

Equality & Health Impact Assessment for

Strategic Equality Objectives 2024-2028
Shaping our Inclusive Culture

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| 1. | For service change, provide the title of the Project Outline Document or Business Case and Reference Number | Strategic Equality Objectives 2024-2028 |
| 2. | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Equity & Inclusion Mitchell Jones – Mitchell.Jones@wales.nhs.uk |
| 3. | Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com) | <ul style="list-style-type: none"> • As a public body, Cardiff & Vale UHB is bound under the Equality Act (2010) to develop Strategic Equality Objectives every 4 years. • The objective of the plan is to ensure that CAVUHB delivers exceptional, accessible and inclusive care to its patients, whilst providing an inclusive environment for all staff. |

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| <p>4.</p> | <p>Evidence and background information considered.</p> <p>For example</p> <ul style="list-style-type: none"> • 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 <p>Public Health Wales Observatory</p> <p>Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsc.co.uk)</p> | <p>The combined population of Cardiff and The Vale of Glamorgan stands at 494,249, with Cardiff hosting 362,310 individuals and The Vale of Glamorgan comprising 131,939 residents (Census, 2021). Given the separation of census data, the assessment will consider Cardiff and the Vale of Glamorgan as two separate areas.</p> <p>Sex</p> <ul style="list-style-type: none"> • Cardiff <ul style="list-style-type: none"> - 51.2% Female - 48.8% Male • Vale of Glamorgan <ul style="list-style-type: none"> - 51.8% Female - 48.2% Male <p>Gender Identity</p> <ul style="list-style-type: none"> • Cardiff <ul style="list-style-type: none"> - 92.9% Gender identity the same as sex registered at birth - 0.2% Gender identity different from sex registered at birth but no specific identity given |
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[CAVUHB - Home \(sharepoint.com\)](#)

- 0.1% Trans Woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.1% Other
- 6.4% Not answered

- **Vale of Glamorgan**

- 94.5% Gender identity the same as sex registered at birth
- 0.1% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.0% Other
- 5.2% Not answered

Sexual Orientation:

- **Cardiff**

- 87.0% Heterosexual / Straight
- 2.4% Gay or Lesbian
- 2.4% Bisexual
- 0.2% Pansexual
- 0.1% Asexual
- 0.1% Queer
- 0.2% Other
- 7.7% Not answered

- **Vale of Glamorgan**

- 90.3% Heterosexual / Straight
- 1.7% Gay or Lesbian
- 1.1% Bisexual
- 0.1% Pansexual
- 0.1% Asexual
- 0.0% Queer
- 0.1% Other

- 6.6% Not answered

Age

- **Cardiff**
 - 24.4% 4 -19 years
 - 10.5% 20-24 years
 - 15.5% 25-34 years
 - 18.6% 35-49 years
 - 16.5% 50-64 years
 - 8.0% 65-74 years
 - 4.6% 75-84 years
 - 2.0% 85+ years

- **Vale of Glamorgan**
 - 22.7% 4-19 years
 - 4.6% 20-24 years
 - 11.4% 25-34 years
 - 18.6% 35-49 years
 - 20.7% 50-64 years
 - 11.8% 65-74 years
 - 7.3% 75-84 years
 - 2.8% 85+ years

Race / Ethnicity

• **Cardiff**

- 9.7% Asian, Asian British or Asian Welsh
- 3.8% Black, Black British, Black Welsh, Caribbean or African
- 4.0% Mixed or Multiple ethnic groups
- 79.2% White
- 3.3% Other

• **Vale of Glamorgan**

- 2.1% Asian, Asian British or Asian Welsh
- 0.5% Black, Black British, Black Welsh, Caribbean or African
- 2.3% Mixed or Multiple ethnic groups
- 94.6% White
- 0.5% Other

Religion:

- **Cardiff**

- 42.9% No religion
- 38.3% Christian
- 0.4% Buddhist
- 1.5% Hindu
- 0.2% Jewish
- 9.3 % Muslim
- 0.4% Sikh
- 0.6% Other
- 6.3% Not answered

- **Vale of Glamorgan**

- 47.9% No religion
- 44.1% Christian
- 0.3% Buddhist
- 0.3% Hindu
- 0.1% Jewish
- 0.9% Muslim
- 0.1% Sikh
- 0.5% Other
- 5.7% Not answered

