male</td> <td>91,685</td> <td>48.8</td> <td>34,963</td> <td>48.9</td> <td>60,071</td> <td>48.7</td> <td>186,719</td> <td>48.8</td> </tr> <tr> <td>Female</td> <td>96,212</td> <td>51.2</td> <td>36,512</td> <td>51.1</td> <td>63,289</td> <td>51.3</td> <td>196,013</td> <td>51.2</td> </tr> </tbody> </table>									County	Carms		Cere		Pembs		Total		Gender	Value	%	Value	%	Value	%	Value	%	All persons	187,897	100	71,475	100	123,360	100	382,732	100.0	Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8	Female	96,212	51.2	36,512	51.1	63,289	51.3	196,013
County	Carms		Cere		Pembs		Total																																														
Gender	Value	%	Value	%	Value	%	Value	%																																													
All persons	187,897	100	71,475	100	123,360	100	382,732	100.0																																													
Male	91,685	48.8	34,963	48.9	60,071	48.7	186,719	48.8																																													
Female	96,212	51.2	36,512	51.1	63,289	51.3	196,013	51.2																																													
Insert breakdown of the Sex of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and will be included in the female/male data if they have selected their sex when asked the question, based on their gender identity. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.																																																				
	<table border="1"> <thead> <tr> <th></th> <th>Headcount</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>10,573</td> <td>79.13%</td> </tr> <tr> <td>Male</td> <td>2,788</td> <td>20.87%</td> </tr> <tr> <td>Total</td> <td>13,361</td> <td>100%</td> </tr> </tbody> </table> General Workforce data as at 31st March 2025.										Headcount	%	Female	10,573	79.13%	Male	2,788	20.87%	Total	13,361	100%																																
	Headcount	%																																																			
Female	10,573	79.13%																																																			
Male	2,788	20.87%																																																			
Total	13,361	100%																																																			

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • The guidance may have differing impacts based on sex, particularly in relation to access to single-sex facilities. • Some staff, patients and visitors may have concerns regarding privacy, dignity, or safety when sharing facilities. • Risk of sharing facilities with members of the opposite sex	Opportunities for improvement / mitigation • Decisions regarding facilities will be made on a case-by-case basis, balancing the rights of all individuals. • Wherever possible, alternative options such as single-occupancy or unisex facilities will be made available to support the dignity, privacy, and safety of all staff, patients and visitors. • Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.
Provide a summary of the positive impacts you have identified.	Positive Impact • Some staff and patients may feel reassured by clearer definitions linked to single-sex provision	
If you have determined no impact, please provide a brief explanation.	No Impact	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.		Positive ✓
		Negative ✓
		No Impact

