Addendum A **Equality Impact Assessment Summary**

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Policy/Service: Performance & Capability Policy

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

The purpose of this policy is to help, encourage and enable employees to achieve and maintain the high standards of performance expected by the Trust and to ensure that capability issues are managed in a constructive, fair and consistent manner which complies with legal requirements.

The policy applies to all staff employed by the Trust except doctors & dentists to whom the Conduct, Capability, Ill Health and Appeals Policies and Procedures for Practitioners (Doctors and Dentists) applies.

All staff will be subject to regular performance development reviews (PDR).

Where issues of poor performance are identified they will be dealt with under this Policy. This will include situations where the employee's ability to perform the duties of the job is affected by lack of skill or aptitude and where performance requirements have changed or jobs have evolved over time.

The first Key Principal listed in the Policy is:

- all staff will be dealt with in a fair and consistent manner and in accordance with the Trust's Single Equality Scheme

The policy itself is designed to ensure that managers communicate appropriately with staff, provide suitable support to achieve objectives and provide evidence of capability problems. It is designed to prevent managers making arbitrary decisions. In practice managers have been reluctant to use the policy because it has been perceived as too difficult to manage capability problems. This view is changing due to the Manager's Toolkit training course which equips managers with the tools to be able to manager problems professionally and fairly.

The following were involved in the impact assessment:

Staff Side
Surrey Coalition for Disability
Trust BME Network
HR Business Partners/Managers/Advisors

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

A report of performance/capability management cases was obtained from ESR and the HR team considered the cases they had been involved in.

The report showed that there were a total of 9 cases recorded on ESR, 8 being female and 1 male.

Of these 7 were white British and 2 were black & ethnic minority. Of the latter 2 one raised a complaint of discrimination which was not upheld. All of those who declared religion and sexual orientation were Christian and/or heterosexual. 4 of the 8 were over 40 but none were over 50.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

As a sample of 3,200 staff it is difficult to draw any conclusions from this data. 76.2% of our staff are female so it would be expected that more females would end up in the formal capability process than males. Therefore there is neither robust statistical evidence nor any anecdotal evidence that this policy has impacted differently on any one particular group of staff.

No equality outcome issues were raised by our staff side or BME Network colleagues.

The Surrey Coalition for Disability did raise the issue of support for different groups as a result of which an additional paragraph detailing access to the policy in different languages, audio or Braille format was added.

Capability matters relating to health are dealt with separately

As with any policy/process which provides a management tool for dealing with staff issues there is the potential for this policy to be targeted at individuals or groups for discriminatory reasons. This would involve intention on the part of a manager which would be picked up by the checks and balances inherent in the process:

- the right to representation
- the necessity to give examples and provide data and evidence
- the involvement of an HR professional
- the right of appeal at the final stage
- the right that all staff have to raise either a grievance or a complaint of bullying and harassment

The Policy is also compliant with ACAS Codes of Practice.

There is at present no evidence that the policy could adversely impact on particular equalities groups unwittingly but this will be kept under review.

Conclusion

- Provide a summary of the overall conclusions

Apart from the addition noted above no further changes are deemed necessary at this time to ensure that this policy does not adversely impact on any equalities groups.

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

The impact of the policy will be reviewed in 1 year in light of a further year's data on and experience of its implementation.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)