Disability

- **Cardiff**

- 8.2% Disabled under 2010 Equality Act, day-to-day activities limited a lot
- 10.4% Disabled under 2010 Equality Act, day-to-day activities limited a little
- 7.0% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 74.4% Not disabled under 2010 Equality Act, no long term physical/mental health condition

- **Vale of Glamorgan**

- 8.9% Disabled under 2010 Equality Act, day-to-day activities limited a lot

- 11.0% Disabled under 2010 Equality Act, day-to-day activities limited a little

- 7.5% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 72.6% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Legal Partnership Status

• Cardiff

- 48.6% Never married / never registered in a civil partnership
- 36.8% Married / in a civil partnership
- 1.8% Separated, but still legally married / in a civil partnership
- 7.85% Divorced / civil partnership dissolved
- 5.0% Widowed or surviving civil partnership partner

• Vale of Glamorgan

- 33.5% Never married / never registered in a civil partnership
- 47.4% Married / in a civil partnership
- 2.0% Separated, but still legally married / in a civil partnership
- 10.1% Divorced / civil partnership dissolved
- 7.0% Widowed or surviving civil partnership partner

The impact of the Strategic Equality Objectives extends to all staff, service users, and stakeholders. Initially, when designing our engagement, we reviewed the engagement questions that other organisations had posed, including other NHS organisations. This step aimed to guarantee the delivery of an equitable and thorough engagement process for all our stakeholders. We engaged in discussions with our strategy department to verify our adherence to engagement guidelines and to ensure alignment with the engagement conducted for Shaping Our Future Wellbeing. Face-to-face engagement sessions were organised for staff across multiple hospital sites, including UHW, Llandough, St David's, and CRI as part of our engagement. During our Face-to-Face sessions, we delivered a comprehensive presentation outlining the background of our previous Strategic Equality Objectives & Plan, detailing the efforts undertaken by the Health Board thus far to achieve these objectives, and an explanation as to why our approach

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| | | <p>differed slightly this time around. For service users, various drop-in sessions were arranged at locations including UHW, CRI, Barry Hospital, and Maelfa Health & Wellbeing Hub, offering in-person discussions about our objectives. In addition, we</p> |
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facilitated online sessions for staff, stakeholders, and staff networks, utilising a presentation format on Mentimeter to encourage widespread contribution and feedback. Additionally, we distributed a stakeholder letter on behalf of Chief Executive, Suzanne Rankin and the Chair of Cardiff & Vale UHB, Charles Janczewski, and set up an online Microsoft form to provide people with a platform to submit their views. As part of the Microsoft form, we provided context regarding the aim of the engagement, emphasising our commitment to fulfilling the public sector duty by developing new strategic equality objectives every four years. The form was readily available in Welsh and hard copies were taken to engagement sessions. Other formats were available on request. Additionally, we incorporated a privacy notice in the form to transparently communicate to participants how their data would be utilised in compliance with privacy regulations. To promote our engagement, we circulated information through various communication channels, including Ask Suzanne, Sharepoint, Social Media platforms, as well as through posters strategically placed across different CAVUHB sites. We also maintained an onsite presence throughout the engagement period to enhance visibility and accessibility.

Throughout the engagement process, we systematically examined comments using Microsoft Excel, categorising them into distinct themes. We maintained a tally of similar comments and viewpoints to understand common themes and help us shape our objectives. This process played a pivotal role in formulating our objectives and underpinning key workstreams. Additionally, we scrutinised the feedback received from the Shaping Our Future Wellbeing engagement to ensure alignment with the ongoing organisational initiatives. Two prominent themes that resonated in both our engagement and Shaping Our Future Wellbeing were 'Putting People First' and 'Providing Outstanding Quality,' influencing our new objectives.

As part of the Microsoft Form offered, participants were given the option to respond to Equality & Diversity questions, which were voluntary. This decision was made to ensure that we gather input from everyone, encompassing individuals with diverse protected characteristics. Out of the total 301 responses received, 209 participants opted to engage with the Equality & Diversity Monitoring Questions. Among those who participated in the questionnaire 9.3% were affiliated with a Staff Diversity Network.