If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Population data Population data from the ONS Census 2021 states that those who said their gender identity was different to their sex registered at birth was 0.54% for Wales, with Ceredigion having the highest percentage at 0.7%. However, this estimate needs to be used with caution as research by the ONS, on patterns of data indicates that some respondents who are not trans may have interpreted and answered the question incorrectly. Additionally, those who chose not to answer this question cannot be dismissed as they may be trans and chose not to disclose. Therefore, the percentage of 0.54% should be used as a broad indication. Numbers are so small, it is not possible to provide a breakdown of trans patients by sexual orientation.																																																																																																		
	General population data <table border="1"> <thead> <tr> <th></th> <th colspan="8">County</th> </tr> <tr> <th></th> <th colspan="2">Carms</th> <th colspan="2">Ceredigion</th> <th colspan="2">Pembs</th> <th colspan="2">Totals</th> </tr> <tr> <th>Sexual Orientation</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> <th>Value</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total: All usual residents aged 16 years and over</td> <td>155,485</td> <td>100</td> <td>61,390</td> <td>100</td> <td>102,550</td> <td>100</td> <td>319,425</td> <td>100.0</td> </tr> <tr> <td>Straight or Heterosexual</td> <td>139,511</td> <td>89.7</td> <td>51,998</td> <td>84.7</td> <td>92,094</td> <td>89.8</td> <td>283,603</td> <td>88.1</td> </tr> <tr> <td>Gay or Lesbian</td> <td>1,845</td> <td>1.2</td> <td>941</td> <td>1.5</td> <td>1,093</td> <td>1.1</td> <td>3,879</td> <td>1.3</td> </tr> <tr> <td>Bisexual</td> <td>1,500</td> <td>1.0</td> <td>1,617</td> <td>2.6</td> <td>1,050</td> <td>1</td> <td>4,167</td> <td>1.5</td> </tr> <tr> <td>Pansexual</td> <td>120</td> <td>0.1</td> <td>150</td> <td>0.2</td> <td>80</td> <td>0.1</td> <td>350</td> <td>0.2</td> </tr> <tr> <td>Asexual</td> <td>79</td> <td>0.1</td> <td>140</td> <td>0.2</td> <td>52</td> <td>0.1</td> <td>271</td> <td>0.1</td> </tr> <tr> <td>Queer</td> <td>23</td> <td>0.0</td> <td>49</td> <td>0.1</td> <td>12</td> <td>0</td> <td>84</td> <td>0.0</td> </tr> <tr> <td>All other sexual orientations</td> <td>100</td> <td>0.1</td> <td>90</td> <td>0.1</td> <td>75</td> <td>0.1</td> <td>265</td> <td>0.1</td> </tr> </tbody> </table>		County									Carms		Ceredigion		Pembs		Totals		Sexual Orientation	Value	%	Value	%	Value	%	Value	%	Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0	Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1	Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3	Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5	Pansexual	120	0.1	150	0.2	80	0.1	350	0.2	Asexual	79	0.1	140	0.2	52	0.1	271	0.1	Queer	23	0.0	49	0.1	12	0	84	0.0	All other sexual orientations	100	0.1	90	0.1	75	0.1	265
	County																																																																																																		
	Carms		Ceredigion		Pembs		Totals																																																																																												
Sexual Orientation	Value	%	Value	%	Value	%	Value	%																																																																																											
Total: All usual residents aged 16 years and over	155,485	100	61,390	100	102,550	100	319,425	100.0																																																																																											
Straight or Heterosexual	139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1																																																																																											
Gay or Lesbian	1,845	1.2	941	1.5	1,093	1.1	3,879	1.3																																																																																											
Bisexual	1,500	1.0	1,617	2.6	1,050	1	4,167	1.5																																																																																											
Pansexual	120	0.1	150	0.2	80	0.1	350	0.2																																																																																											
Asexual	79	0.1	140	0.2	52	0.1	271	0.1																																																																																											
Queer	23	0.0	49	0.1	12	0	84	0.0																																																																																											
All other sexual orientations	100	0.1	90	0.1	75	0.1	265	0.1																																																																																											
Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work.	Staff data The Health Board does not currently hold robust or complete workforce data in relation to gender reassignment, and disclosure rates are recognised to be low. As a result, the precise number of trans staff within the organisation is not known and may be underestimated. This has been identified as a data gap, and opportunities to improve workforce equality monitoring will be explored in line with data protection and staff confidentiality considerations.																																																																																																		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.	<table border="1"> <thead> <tr> <th></th><th>Headcount</th><th>%</th></tr> </thead> <tbody> <tr> <td>Bisexual</td><td>153</td><td>1.15%</td></tr> <tr> <td>Gay or Lesbian</td><td>195</td><td>1.46%</td></tr> <tr> <td>Heterosexual or Straight</td><td>10,585</td><td>79.22%</td></tr> <tr> <td>Not Stated – Person Asked but Declined to Provide a Response</td><td>1,358</td><td>10.16%</td></tr> <tr> <td>Not Recorded on ESR</td><td>1,025</td><td>7.67%</td></tr> <tr> <td>Other Sexual Orientation Not Listed</td><td>28</td><td>0.21%</td></tr> <tr> <td>Undecided</td><td>17</td><td>0.13%</td></tr> <tr> <td>Total</td><td>13,361</td><td>100%</td></tr> </tbody> </table> General Workforce data as at 31st March 2025.		Headcount	%	Bisexual	153	1.15%	Gay or Lesbian	195	1.46%	Heterosexual or Straight	10,585	79.22%	Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%	Not Recorded on ESR	1,025	7.67%	Other Sexual Orientation Not Listed	28	0.21%	Undecided	17	0.13%	Total	13,361	100%	
	Headcount	%																											
Bisexual	153	1.15%																											
Gay or Lesbian	195	1.46%																											
Heterosexual or Straight	10,585	79.22%																											
Not Stated – Person Asked but Declined to Provide a Response	1,358	10.16%																											
Not Recorded on ESR	1,025	7.67%																											
Other Sexual Orientation Not Listed	28	0.21%																											
Undecided	17	0.13%																											
Total	13,361	100%																											
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact It is recognised that there may be differing views within the LGBTQ+ community, which could lead to tension in some cases.	Opportunities for improvement / mitigation - The Health Board will ensure that equality and inclusion training is culturally informed and promotes understanding across diverse groups. - The guidance will be sent for global consultation to ensure staff from a range of backgrounds have an opportunity for input and feedback. - The guidance confirms that no member of staff, patients or visitors will be left without access to safe and appropriate facilities. - Enfys staff network will continue to provide peer support to all members and allow for continuous engagement with trans staff to understand lived experience and inform ongoing improvements and foster good relations between those who share a protected characteristic and those who do not.																											
Provide a summary of the positive impacts you have identified.	Positive Impact The guidance is expected to have a positive impact on LGBTQ+ staff by reinforcing an inclusive and respectful workplace																												

