



## BREASTFEEDING POLICY

<b>Reference No:</b>	UHB 229	<b>Version No:</b>	2	<b>Previous Trust / LHB Ref No:</b>	UHB229
----------------------	---------	--------------------	---	-------------------------------------	--------

<b>Documents to read alongside this Policy</b>	Guidelines on combining breastfeeding and returning to work UHB 192 V2 Maternity risk assessment procedure UHB 060 V3a
--	---

**Classification of document:** Clinical

**Area for Circulation:** UHB Wide

**Author/Reviewee:** Judy Rogers, Infant Feeding Coordinator, Maternity  
 Lisa Parry, Health Visitor, Practice Assessor

**Executive Lead:** Director of Nursing

**Group Consulted Via/ Committee:** Cardiff and Vale UHB Breastfeeding Strategy Group  
 Breastfeeding Peer Supporter Groups  
 Divisional Quality and Safety Groups  
 Quality and Safety Policy and Strategy Task and Finish Group

**Approved by:** Quality, Safety and Experience Committee

**Date of Approval:** Version 1

**Date of Review:** 25<sup>th</sup> August 2020

**Date Published:** 01 June 2015  
 Version 1 20 May 2014  
 Version 1.1 01 June 2015

**Disclaimer**

**When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.  
OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON**

<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	01/04/2014	20/05/2014	Replaces Maternity Breast Feeding Policy Dec08 to Dec 11.
1.1	01/06/2015	01/06/2015	Alterations in compliance with upgraded UNICEF Baby Friendly Standards
2	17/7/2020	16/02/2021	Alterations in compliance with upgraded UNICEF Baby Friendly Standards (2019) and Welsh Government Infant Feeding 5 year Strategy objectives(2019) In addition new & extended guidance for when a breastfeeding mother is admitted to hospital, when staff return from maternity leave and in the case of a HIV+ve breastfeeding mother

## **C O N T E N T S**

1	Introduction	Page 5
2	Policy Statement	Page 5
3	Scope	Page 6
4	Equalities Statement	Page 6
5	Aims	Page 7
6	Objectives	Page 7
7	Responsibilities	Page 7
8	Implementation	Page 10
9	Resources	Page 12
10	Training	Page 12
11	Audit	Page 13
12	Distribution	Page 13

13	Monitoring and review	Page 13
14	References	Page 14

## INTRODUCTION

This document outlines Cardiff and Vale University Health Board's (UHB) policy on breastfeeding. It has been developed in response to Welsh Government (WG) 5 year Breastfeeding Strategy and action plan<sup>1</sup> and UNICEF UK Baby Friendly Initiative (BFI) Hospital and Community standards<sup>2</sup>. These standard provide clear guidance on the health and social benefits associated with breastfeeding. WG sets targets in order to encourage Health Boards to develop initiatives and improve standards of care to increase the numbers of babies that are breastfed year on year.

A key service requirement is that all relevant services should achieve and maintain accreditation with the care standards framework provided by the UNICEF UK Baby Friendly Initiative (2019). This is recommended as a minimum standard of service delivery by NICE postnatal guidelines<sup>3</sup>.

This document identifies the mandatory standards and practices which staff involved in the care of mothers and babies should adhere to regarding infant feeding. All mothers, including staff returning to work following maternity leave, should be informed about the benefits and practice of breastfeeding and be given practical support and information regarding support systems, so that they can make informed choices about feeding their baby.

Healthcare staff will not discriminate against any woman in her chosen method of infant feeding and will fully support her decision.

## POLICY STATEMENT

It is the policy of Cardiff and Vale University Health Board to ensure that parents receive information and support regarding breastfeeding.

Unless contraindicated as a result of a mother's or baby's health condition, breastfeeding will be actively encouraged as the preferred method of feeding.

Data collection on infant feeding showing the prevalence of both exclusive and partial breastfeeding will be mandated in specific Women's & Children's services written control documents. Data must be collated and monitored as service performance indicators in maternity, children's and public health services, in accordance with Welsh Government requirements.

In support of this policy the UHB fully endorses the WHO code of conduct<sup>5</sup> and all its subsequent resolutions and thus:

- Permits no advertising/promotion of breast milk substitutes, feeding bottles, teats or dummies in any part of this Board/health care facility.