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| | | Census - Office for National Statistics (ons.gov.uk) |
| 5. | Who will be affected by the strategy/ policy/ plan/ procedure/ service | The plan will affect all staff, service users and stakeholders. |

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 |
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| <p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of all ages.</p> <p>Objective 1: Fostering an inclusive culture through education and awareness campaigns promotes respect for individuals of all ages, ensuring that every individual is valued and dignified in the workplace and</p> | <p>To share our engagement on different social media platforms, such as Instagram, to target a wider audience.</p> | <p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p> |
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| | <p>healthcare settings, no matter what age they are.</p> <p>Objective 2 Prioritising feedback mechanisms ensures that the voices of individuals of all ages are considered. This approach helps identify specific needs and concerns related to age, ensuring that communication channels are tailored to effectively reach and engage individuals at different life stages.</p> <p>Objective 3: Improving accessibility to health services benefits individuals of all ages, including older individuals who may have specific mobility or sensory needs. This includes making both physical and virtual healthcare services easily accessible.</p> <p>Objective 4: Effective workforce planning considers age diversity, ensuring that the organisations staff profile</p> | | |
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| | is representative of the diverse demographic profile of the community. This can lead to better understanding the healthcare needs of individuals at different life stages. | | |

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| <p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> | <p>Some people with sensory loss may not have been able to access form or take part in our Mentimeter presentation</p> <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people with a disability as defined in the Equality Act 2010.</p> <p>Objective 1</p> <p>Education and awareness campaigns can contribute to a more inclusive environment for individuals with disabilities, fostering respect and dignity. This includes promoting understanding and respect for diverse abilities and ensuring that individuals with</p> | <p>Ensure form is available in different formats.</p> <p>Target AccessAbility network.</p> <p>Ensure someone was available in our online sessions to take notes for anyone who could not contribute.</p> | <p>People had the option to request the form in a different format.</p> <p>Engagement was promoted through our Accessibility Staff Network.</p> <p>Someone was available to take notes during online sessions.</p> |
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| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate.</p> <p>Refer to where the mitigation is included in the document, as appropriate</p> |
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disabilities are treated with dignity in both the workplace and healthcare settings.

Objective 2

Prioritising feedback mechanisms ensures that individuals with disabilities have accessible communication channels to voice their concerns. This approach helps in identifying specific needs and concerns related to disability, allowing the organisation to tailor communication channels to effectively engage individuals with diverse abilities.

Collaboration and co-production in engagement strategies ensure that the needs and perspectives of individuals with disabilities are considered. This inclusive approach strengthens community ownership and engagement, fostering an environment that is responsive to the needs of all, including those with disabilities.

Objective 3

| 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 |
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| | <p>Improving accessibility to health services and facilities benefits individuals with disabilities. This encompasses physical accessibility, communication methods that meet diverse needs, and the utilisation of technology to enhance access, such as virtual consultations and online resources.</p> <p>Objective 4 Enhancing data collection practices is pivotal for addressing health inequities related to disability. Accurate data on disability status allows the health board to better understand the unique health challenges and experiences of individuals with disabilities, enabling tailored strategies to address their specific needs.</p> <p>Thoughtful workforce planning takes into account a range of abilities, striving to create a staff profile that reflects individuals with disabilities. Such an approach</p> | | |
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| | cultivates an environment where employees are more attuned to the diverse needs of patients and service users with various abilities, promoting better support and understanding. | | |

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| <p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p>Stonewall</p> <p>Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)</p> | <p>Positive impact: The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of different genders.</p> <p>Objective 1: The goal is to foster an inclusive culture by conducting education and awareness campaigns, creating an environment where individuals of all genders feel esteemed and respected. This involves advocating for an understanding and respect for diverse gender identities and expressions, ensuring that everyone is treated with dignity, irrespective of their gender.</p> | <p>Promote engagement in a greater range of locations, including through posters, to encourage greater participation from diverse communities.</p> | <p>As part of the engagement, we noticed diversity was lacking in relation to respondents of different genders and gender identities.</p> <p>Posters were taken to the Queer Emporium to engage with people of different genders and gender identities.</p> <p>Engagement was also promoted through our LGBTQ+ Staff Network.</p> |
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| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate</p> |
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| | <p>Objective 2: By incorporating collaboration and co-production in engagement strategies, the goal is to ensure that the needs and perspectives of individuals of different genders are considered. This inclusive approach strengthens community ownership and engagement, creating an environment that is responsive to the needs of all genders.</p> <p>Objective 3: The objective is to improve the accessibility of health services and facilities, benefiting individuals of all genders. This includes addressing physical accessibility, employing communication methods that meet diverse needs, and utilising technology to enhance access. The aim is to ensure that healthcare services are accessible to everyone, irrespective of gender.</p> <p>Objective 4:</p> | | |
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| | <p>Enhancing data collection practices is crucial for addressing gender-related health inequities. Accurate gender-related data allows the health board to better understand the unique health challenges and experiences of individuals of different genders, facilitating the development of tailored strategies to address their specific needs.</p> <p>Inclusive workforce planning entails considering gender diversity, ensuring the organisational staff profile is reflective of individuals from various genders. This strategy cultivates an environment where the workforce is more adept at comprehending and addressing the healthcare needs of patients and service users, irrespective of their gender.</p> | | |