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

If you have determined no impact, please provide a brief explanation.	No Impact
---	------------------

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <u>Armed-Forces-Covenant-duty-statutory-guidance</u>		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to armed forces, and it is not anticipated that individuals with this protected characteristic will be treated differently or experience differential outcomes as a result of this guidance.		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact No direct impact has been identified in relation to socio-economic status, and individuals from different socio-economic backgrounds are not expected to be affected differently from other staff as a result of this guidance.		

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		Positive	
		Negative	
		No Impact	✓
If you have determined no impact, please provide a brief explanation.	No Impact The opportunity for staff to use the Welsh language will remain the same as a result of this guidance.		

Additional considerations	
In addition to the above protected characteristics please consider impact on the following: • Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers) • Unpaid Carers • Individuals and communities who experience Digital Exclusion • Rural and Urban communities	
No direct impact has been identified for vulnerable groups. However, it is recognised that individuals from these groups may be more likely to experience marginalisation or barriers within the workplace more broadly, and where this intersects with gender identity, there may be an increased risk of exclusion or discrimination. The Health Board will ensure that all staff, patients and visitors are treated with dignity and respect, and that any concerns are addressed through appropriate support mechanisms.	
Intersectionality	
It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.	
Example: The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqlA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.	

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation?

The Health Board recognises that individuals may experience the impact of this policy differently where they have more than one protected characteristic. For example:

- a trans person with a disability may be more reliant on specific facilities
- a trans person from an ethnic minority background may experience compounded discrimination
- staff and patients with strong religious beliefs may experience tension in relation to facilities use.

These overlapping factors have been considered, and a flexible, case-by-case approach will be taken to ensure that all staff, patients and visitors are treated with dignity and respect. Resolution of any issues will be supported by the Respect and Resolution policy for staff and the Listening to People Regulations for patients and visitors.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: an **opportunity/impact score** and a **likelihood score**. The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores will automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Opportunity/impact Score x Likelihood Score = Total Score)

OPPORTUNITY AND IMPACT			
IMPACT	SCORE		The proposed change is anticipated to lead to the following level of opportunity and/or impact:
Positive	5	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities.
Neutral	0	Neutral	(Neutral): No effect, either positive or negative.
Negative	-1	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery.
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occurring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD	OPPORTUNITY							IMPACT				
		5	4	3	2	1	0	-1	-2	-3	-4	-5
	5	25	20	15	10	5	0	-5	-10	-15	-20	-25
	4	20	16	12	8	4	0	-4	-8	-12	-16	-20
	3	15	12	9	6	3	0	-3	-6	-9	-12	-15
	2	10	8	6	4	2	0	-2	-4	-6	-8	-10
	1	5	4	3	2	1	0	-1	-2	-3	-4	-5
CATEGORY												
	Excellent opportunity							Extreme risk				
	Good opportunity							High risk				
	Moderate opportunity							Moderate risk				
	Minor opportunity							Low risk				

- To access the scoring table below you will need to double click on the table to open an editable version.
- To close the scoring table, you need to click to the side of the table.
- The information you input will remain when you click back on the word document.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity* / Impact Rating**	*IIA Matrix		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Opportunity/Impact	Likelihood	Total Score
Age			X		* positive rating			0
					** negative rating	-1	1	-1
Disability			X		* positive rating			0
					** negative rating	-2	3	-6
Gender Reassignment	X		X		* positive rating	1	3	3
					** negative rating	-1	3	-3
Marriage and Civil Partnership					* positive rating			0
					** negative rating			0
Pregnancy and Maternity					* positive rating			0
					** negative rating			0
Race/Ethnicity or Nationality			X		* positive rating			0
					** negative rating	-1	2	-2
Religion or Belief			X		* Positive rating			0
					** negative rating	-1	2	-2
Sex	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Sexual Orientation	X		X		* positive rating	1	1	1
					** negative rating	-1	2	-2
Armed Forces					* positive rating			0
					** negative rating			0
Socio-economic Deprivation					* positive rating			0
					** negative rating			0
Welsh Language					* positive rating			0
					** negative rating			0

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Section 5: Outcome and Actions

This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.	Yes
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	

	Actions - Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. - Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	Assigned to	Target Review Date	Completion Date	Comments/ Update
1.	What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected? Complaints, respect and resolutions, trans staff retention and recruitment.	Eiddan Harries	10/12/2026		Check 6 monthly
2.	Review guidance for any updates that may be needed once EHRC guidance has been approved by government	Eiddan Harries	10/6/2027		Update if EHRC guidance approved earlier
3.	This EqlA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.	Eiddan Harries	10/6/2027		
4.	Facilitate Trans Awareness Training for staff.	Eiddan harries	10/6/2027		Earlier if any complaints received

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

Section 6: Authorisation

Ensure that the details for the person completing, as well as the person authorising/owning the EqlA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqlA and if required provided guidance.

