



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Equality & Health Impact Assessment for {CAVUHB Framework for Working with Volunteers}

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHA for help and support in completing this document.

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Updated 2026-2029 Volunteer Framework and Operational Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate/Executive Angela Hughes, Assistant Director or Patient Experience Michelle Fowler, Head of Patient Experience 02921841614 Helena Robertson Reid, Voluntary Services Manager 02921847867
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	This is an existing Framework (previous dated version 2020-2025) recently updated. The Volunteer Framework will improve the experience of volunteering, including for staff, volunteers and patients/visitors. For those volunteering within the UHB we pledge to ensure the: • Creation of clearly defined volunteer roles, supported by staff side • Development and implementation of a robust recruitment process • Development of volunteer induction and training • Appropriate provision of support, supervision and management • Recognition of the volunteer contribution and the value in their role within their UHB teams • Development of opportunities to reach underrepresented communities • Development of accessibility to apply and undertake volunteering with the UHB. Voluntary Services enhances the patient experience by maximizing added value provided by volunteers through: • Developing volunteer roles and projects that support patients in a variety of settings • Continuing to evaluate and develop existing volunteer support through feedback • Developing partnerships and further collaborative working internally and externally • Ensuring a diverse mix of volunteers reflecting the diversity of our communities

		This will ensure a supportive, responsive, effective service provision that is safe, sustainable and valuable for all. The Volunteer Framework sets out how Cardiff & Vale UHB will recruit, place, manage and support volunteers. It is also intended to act as a guide and introduction to Cardiff & Vale UHB for volunteer processes and procedures.
4.	Evidence and background information considered. For example • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the design and development stages Public Health Wales Observatory Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihscc.co.uk) CAVUHB - Home (sharepoint.com)	The Framework has been developed with reference to: • The Cardiff and Vale UHB Patient Experience Framework. • The UHB's Wellbeing Strategy ("Shaping Our Future Wellbeing Strategy"). • Health and Safety Policy. • Equality, Diversity & Human Rights Policy. • Data Protection Policy. • Workforce and recruitment-related HR policies. • Bringing Respect to Work (All Wales Dignity at Work Policy). • Welsh Language Scheme. • National volunteering principles promoting inclusive, accessible and well-supported volunteering opportunities. The Volunteer Framework impacts both staff and service users/patients, as well as volunteers themselves. The Framework potentially affects a wide range of departments and services working with volunteers across Cardiff and Vale University Health Board including: • Patients, service users and their families/carers. • Volunteers, including existing and prospective volunteers. • Clinical and non-clinical staff who work alongside volunteers. • Third sector partners and community organisations involved in volunteer activities. The volunteer population is diverse and includes people from a range of ages, backgrounds, cultures, ethnicities, faiths, abilities and socioeconomic groups. The Framework includes a commitment to widening opportunities for and actively seeking volunteers to reflect the diversity of the local community. Development and implementation of the Framework involves feedback and engagement with key stakeholders, including:

- Current volunteers.
- Patients.
- Clinical and operational managers.
- Workforce and Organisational Development teams.
- Equality, Diversity and Inclusion leads.
- Trade union representatives where appropriate.

The Framework demonstrates good practice by promoting clear role definitions, fair recruitment processes, induction and training, ongoing support and supervision, equality of opportunity, and volunteer involvement that complements rather than replaces paid staff.

The Framework reflects the UHB's commitment to supporting and involving volunteers, recognising that volunteering creates positive outcomes for individuals, services and the wider organisation. The UHB is committed to providing the resources necessary for successful volunteer engagement, including staff support, management arrangements, funding and relevant materials.

The UHB is committed to developing volunteer opportunities that are meaningful, inclusive and aligned to its strategic aims and objectives, ensuring that volunteering provides a positive and rewarding experience for individuals while supporting the delivery of services.

The UHB is committed to promoting the health, safety and wellbeing of all volunteers and will take all reasonable steps to minimise the risk of physical, financial or emotional harm associated with volunteering activities. Appropriate support, guidance and safeguarding measures will be in place to protect volunteers throughout their involvement with the organisation.

The current Framework has previously been shared for consultation and information with:

- Staff Side Representatives
- Equality Manager Cardiff & Vale UHB
- Welsh Language Office Cardiff & Vale UHB
- Public Health Cardiff & Vale UHB