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| <p>6.4 People who are married or who have a civil partner.</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will</p> | | |
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| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate</p> |
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| | <p>have a positive impact on people who are married or have a civil partner.</p> | | |

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| <p>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.</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on women who are expecting a baby, who are on a break, from work after having a baby, or who are breastfeeding.</p> <p>Objective 1: Awareness campaigns and education initiatives can address the specific needs and challenges faced by pregnant women and those on maternity leave, ensuring they feel valued and dignified.</p> <p>Objective 2: Communication channels and strategies should be designed to be accessible to women in various stages of pregnancy or those on maternity leave.</p> | | |
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| | <p>Feedback mechanisms should consider the unique experiences and concerns of these women, allowing them to actively participate in the dialogue and shaping the communication methods.</p> <p>Objective 3: The objective to improve accessibility of health services should extend to accommodate the needs of pregnant and breastfeeding women. This includes ensuring physical accessibility of facilities, adopting technology for virtual consultations to minimise travel, and providing resources that support their specific healthcare requirements.</p> <p>Objective 4: Workforce planning and equality monitoring are essential for women who are on a break from work due to pregnancy or maternity leave. Ensuring a supportive return-to-work</p> | | |
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| | environment and addressing any potential gaps in representation or treatment is crucial in achieving equity for women in these circumstances. | | |
| <p>6.6 People of a different race, nationality, colour, culture or ethnic origin including nonEnglish speakers, gypsies/travellers, migrant workers</p> <p>The Runnymede Trust</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, the travelling communities, migrant workers</p> <p>Objective 1: These initiatives can specifically address the unique cultural backgrounds and ethnicities of individuals, ensuring that campaigns are culturally sensitive and that education modules include content that respects and values diversity.</p> <p>Objective 2:</p> | <p>Discuss how we can better engage with ethnically diverse communities with Communication & Engagement Team.</p> | <p>As part of the engagement, we noticed that respondents are predominantly white and not representative of the population we serve.</p> <p>Posters were displayed in areas with populations of greater ethnic diversity (as per census data), including Butetown Pavilion & Grangetown Pavilion.</p> <p>Engagement was promoted through our One Voice Staff Network.</p> |

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| | <p>Communication channels and strategies should prioritise language accessibility, recognising non-English speakers. This involves providing information in multiple languages and utilising interpreters to facilitate meaningful engagement. Feedback mechanisms should be inclusive, considering the diverse linguistic needs of the community, including those of migrant workers and the travelling communities.</p> <p>Objective 3: Improving the accessibility of health services includes ensuring cultural inclusivity. This involves recognising and accommodating the diverse cultural practices and preferences of individuals from different races, nationalities, and ethnic origins. Physical accessibility should also consider the unique needs of the travelling communities.</p> <p>Objective 4:</p> | | |

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| | <p>Data collection practices, as part of the data objective, should include equality monitoring information related to ethnicity. This ensures that the health board has a comprehensive understanding of health inequities among diverse demographic groups and can tailor strategies to address disparities.</p> | | |
| <p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people with a religion or belief or with no religion or belief.</p> <p>Objective 1: The respect objective, which focuses on fostering an inclusive culture, can include awareness campaigns that recognise and respect diverse religious beliefs. These campaigns should promote an environment where individuals with different religious or non-</p> | | |

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religious backgrounds feel valued and included.

Objective 2:

Communication channels and engagement strategies should facilitate respectful dialogue that considers the diverse religious beliefs and non-religious perspectives within the community. Feedback mechanisms should be designed to be inclusive, ensuring that individuals with various beliefs, or those with no religious affiliation, feel heard and understood.

Objective 3:

Improving the accessibility of health services should include considerations for individuals with specific religious practices or those with no religious beliefs. Accommodations may include providing spaces for prayer or reflection and ensuring that healthcare services are inclusive and respectful of diverse belief systems.