EqlA Completed by:	Name/s	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Team / Division	Business, Partnership & Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	10/6/2026
EqlA Authorised by/Owned by: • Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy • Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Team / Division	Business Partnerships and Inclusion
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	11/06/2026
Guidance has been provided by Diversity & Inclusion Team: (to be completed by Diversity and Inclusion team only)	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Team	Business Partnerships and Inclusion
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	11/06/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.



cymru iach ar waith
Healthy Working Wales

Breastfeeding in the workplace

Toolkit

August 2026



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Contents

- Why breastfeeding in the workplace matters: Information for organisations
- Breastfeeding Charter – Your first steps
- Information for managers – Turning policy into action
- Toolbox talk – Awareness training for managers
- Breastfeeding Passport example
- Success stories – How others have made it work
- Frequently asked questions
- Useful links and further support
- Information for employees

Acknowledgements

This toolkit has been developed collaboratively with a number of partners. We are grateful to all organisations who have supported the creation of this document.

Commented [RE1]: Logos to be adjusted at design stage



Why breastfeeding in the workplace matters: Information for organisations

This toolkit is designed to support employers across Wales in creating inclusive, family-friendly working environments that enable employees to continue breastfeeding when they return to work. Its purpose is to support current guidance and local policy and not replace them.

This toolkit provides workplaces with a charter along with clear, practical guidance on legal responsibilities, workplace policies and best practice, helping organisations understand the needs of breastfeeding parents. In turn the workplace can implement simple, effective measures such as flexible working, appropriate facilities and supportive management approaches. Supporting employees to continue breastfeeding offers significant benefits to workplaces:

- **Retaining employees** – staff are more likely to stay, reducing recruitment and training costs.
- **Boosting reputation** – creating a breastfeeding-friendly environment strengthens your organisation's reputation for supporting workforce wellbeing and social responsibility.
- **Saving money** – support for breastfeeding can lead to fewer sick days due to healthier mothers and babies, while promoting sustainability and reducing long-term costs.

Breastfeeding is recommended for six months exclusively and for two years and beyond alongside solid food. Despite this, many employees stop breastfeeding due to perceived or actual challenges faced when returning to work. Responses to a Public Health Wales (PHW) survey found that employee experiences varied widely, demonstrating a lack of consistency in support. This toolkit will help you understand what you can do to support employees who are breastfeeding.

You can also find [advice on supporting employees who are new mothers](#) (opens in a new window) on the HSE website.

Breastfeeding charter- Your first steps

This document provides a clear framework for supporting nursing parents in the workplace and employers can demonstrate their commitment to best practice by implementing its standards. Organisations may wish to write comments or add links to show their commitment.

Requirement	Best Practice	Commitment
Breastfeeding Policy <i>this may be part of another workplace policy</i>	A policy is good practice to promote and normalise breastfeeding at work. It can include any measures to support breastfeeding employees such as dedicated facilities and additional breaks.	
Training	Line managers should understand their legal obligations and good practice around supporting breastfeeding employees. A “toolbox talk” Powerpoint presentation is available from HWW to support this.	
Breastfeeding ‘Passport’	A document that can be used to record individual plans- see example below.	
Communication	It is good practice to discuss breastfeeding before maternity leave and on returning to work. Conversations should be recorded. It should be recognised that employees may not be comfortable to bring up the subject themselves.	
Additional breaks or temporary role/ shift changes	It is good practice to provide additional breaks for breastfeeding or expressing milk. Temporary role or shift changes may also be required following a risk assessment.	
Facilities for breastfeeding/ expressing	Depending on the size and nature of the workplace, this could include an identified room or rooms or could be considered on an individual basis. It is important facilities are private, and employees are not interrupted. This can be achieved by developing a schedule, signage or a lockable door.	