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The Framework potentially affects a wide range of Departments and services working with volunteers within the Cardiff and Vale UHB. All staff, patients, service users, volunteers, families of patients and carers.
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The Framework supports all ages and as an organisation we have volunteers from age 13 to mid 80s. We have in place a minimum age of 16 in patient facing/clinical areas to ensure that young volunteers are supported with age-appropriate roles in patient appropriate areas. There are areas which would not be suitable for under 18s and this is reflected in the roles that this age group are recruited to. We have also the Youth Board Volunteers who are aged 13-25 to		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	engage with and offer opportunities to young volunteers. There is no upper age limit as some research says that the perception of volunteering can negatively “affect elderly people”		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	There does not appear to be any impact. There is a broad evidence base that if ‘reasonable adjustment’ is not made for some disabled people they will be disadvantaged. The Framework takes account of this to ensure equality. The equality training in relation to the Framework will include disability considerations.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without	There is no evidence identified that the Framework will disadvantage trans people as it aims to be inclusive of all. However, it is known that Trans people may not necessarily wish to come forward based on perceptions. The issue of people’s		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
going through any medical procedures. Sometimes referred to as Trans or Transgender Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	perceptions of ‘volunteering’, ‘volunteer’ and voluntary work has been highlighted for some time. Improving the image and appeal of volunteering involves the promotion of volunteering activities and opportunities through publicity and regular advertising. The UHB approach is informative and inclusive, so that people are aware that different backgrounds, interests, motivations and degrees of commitment are catered for. An example Volunteer recruited whilst going through transition looking to further develop communication and understanding of being part of a health care environment.		
6.4 People who are married or who have a civil partner.	There is no evidence to suggest that the Framework will disadvantage this group, we risk assess when appropriate to ensure full support is given to those who are married or in a civil partnership.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	The issue of people's perceptions of 'volunteering', 'volunteer' and voluntary work has been highlighted for some time. Improving the image and appeal of volunteering involves the promotion of volunteering activities and opportunities through publicity and regular advertising. The UHB approach is informative and inclusive, so that people are aware that different backgrounds, interests, motivations and degrees of commitment are catered for.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.	There is no evidence to suggest that the Framework will disadvantage this group, we risk assess when appropriate to ensure full support is given to pregnant volunteers.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There does not appear to be any impact. There is no evidence identified that the Framework will disadvantage people of different races or nationality as the		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
The Runnymede Trust	Framework aims to be inclusive of all.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There does not appear to be any impact. There is no evidence identified that the Framework will disadvantage people of different religions/beliefs or no belief as the Framework aims to be inclusive of all.		
6.8 People who are attracted to other people of: - the opposite sex (heterosexual); - the same sex (lesbian or gay); - both sexes (bisexual) Stonewal	There does not appear to be any impact. There is no evidence identified that the Framework will disadvantage people of different sexual orientations as the Framework aims to be inclusive of all.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	There does not appear to be any impact. Welsh speaking volunteers are encouraged to converse in Welsh while supporting service users through their volunteer role. Volunteers		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	are able to wear the lanyard and/or pin badge which identifies them to patients and staff as Welsh speakers while volunteering. Benefit for the Volunteers: 1. Develop their Welsh Language skills, using the language in new environments (chatting to patients, staff and friends and family). Ultimately, helping to develop their confidence in their language skills. 2. Many of the volunteers are younger students who are using the experience to enhance their medical/nursing application. By allowing them to use their Welsh language skills, it will help in their application that they have additional language skills. Benefit for the patients and the organisation 1. Patients who prefer to speak Welsh will enjoy volunteers services in Welsh, enhancing their		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	patient outcomes and experience. Improve recruitment of volunteers with Welsh language speakers - many of the volunteers are future healthcare workers. Volunteers also have access to Welsh courses and groups to learn/develop their Welsh Language skills.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There does not appear to be any impact. Income has no impact on the potential of an individual applying to become a volunteer at the Health Board. Travel/Out of Pocket expenses are available to all volunteers.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There does not appear to be any impact. The UHB approach is informative and inclusive, so that people are aware that different backgrounds, interests, motivations and degrees of commitment are catered for.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There does not appear to be any impact. We currently work in partnership with organisations that support Asylum Seekers and refugees to engage in volunteer roles that are of interest, we have engaged and recruited those with a health-related background, nurses, dieticians and doctors as examples. Engaging with Local Authority supporting individuals displaced.		

HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	Out of pocket expenses are reimbursed to volunteers for example travel expenses and luncheon vouchers are available where applicable.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation services, weight management services etc.	During the induction process volunteers are made aware of Public Health support/services/training available (example: Smoking Cessation and Making every Contact Count). During the training process volunteers have access to Making Every Contact Count Training. All Volunteers are able to access flu vaccination on an annual basis. Public Health Information Leaflets are also available for volunteers to access in their 'home base' areas.	Staff to be trained in Making Every Contact Count, information, and referrals onwards to services such as stop smoking, physical activity, substance misuse etc. Support national and local health promotion campaigns	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
Creating healthier places spaces.pdf (wales.nhs.uk)			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	The benefits of volunteering can enhance the individual's skills, including gaining valuable experience of supporting in a Health Care environment. Volunteering is flexible with many projects in place with the flexibility to support at varying times during the day as well as volunteer roles at home. It is recognised that people who volunteer within the health care environment often seek either further education or substantive posts within this field. Again, reiterating the value of volunteering for all, including the future workforce.	Any mitigations for change management policies, PC input, access to EWBS	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of	All volunteers are made aware of our active travel and park and ride services at induction. Volunteer vouchers issued for health board restaurants which promote healthy standards.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	The principles of volunteering align closely with the Well-being of Future Generations (Wales) Act 2015 and the Health Board's commitment to improving population health and wellbeing. Volunteering contributes to the development of stronger, more connected and resilient communities, while providing opportunities for people to develop skills, confidence and social networks. As a proactive 'Volunteer Organisation', this Framework details how Cardiff and Vale University Health Board will improve access to volunteering for all, encouraging more effective		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	involvement, also improving the status and image of volunteering.		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Research continues to demonstrate the positive human, economic, social and cultural value that volunteering brings. Volunteering brings value not only to organisations and their recipients but also to the wider society. Most importantly, volunteering has an impact on the engaged and motivated citizen themselves. As well as supporting personal growth, links have been made to reduced isolation, improved health and wellbeing and for some an increased sense of belonging and identity. The <i>Social Services and Well-being (Wales) Act</i>, provides the legal framework for improving the wellbeing of adults and children who need care and support, ensuring people have an active voice, making co-productive decisions about their own care. As one of our national policy foundations, the <i>Well-being of Future Generations (Wales) Act</i>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	recognises the impact volunteering has on wellbeing at the individual, local and national level. The Volunteer Framework supports several of the Wellbeing of Future Generations Act's Well-being Goals, particularly a Healthier Wales, a More Equal Wales and a Wales of Cohesive Communities. The Framework has a positive impact on social sustainability by promoting wellbeing, inclusion and community resilience through volunteering. It supports preventative approaches to health and is not expected to have any significant adverse environmental impacts. As a volunteer-involving organisation, Cardiff and Vale University Health Board is committed to providing accessible, inclusive and meaningful volunteering opportunities. The Framework supports the principles of the Welsh Government's Volunteering		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	Policy <i>Supporting Communities, Changing Lives</i> by promoting equality of access, effective volunteer involvement and recognition of the value that volunteering brings to individuals, communities and health services.		

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

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	There is strong evidence at local and national level supporting the benefits of volunteering in improving wellbeing, inclusion, community resilience and patient experience. The Framework is informed by recognised legislation, policy and good practice guidance and is expected to have an overall positive impact. The Framework promotes equality of opportunity by providing inclusive and accessible volunteering opportunities and supporting participation from diverse communities. It supports the Health Board's duties to eliminate discrimination, advance equality of opportunity and foster good relations between people with and without protected characteristics. Developed through the Patient Experience Department, the Framework and Operational Procedure ensure that equality, diversity, inclusion and human rights considerations are embedded throughout volunteer recruitment, training, support and management processes. No significant adverse equality impacts have been identified. Measures such as accessible recruitment processes, reasonable adjustments, support mechanisms and expense reimbursement help minimise barriers to participation and promote equitable access to volunteering opportunities
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Positive Impacts include:

- Enhances patient, family and carer experience through compassionate, person-centred volunteer support.
- Contributes to improved health and wellbeing by reducing social isolation, increasing social connection and supporting community participation.
- Provides opportunities for individuals to develop confidence, skills and experience, including pathways towards education, employment and personal development.
- Encourages greater involvement of under-represented groups and those who may face barriers to participation through an inclusive approach to recruitment and support.

Potential Negative Impacts and Mitigations

- Some individuals may experience barriers to volunteering because of disability, health conditions, language needs, digital exclusion, transport difficulties, caring responsibilities or financial circumstances. These risks are mitigated through accessible recruitment processes, reasonable adjustments, flexible opportunities and reimbursement of out-of-pocket expenses.
- There is a potential risk of misunderstanding the boundaries between volunteer and paid staff roles. This is mitigated through clearly defined role descriptions, governance processes, risk assessments, staff side engagement and ongoing supervision.
- Volunteers may face risks associated with their role; however, the Framework includes robust recruitment checks, training, safeguarding measures, support arrangements and health and safety procedures to minimise these risks.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No key actions to report.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - - Decide whether the strategy, policy, plan, procedure and/or service proposal: - continues unchanged as there are no significant negative impacts - adjusts to account for the negative impacts - continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) - stops. - Have your strategy, policy, plan, procedure and/or service proposal approved - Publish your report of this impact assessment - Monitor and review	The Framework has recently been updated there are no identified significant negative impacts. The EHIA will be monitored at regular intervals in line with current guidelines of the Health Boards Volunteer Framework and underpinning Operational Procedure. Updates will be provided by the Assistant Director of Patient to QSE. The EHIA will be published, alongside the Framework, on the intranet and internet once approved. This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required.			

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

¹

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). Several statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation;
- advance equality of opportunity between diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on their 'protected characteristics' (i.e., Their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex, or sexual orientation) and if it will affect their human rights. It also takes account of care responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure, or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently based on where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure, or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact equityand.inclusion@wales.nhs.uk or kate.roberts6@wales.nhs.uk

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools, and templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](#)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](#)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](#)

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

[Protected characteristics | Equality and Human Rights Commission](https://www.equalityhumanrights.com/en/protected-characteristics/equality-and-human-rights-commission)
([equalityhumanrights.com](https://www.equalityhumanrights.com))

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: 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 travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: 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 travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: 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 travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.