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| | <p>Objective 4: Data collection practices, as part of the data objective, should include information related to religious beliefs or the absence thereof. This ensures that the health board has insights into potential health inequities or variations in staff experiences related to religious beliefs or nonreligious perspectives.</p> | | |

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| <p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) <p>Stonewall</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all protected characteristics. Therefore, it will have a positive impact on people who are attracted to other people of the opposite sex, the same sex or both sexes.</p> <p>Objective 1: The respect objective, focusing on fostering an inclusive culture, can include awareness campaigns that promote respect and dignity for individuals of all sexual orientations. These campaigns</p> | <p>Promote engagement in a greater range of locations, including through posters, to encourage greater participation from diverse communities.</p> | <p>As part of the engagement, we noticed diversity was lacking in relation to respondents with different of sexual orientations.</p> <p>Posters were taken to the Queer Emporium to engage with people with different of sexual orientations.</p> <p>Engagement was promoted through our LGBTQ+ Staff Network.</p> |
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should celebrate diversity and create an environment where everyone, regardless of sexual orientation, feels valued and acknowledged.

Objective 2:

Communication channels and engagement strategies should facilitate open and inclusive dialogue that acknowledges and respects diverse sexual orientations. Feedback mechanisms should be designed to be sensitive to the experiences and concerns of individuals with different sexual orientations, creating an environment where everyone's voice is heard and respected.

Objective 3:

Improving the accessibility of health services should consider the specific needs of individuals with different sexual orientations. This includes providing healthcare services that are inclusive, nondiscriminatory, and respectful of

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| | <p>diverse relationship structures, including those of heterosexual, lesbian, gay, and bisexual individuals.</p> <p>Objective 4: Data collection practices, as part of the data objective, should include information related to sexual orientation. Equality monitoring ensures that the health board has insights into potential disparities or variations in health outcomes and staff experiences related to different sexual orientations.</p> | | |

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| <p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p> | <p>Objective 1 Awareness campaigns and education modules can highlight the importance of linguistic diversity and promote an inclusive environment where individuals who communicate in Welsh feel valued and dignified.</p> <p>Objective 2 Communication channels and engagement strategies should</p> | <p>Ensure due consideration is given to the Welsh language throughout the engagement process to ensure it is treated no less favourably than English.</p> | <p>Our Microsoft Form was offered in Welsh & English, we held sessions in Welsh to give people the opportunity to engage in their chosen language.</p> <p>Welsh speakers were available at all our engagement sessions.</p> <p>Engagement was promoted through our Rhwydiaith Staff Network.</p> |
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| | <p>actively include Welsh language correspondence. This involves providing information, updates, and correspondence in Welsh to ensure that individuals who prefer or exclusively communicate in Welsh are included in meaningful communication. Feedback mechanisms should also be available in Welsh to encourage participation.</p> <p>Objective 3: Improving the accessibility of health services should extend to accommodating the Welsh language. Service plans and design should consider the linguistic needs of Welsh speakers, ensuring that information is available in both Welsh and English. Physical accessibility should also include spaces that cater to individuals who communicate primarily in Welsh.</p> <p>Objective 4</p> | | |
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| 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 |
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| | <p>Data collection practices, as part of the data objective, should include information related to Welsh language skills. Equality monitoring ensures that the health board is aware of the linguistic preferences and needs of the community, allowing for targeted strategies that enhance the provision of services in both Welsh and English.</p> | | |
| <p>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 illhealth</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people of all backgrounds. Therefore, it will have a positive impact on people according to their income related group.</p> <p>Objective 1 The respect objective, focusing on fostering an inclusive culture, should ensure that awareness campaigns and education modules address the unique challenges faced by individuals in different income-related groups. This includes acknowledging the</p> | | |

| 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 |
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| | <p>dignity of individuals on low income, those economically inactive, unemployed, and those unable to work due to ill-health.</p> <p>Objective 2: Communication channels and engagement strategies should be designed to be accessible to individuals in various incomerelated groups. This involves creating communication materials that consider the financial and health circumstances of the target audience, ensuring that information is presented in a way that is understandable and relevant to all.</p> <p>Objective 3 Improving the accessibility of health services should consider the financial limitations of individuals in different incomerelated groups, including accessing services across our locality. This includes designing services that are easily accessible for those with limited means.</p> | | |
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| 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 |
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| | <p>Objective 4</p> <p>The objective holds the potential to significantly impact individuals from diverse socio-economic communities. By leveraging data, the Health Board can tailor interventions, allocate resources more effectively, and identify root causes of health inequities. This approach fosters transparency, accountability, and community engagement, enabling the development of targeted policies and interventions. Additionally, it promotes workforce diversity and supports advocacy for systemic changes, ultimately contributing to improved health outcomes and a more equitable healthcare environment for individuals across various socio-economic backgrounds.</p> | | |
| <p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health</p> | <p>The SEO will support our Public Sector Equality Duty and will have considered people from all backgrounds. Therefore, it will</p> | | |