Facilities for milk storage	Expressed milk should be kept refrigerated below 4°C if possible. For community staff, cool bags could be considered.	
-----------------------------	---	--

Information for Managers: Turning policy into action

Quick checklist

Before maternity Leave	Before the employee returns	On return	First 3 months
Raise the topic sensitively	Ask if they plan to breastfeed or express at work	Complete breastfeeding support discussion and risk assessment	Review breastfeeding support discussion and risk assessment
Provide the breastfeeding passport	Schedule time for a breastfeeding support discussion and risk assessment	Finalise breastfeeding passport	Check if any needs have changed
Explain the policy and employee rights	Update rotas or cover as needed	Confirm room access and arrangements	Escalate any issues early
Explain what facilities are available	Make sure facilities are available	Remind the team about respect and inclusion.	Update passport if required

Your role as a manager

Complete relevant training on breastfeeding in the workplace, such as the toolbox talk accompanying this toolkit. Ensure you understand your legal obligations including risk assessments for breastfeeding employees.

Inform employees about available support before maternity leave, and start breastfeeding support discussions early. Agree mutually acceptable arrangements to support continued breastfeeding, following your organisation’s policy, and record these in the Breastfeeding Passport. Refer to occupational health if required and follow any advice provided.

Complete and review breastfeeding support discussion and risk assessments regularly (every 2–3 months). Adjustments to accommodate breastfeeding are often short term and temporary. Promote a respectful and supportive team culture and seek advice within the organisation if needed.

The same accommodations should be considered for breastfeeding employees who have not given birth.

Starting the conversation

It's not always easy to talk about breastfeeding, but it is important that you raise the subject. Before maternity leave, you can highlight the support available by saying:

“Just so you are aware, of course it is a long way off but if you'd like to continue breastfeeding when you return to work we will make a plan to support you.”

You can ask employees who are due to return:

“Would you like to discuss breastfeeding? Support is available for breastfeeding in the workplace.”

You could signpost to/ provide the information for employees provided in this toolkit.

What makes a suitable room?

Must have	Helpful extras
Private and lockable- privacy in shared spaces can be achieved by, for example, signage and clear scheduling	Plug socket
Not a toilet, but toilets nearby	
Clean and hygienic	Table or surface
Comfortable seating	Sink in the room
Access to handwashing facilities	Soft lighting
Accessible (including for disabilities)	'Room in use' sign
A space to lie down / rest	A schedule for room users if required

Flexible breaks

Employees may need 2–3 breaks in a full working day, but this is highly variable, may change over time, and should be considered on an individual basis.

You can support this by:	Avoid:
Staggering breaks	Asking employees to use a toilet
Adjusting start/ finish times	Treating breaks as a problem
Allowing longer breaks	Rushing or pressuring the employee
Temporary task swapping	Suggesting formula feeding

Temporary role changes

With agreement between the employee and employer you may wish to consider role / hour changes for a temporary period. This may be appropriate in some workplaces where it is unsafe or inconvenient for the breastfeeding mother to

express/ feed whilst in their current job role or shift pattern. For example, it may be appropriate to temporarily remove an employee from night time working. This should be considered on an individual basis; using existing workplace policies such as flexible working could be considered.

Managing the team

You may get questions from colleagues. Your approach should be:

- Keep information confidential
- Reinforce expectations of respect
- Explain that the team will share workload fairly

If concerns are raised, you can say:

“These arrangements support an employee’s health and wellbeing, just as we would for anyone. Let’s work together to manage the workload fairly.”

Legal responsibilities

You must follow relevant legislation, including:

- Equality Act 2010
- Employment Rights Act 1996
- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999

Employees are protected from discrimination, harassment, and unreasonable lack of support. A risk assessment must be carried out for breastfeeding employees.

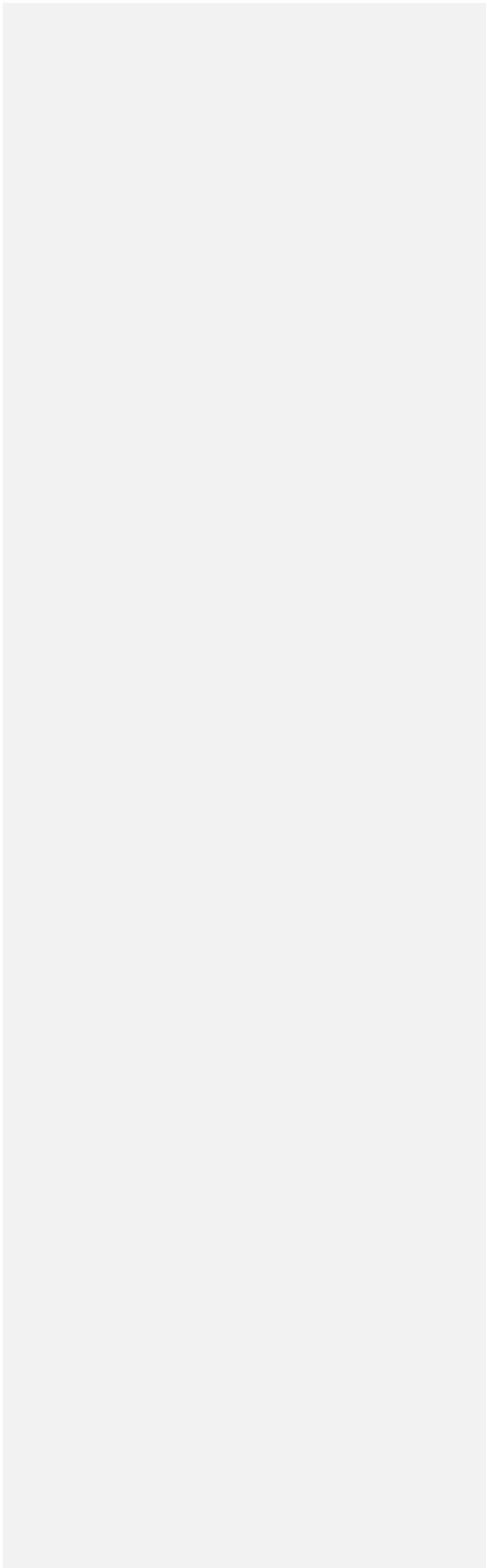
When to get support

Escalate within the organisation if:

- No suitable space is available
- There are staffing or workload concerns
- Team conflict arises
- You’re unsure how to handle a situation

Toolbox talk: Awareness training for managers

A Powerpoint “toolbox talk” is available from HWW, outlining the responsibilities of employees with managerial responsibilities in the workplace.



Breastfeeding Passport example

Employee Details	
Name	
Job Title	
Department	
Manager	
Expected Return Date	
Breastfeeding support discussion 1: Before starting maternity leave	
Date:	
Start breastfeeding support discussion and highlight organisational arrangements.	
Breastfeeding support discussion 2: Before returning to work	
Date:	
Risk assessment and breastfeeding support discussion completed.	Comments:
Agreed actions- to include: • Role/ hours changes • Breaks arrangements • Suitable space • Storage • Any other arrangements	
Agreement confirming that the above arrangements have been discussed and agreed.	
Date	
Employee signature	Manager signature
Ongoing breastfeeding support discussions- please note any adjustments	
Date:	
Date:	
Date:	

Success stories - how others have made it work

Fun Foundations

Established in 2010, Fun Foundations has two nurseries in the Vale of Glamorgan. As part of their inclusive approach when employees return from maternity leave, they make sure to support breastfeeding in the workplace.

This includes discussing individual needs, carrying out risk assessments and providing suitable spaces for employees to express and store milk. Through working with HWW, they have enhanced their commitment to employee health and wellbeing, including keeping up to date with health campaigns like Breastfeeding Awareness Week.

Public Health Wales – Breastfeeding facilities

Public Health Wales introduced 'The Nest', a dedicated wellbeing space that includes a parent's area for breastfeeding and expressing milk. Developed in partnership with staff networks and employee groups, it provides a private and comfortable environment that supports both parenting and wellbeing needs.

By providing visible and practical support for employees returning from maternity leave, Public Health Wales has strengthened support for breastfeeding staff and raised awareness of breastfeeding-friendly practices.

"At Public Health Wales we want to support all families in Wales to breastfeed for as long as they would like to, and that starts with our staff." Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance.

Good practice examples from Public Health Wales survey

- A member of staff was provided with a lockable room with a "room in use" sign to avoid disturbance, with a radio and fan for comfort. When her baby was unwell arrangements were made for her partner to bring the baby in for feeding and comfort. The same arrangements were available to other employees.
- Longer lunch breaks were permitted for mothers to go home to feed where possible, or extra breaks provided for expressing. Shift changes considered to support continued breastfeeding.
- A department adapted shift patterns to ensure staff could get home for bedtime feeds, and allowed additional breaks.

Commented [RE2]: Photos to be added at design stage

Frequently asked questions for managers

When should I speak to an employee about breastfeeding support?

You should **initiate the conversation**:

- **During pregnancy (antenatally)**
- **Before maternity leave**
- **Before their return**

Employees often feel uncomfortable raising the topic themselves.

What are my responsibilities once an employee notifies me?

You must:

- Ensure a **breastfeeding friendly environment**.
- Complete the **Breastfeeding Passport** with the employee.
- Carry out a **risk assessment on return**.
- Identify and provide **appropriate facilities**.
- Agree **an individualised action plan**.
- Treat information confidentially and respectfully.
- Promote a **positive, inclusive culture** among the wider team.

How do I arrange breaks for expressing?

Work with your employee to:

- Identify suitable times
- Minimise operational disruption
- Maintain fairness within the team.