| 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 |
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| indicators, people unable to access services and facilities | <p>have a positive impact on people according to where they live.</p> <p>Objective 1 The respect objective, which aims to foster an inclusive culture, should consider awareness campaigns and education modules that address the unique challenges faced by individuals in areas known for poor economic and health indicators. This includes acknowledging the dignity of residents in these regions and avoiding stigmatisation.</p> <p>Objective 2 Communication channels and engagement strategies should be tailored to address the specific needs of individuals residing in areas with poor economic and health indicators. This involves designing communication materials that are sensitive to the local context, ensuring that information is relevant and</p> | | |

| 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 |
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| | <p>relatable to the residents of these regions.</p> <p>Objective 3 Improving the accessibility of health services should specifically target regions with poor economic and health indicators. This includes designing services that are equitable, removing geographical barriers to access, and ensuring that healthcare facilities are strategically located and well-equipped to serve the needs of residents in these areas.</p> <p>Objective 4 Data collection practices, as part of the data objective, should include information related to regional disparities. Equality monitoring ensures that the health board is aware of potential inequalities in health outcomes and experiences based on geographical location, allowing for targeted interventions that address the specific needs of</p> | | |

| 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 |
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| | residents in areas with poor economic and health indicators. | | |
| 6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service | N/A | | |

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

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

| 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 |
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| <p>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</p> | <p>Objective 1 Awareness campaigns and education modules can emphasise the importance of respectful and equitable service provision to address health inequalities.</p> <p>Objective 2 Communication strategies should prioritise accessibility for individuals in areas of deprivation. This involves designing communication channels that are easy to access and understand, considering the unique challenges faced by residents in these areas and tailoring information to their specific needs.</p> <p>Objective 3 Improving the accessibility of health services should be targeted at addressing health inequalities. This includes making services physically and financially</p> | | |
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| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts and any groups affected</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate</p> |
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| | <p>accessible, removing barriers for individuals in areas of deprivation, and ensuring that healthcare facilities are strategically located to serve those who need them the most.</p> <p>Objective 4 Equality monitoring ensures that the health board is aware of potential inequalities in service access, allowing for targeted interventions that address the specific needs of individuals in areas of deprivation and experiencing health inequalities.</p> | | |
| <p>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</p> | <p>Objective 1 The respect objective, focusing on fostering an inclusive culture, should include initiatives that respect and acknowledge diverse cultural practices and preferences related to healthy lifestyles. Awareness campaigns and education modules can be tailored to the cultural contexts of different communities to promote healthy living.</p> <p>Objective 2</p> | | |

| 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 |
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| <p>services, weight management services etc.</p> <p>Creating healthier places spaces.pdf (wales.nhs.uk)</p> | <p>Communication channels and engagement strategies should prioritise the dissemination of accessible and culturally sensitive health promotion information. This involves designing materials that consider the preferences and needs of diverse communities, making it easier for individuals to understand and adopt healthier lifestyles.</p> <p>Objective 3 Improving the accessibility of health services should extend to supportive services that promote healthy lifestyles. This includes ensuring equitable access to smoking cessation services, weight management services, and other interventions that support individuals in adopting and maintaining healthy habits.</p> <p>Objective 4: Equality monitoring ensures that the health board is aware of potential disparities in the adoption of healthy lifestyles, allowing for targeted interventions and services that address the</p> | | |

| 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 |
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| | specific needs of different demographic groups. | | |