Breaks must be **reasonable and flexible**, recognising that expressing needs vary.

What if service pressures make it difficult?

Breastfeeding needs are a legal health and safety requirement. Managers must make reasonable arrangements and escalate if barriers arise.

How can I support cultural or religious needs?

Some employees may have specific modesty, privacy, or cultural requirements affecting breastfeeding. Discuss these sensitively and take reasonable steps to meet them.

What should I do if colleagues react negatively?

Managers must:

- Address inappropriate comments or behaviours immediately
- Uphold **Dignity at Work** expectations
- Model supportive behaviour
- Communicate expectations clearly within the team

Where can I signpost an employee who needs breastfeeding support?

The National Breastfeeding Helpline provides support via phone and direct message 24 hours a day- see below for link.

Further links and support

- [Healthy Working Wales](#)
- [Advisory, Conciliations and Arbitration Service \(ACAS\)](#)
- [Health and Safety Executive \(HSE\)](#)
- [National Breastfeeding Helpline](#)
- [Reading University toolkit](#)
- [All Wales Breastfeeding Action Plan](#)
- [Dewis Cymru](#)- search for Breastfeeding Friendly locations near you.

Information for employees

This information can be useful to share with employees so they understand policies and procedures in place if they wish to express or breastfeed when they return after maternity leave.

You may wish to change the information to reflect your individual policy, handbook and procedures you have in place. We recommend these are shared with the employee before they commence their maternity leave.

Your role as an employee

Discuss your breastfeeding needs with your manager before returning from maternity leave and throughout your breastfeeding journey. Inform your manager in writing if you plan to continue breastfeeding when you return to work. Your health visitor can advise you about combining breastfeeding and work.

Participate in breastfeeding support discussions and risk assessments. Complete the Breastfeeding Passport in collaboration with your manager and keep them informed of any changes. Follow any health and safety guidance relevant to your role and breastfeeding needs.

Treat colleagues with respect and contribute to a positive and supportive workplace culture. Seek advice or additional support if required.

Starting the conversation

Returning to work while continuing to breastfeed can feel daunting, but support is available. We encourage employees to talk to their manager about their breastfeeding plans before returning to work so that suitable arrangements can be discussed and put in place.

You may wish to start the conversation by saying:

"I plan to continue breastfeeding when I return to work and would like to discuss what support may be available."

Or:

"Could we arrange some time to discuss breastfeeding support before I return from maternity leave?"

Starting the conversation early can help ensure that any support, adjustments or facilities you may need are in place before you return to work.

Frequently asked questions for employees

Who should an employee inform if they wish to breastfeed or express milk at work?

Employees should notify their **line manager in writing** before they return from maternity leave. Early discussion is encouraged — ideally *antenatally* or as part of a KIT (Keeping in Touch) day — so suitable arrangements can be put in place.

What is the Breastfeeding Passport and who completes it?

The **Breastfeeding Passport** is a tool for employees and managers to agree practical arrangements, including facilities, break needs, storage and risk assessment requirements. It is completed jointly by the employee and line manager before returning to work and reviewed regularly.

Your employer should have an example of this that they can share with you.

What support can I expect when I return to work?

Your line manager will make an individualised plan with you, which may include:

- A **clean, private, secure room** (not a toilet).
- **Flexible breaks** for breastfeeding or expressing milk.
- Access to a **fridge** for milk storage (or you may use a cool bag).
- Temporary **change in role or working hours**.
- **Respectful, dignified treatment** from colleagues and managers at all times.

How often can I take breaks to express?

You will be allowed **reasonable flexibility** to take breaks as needed. This should be agreed in advance with your manager as part of your **Breastfeeding Passport**.

Where will I be able to express milk?

Your manager will work with you to identify a **suitable space**, with:

- A lockable door
 - A chair
 - Hand-washing facilities
 - Nearby toilet access
- Facilities must be confirmed during your discussions before returning.

Can I store my breast milk at work?

Yes, where possible you can access a **fridge** for safe storage.

If this isn't available (e.g., community roles), a **cool bag** may be used.

Do I need a risk assessment?

Yes. A breastfeeding-specific **risk assessment must be completed upon your return** and reviewed every **2–3 months** while breastfeeding continues.

What if my plans change?

Breastfeeding plans often change- that's fine.

Just update your manager so arrangements can be adjusted.

What if I feel unsupported?

If you believe you have not been appropriately supported:

- Raise the issue with your line manager, or
- Use the **policies in your organisation** to escalate concerns.

Where can I get information, support or talk through any worries?

You can find information about returning to work in Public Health Wales's Health Information for Parents booklet- see below. Your health visitor or a local peer support group can help, or you can contact the National Breastfeeding Helpline via phone or direct message, 24 hours a day.

Breastfeeding Passport example

Employee Details		
Name		
Job Title		
Department		
Manager		
Expected Return Date		
Breastfeeding support discussion 1: Before starting maternity leave		Date:
Start breastfeeding support discussion and highlight organisational arrangements.		
Breastfeeding support discussion 2: Before returning to work		Date:
Risk assessment and breastfeeding support discussion completed.	Comments:	
Agreed actions- to include: • Role/ hours changes • Breaks arrangements • Suitable space • Storage • Any other arrangements		
Agreement confirming that the above arrangements have been discussed and agreed.		Date
Employee signature	Manager signature	
Ongoing breastfeeding support discussions- please note any adjustments		
Date:		
Date:		
Date:		

Further links and support

- [Advisory, Conciliations and Arbitration Service \(ACAS\)](#)
- [Health Information for Parents](#)- see p118 for “returning to work”.
- [National Breastfeeding Helpline](#)
- [Dewis Cymru](#)- search for Breastfeeding Friendly locations near you.

This document is also available in Welsh.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Executive Director of Allied Health Professions and Health Science
Service Area	Health and Safety

Title of Procedure, Project, Proposal, Policy being screened:	767 – New and Expectant Mothers / Birthing Parents Procedure (Version 3) and 1512 – PHW Breastfeeding in the Workplace Toolkit
--	--

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Hywel Dda University Health Board (HDdUHB) recognises that certain factors arising from work may place new and expectant members of staff at risk and is committed to ensuring the continued health, safety, and welfare of these employees within the workplace. These potential risks include those arising from tasks, the working environment and physical, chemical, or biological agents.

It is important to recognise that pregnancy is not an illness and, provided that there are adequate arrangements in place, it should be possible for employees within the scope of this procedure to continue to work safely.

HDdUHB will take reasonably practicable steps to ensure that safe working environments are provided and that risks are eliminated or reduced to the lowest practicable level, and that employees, their unborn child or their babies/toddlers are not harmed.

HDdUHB considers that the welfare of all employees is important and will endeavour to ensure that each person's needs are assessed on an individual basis, following the Pregnancy Care Plan.

The Breastfeeding in the Workplace Toolkit, developed by Public Health Wales and partners, provides practical guidance for employers and managers across Wales on creating breastfeeding-friendly workplaces that support employees returning from maternity leave. It aims to help organisations meet legal and health and safety obligations, promote equality and wellbeing, and retain staff by implementing supportive measures such as breastfeeding policies, risk assessments, flexible working arrangements, suitable facilities, manager training, and individual support planning through a Breastfeeding Passport. The document also includes resources, case studies, FAQs, and information for employees to help normalise breastfeeding at work and ensure consistent, respectful support for breastfeeding parents.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Own research
Expert knowledge
Advice from Diversity staff on previous versions of EqIA for this Procedure.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: This Procedure and Toolkit will protect the health, safety and welfare of those groups of staff who are of childbearing age, expecting a baby, new mothers or birthing parents or breast-feeding by ensuring that all reasonably practicable steps are taken to provide safe working environments and eliminating/reducing risks to the lowest practicable level.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
Gender Reassignment					
Is it likely to affect those who either:					
- Have undergone, intend to undergo or are currently undergoing gender reassignment. - Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					

Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: The Procedure will protect the health, safety and welfare of those groups of staff who are of childbearing age, expecting a baby, new mothers or birthing parents or breast-feeding by ensuring that all reasonably practicable steps are taken to provide safe working environments and eliminating/reducing risks to the lowest practicable level. The toolkit supports employees throughout maternity leave planning and return to work, requiring risk assessments, support discussions and individualised arrangements with potential benefits of: • Improved transition back to work; • Better physical and mental wellbeing; • Increased confidence in returning to employment; • Reduced pressure to stop breastfeeding earlier than intended.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: The aim of the procedure is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age. The toolkit provides practical support through facilities, flexible breaks, risk assessments and supportive management arrangements, helping women remain in employment whilst continuing breastfeeding if they choose to do so.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:

The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact		Negative Impact		No Impact	x
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact		Negative Impact		No Impact	x
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact		Negative Impact		No Impact	x
-----------------	--	-----------------	--	-----------	---

Justification of impact identified:

The aim of these documents is to guide managers to identify potential risks to new and expectant members, it will not impact any groups other than those who are pregnant or of childbearing age.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Adam Springthorpe
	Title	Health & Safety Manager

	Contact details	adam.springthorpe@wales.nhs.uk
	Date	10/08/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	10/08/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	10/08/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.