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| <p>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</p> | <p>Objective 1 This includes awareness campaigns and education modules that promote fair treatment, respect, and valuing of individuals regardless of their income and employment status.</p> <p>Objective 2 Communication channels and engagement strategies should prioritise the dissemination of accessible information related to employment opportunities. This involves designing communication materials that consider the needs of individuals with diverse employment statuses, making it easier for them to access and understand employment-related information.</p> <p>Objective 3 Improving the accessibility of employment opportunities should be a key consideration. This includes ensuring that job listings, career development programs, and employment support services</p> | | |
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| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts and any groups affected</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate</p> |
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| | <p>are accessible to individuals with different income and employment statuses, fostering inclusivity in the workforce.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in job opportunities, wage levels, and working conditions, allowing for targeted interventions to address the specific needs of individuals with different income and employment statuses.</p> | | |
| <p>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 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</p> | <p>Objective 1 The respect objective, focused on fostering an inclusive culture, should include initiatives that ensure dignity in the built environment. This involves awareness campaigns and education modules that promote equitable access to safe, well-designed spaces for individuals, regardless of their background or demographic characteristics.</p> <p>Objective 2 Communication channels and engagement strategies should</p> | | |

| 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 |
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| | <p>prioritise the dissemination of accessible information about the physical environment. This includes making information on transport, healthy food options, and leisure activities easily accessible, fostering informed and empowered choices for individuals.</p> <p>Objective 3 Improving the accessibility of green spaces and leisure activities should be a key consideration. This involves ensuring that these spaces are designed to be inclusive and accessible to individuals with diverse needs, promoting physical and mental well-being.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in access to green spaces, exposure to pollutants, and safety concerns, allowing for targeted interventions to address the specific needs of different communities.</p> | | |

| 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 |
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| <p>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</p> | <p>Objective 1 The respect objective, focused on fostering an inclusive culture, should encompass initiatives that respect and acknowledge diverse family structures and cultural practices. Awareness campaigns and education modules can promote understanding and appreciation of different family organisations and roles, contributing to a supportive environment.</p> <p>Objective 2 Communication channels and engagement strategies should prioritise the promotion of social support and networks. This involves creating communication materials that emphasise the importance of strong social connections, neighborliness, and a sense of belonging to enhance overall well-being.</p> <p>Objective 3 Improving accessibility should extend to supporting community identity. This includes initiatives that celebrate and support diverse cultural and spiritual ethos,</p> | | |
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| 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 |
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| | <p>fostering a sense of pride and belonging within the community and promoting positive health outcomes.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in social support, isolation, and community identity, allowing for targeted interventions to address the specific needs of different communities.</p> | | |

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| <p>7.6 People in terms of macroeconomic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> | <p>Objective 1 The respect objective, focused on fostering an inclusive culture, can involve advocacy for government policies that promote equality, fair economic development, and environmental sustainability. This includes supporting policies that address social and economic disparities and ensure a sustainable and inclusive future.</p> <p>Objective 2 Communication channels and engagement strategies should prioritise informing stakeholders about the economic and</p> | | |
| <p>How will the strategy, policy, plan, procedure and/or service impact on? -</p> | <p>Potential positive and/or negative impacts and any groups affected</p> | <p>Recommendations for improvement/ mitigation</p> | <p>Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate</p> |

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| | <p>environmental impacts of the organisation's actions and policies. This includes transparent communication about the organisation's commitment to sustainability, economic development, and social equality.</p> <p>Objective 3 Improving accessibility should extend to promoting sustainable economic development. This involves initiatives that contribute positively to GDP while considering the long-term environmental and social consequences. It also includes ensuring that economic activities benefit diverse communities equitably.</p> <p>Objective 4 Equality monitoring ensures that the organisation is aware of potential disparities in environmental consequences, allowing for targeted interventions to address the specific needs of different communities affected by these impacts.</p> | | |
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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan, or service

The Strategic Equality Objectives (SEO) are created to make a significant positive impact by addressing the Public Sector Equality Duty and considering people of all protected characteristics. The objectives outlined demonstrate a comprehensive approach to fostering an inclusive culture, promoting respect, and ensuring accessibility across diverse demographics.

Objective 1 - focuses on fostering an inclusive culture through education and awareness campaigns. By advocating for respect for individuals of all ages, genders, abilities, and backgrounds, this objective contributes to creating a workplace and healthcare setting where everyone feels valued.

Objective 2 - emphasises the importance of feedback mechanisms, ensuring that the voices of individuals from different demographics are heard. By tailoring communication channels to effectively reach diverse groups, the SEO aims to identify and address specific needs of all backgrounds.

Objective 3 - targets the improvement of accessibility to health services, a crucial step for individuals with various needs. This includes physical and virtual accessibility, benefiting older individuals, those with disabilities, and people from different cultural backgrounds.

Objective 4 - focuses on effective workforce planning, aims to create a staff profile representative of the community's demographic diversity. This ensures a better understanding of healthcare needs at different life stages, promoting inclusivity in service delivery.

The positive impact extends to specific protected characteristics. For individuals with disabilities, the SEO emphasises education, inclusive communication, accessibility, and data-driven strategies to address health inequities. The approach towards different genders includes campaigns, inclusive communication, improved accessibility, and workforce diversity.

The SEO recognises the unique needs of individuals from ethnically diverse backgrounds. It promotes inclusive campaigns, accessible communication, culturally sensitive health services, and comprehensive data collection to address health disparities.

The SEO fosters an inclusive culture for individuals with different sexual orientations through awareness campaigns, inclusive communication, accessible health services, and data collection. Linguistic diversity is acknowledged by offering services in Welsh and English, conducting sessions in Welsh, and prioritising Welsh language communication, ensuring inclusivity.

The SEO recognises income-related groups, addressing their unique challenges through respectful campaigns, accessible communication, affordable health services, and targeted data collection. Regional disparities aim to be tackled by fostering inclusivity through campaigns, region-specific communication, equitable health services, and region-specific data collection.

The SEO positively impacts individuals in areas of deprivation by promoting inclusive campaigns, tailored communication, accessible health services, and region-specific data collection. The objectives are adaptable to various demographic characteristics, supporting diverse cultural practices, family structures, economic statuses, and community identities.

In summary, the Strategic Equality Objectives, through its well-crafted objectives, demonstrates a commitment to inclusivity, respect, accessibility, and data-driven decision-making, ensuring a positive impact on individuals across diverse demographic characteristics.

| Action Plan for Mitigation / Improvement and Implementation | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
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| <p>8.2 What are the key actions identified as a result of completing the EHIA?</p> | <p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p> | <p>Equity & Inclusion Team</p> | <p>24/02/2024</p> | <p>We noticed that the majority of respondents fell into the 51-60yr age category and felt we needed to act to engage a broader age range. We discussed the matter with the Communication and Engagement Team who suggested using different social media platforms and subsequently advertised our engagement via the Health Board's Instagram account.</p> |
| | <p>During the engagement process, it was observed that individuals with disabilities might face challenges accessing the form or participating in the Mentimeter presentation.</p> | <p>Equity & Inclusion Team</p> | <p>24/02/2024</p> | <p>The form was offered in various formats on request to enhance accessibility.</p> <p>Efforts were directed towards targeting the Accessibility staff network to ensure inclusivity.</p> <p>Furthermore, in online sessions, provisions were made to have someone available to take notes, facilitating participation by different means.</p> |
| | <p>During the engagement process, we noticed diversity was lacking in relation to respondents of different genders and gender identities.</p> | <p>Equity & Inclusion Team</p> | <p>24/02/2024</p> | <p>Posters were taken to the Queer Emporium to engage with people of different genders and gender identities.</p> |

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| Action Plan for Mitigation / Improvement and Implementation | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
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| | <p>As part of the engagement, we noticed that respondents are predominantly white and not representative of the population we serve.</p> <p>As part of the engagement, we noticed diversity was lacking in relation to respondents with different of sexual orientations.</p> | <p>Equity & Inclusion Team</p> <p>Equity & Inclusion Team</p> | <p>24/02/2024</p> <p>24/02/2024</p> | <p>Engagement was also promoted through our LGBTQ+ Staff Network.</p> <p>Posters were displayed in areas with populations of greater ethnic diversity (as per census data), including Butetown Pavilion & Grangetown Pavilion.</p> <p>Engagement was promoted through our One Voice Staff Network.</p> <p>Posters were taken to the Queer Emporium to engage with people with different of sexual orientations.</p> <p>Engagement was promoted through our LGBTQ+ Staff Network.</p> |

| Action Plan for Mitigation / Improvement and Implementation | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
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| <p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p> | No | | | |
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| Action Plan for Mitigation / Improvement and Implementation | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
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| <p>8.4 What are the next steps?</p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ 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 | <p>The Health Board's Strategic Equality Objectives have been shaped by the engagement process.</p> <p>The Strategic Equality Objective's document, Shaping our Inclusive Culture, will follow the Health Board's governance process for approval and publication.</p> <p>Any amendments suggested as part of the internal governance process will be considered for inclusion prior to publication.</p> <p>The document will be available on the Health Board's website by 31st March 2024.</p> | Equity & Inclusion | 31/03/2024 | Strategic Equality Objectives to be approved by Health Board and published on website. |