- Permits no display of infant formula manufacturers' logos on items such as calendars, pens, diary covers, leaflets and stationery.
- Staff should cover any brand names when demonstrating making up of formula feeds in the hospital setting.
- Prohibits staff from accepting *any gift* (irrespective of monetary value) from artificial milk companies or their representatives.
- Prohibits staff from accepting bursaries or training costs from artificial milk companies.
- Representatives from artificial milk companies are prohibited from: Routinely visiting Board premises, providing group training sessions for staff, or accessing contact with pregnant/postnatal women via health board staff or services.
- Breast milk substitutes will not be sold or exchanged by Board staff or on health care premises.
- No literature provided by infant formula manufacturers is permitted to be given to women and their families. No parent education training resources provided by infant formula manufacturers are permitted to be used in Board parent education sessions.
- Educational material regarding infant feeding which is distributed to families must be approved as regards WHO code compliance by the Infant Feeding Coordinator or designated deputy
- Scientific/factual information for staff regarding formula milks may be received by the head of the dietetics service and/or the Infant Feeding Coordinator and disseminated if considered clinically appropriate. However, it is the professional's own responsibility to keep updated on current formula milk issues.
- The recommended resource for independent information on formula milks & formula feeding equipment is The First Steps Nutrition Trust<sup>6</sup>.

## SCOPE OF POLICY

This policy aims to ensure that all staff of Cardiff and Vale UHB promote, support and protect breastfeeding. Every individual member of staff employed by the CVUHB, has (appropriate to their role) responsibility for the implementation of the breastfeeding policy. If there are concerns regarding the implementation of this policy these should be discussed with the appropriate area manager.

The policy applies to all CVUHB staff, healthcare services, facilities and premises. It also applies to students and locum/agency staff working within UHB facilities/under contract to the UHB. Individuals who may not be directly employed by the Board but who are involved in supporting breastfeeding mothers e.g.: breastfeeding Peer Supporters, are also expected to follow this breastfeeding policy.

## EQUALITY STATEMENT

Cardiff and Vale UHB is committed to ensuring that we provide non-discriminatory services to our staff and to the public. All staff and patients are treated individually with dignity and respect. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan and Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

We have received feedback on this policy and its functionality. We wished to ascertain if there was any impact on any groups in respect of gender, maternity and pregnancy, care status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was positive impact to the equality groups mentioned from the health gain benefits of breast feeding.

An EQIA will be completed as part of this policy.

## AIM

The aim of this policy is to ensure that all pregnant women and mothers with babies have information and support regarding breastfeeding in accordance with Welsh Government and UNICEF Baby Friendly Initiative (UK) standards.

## OBJECTIVES

To ensure that all C&VUHB staff positively promote breastfeeding as the normal and healthiest way for a mother to feed her baby.



To create an environment where more women in Cardiff & Vale choose to breastfeed their babies to enable them to breastfeed exclusively for 6 months with continued breastfeeding alongside the introduction of solid foods into and beyond the first year as recommended by the World Health Organization.

To encourage cooperative working between all health care professionals to ensure a seamless delivery of care for breastfeeding mothers and babies, together with the development of a breastfeeding culture throughout the local community.

To enable staff to develop adequate clinical knowledge and skills appropriate to their role, whether it be informed, skilled or expert, so that mothers are supported to breastfeed their babies for as long as they wish.

To ensure that the care delivered to mothers and babies by C&VUHB staff adheres to and when possible exceeds the minimum care standards of the UNICEF Baby Friendly Initiative standards. The Board requires that the relevant C&VUHB services (maternity, neo-natal & health visiting) become accredited and maintain accreditation with the UNICEF Baby Friendly Initiative in accordance with Welsh Government/Public Health Wales requirements

## RESPONSIBILITIES

### The UHB

Consideration is required to appoint a strategic breastfeeding lead for C&V UHB in accordance with the Welsh Government 5 year action plan and to facilitate the implementation and monitoring of this policy. The Board is responsible for appointing a Baby Friendly Guardian. The Guardian should be a senior manager or Board member in accordance with the All Wales Breastfeeding 5 year action plan and UNICEF Baby Friendly Achieving Sustainability standards.

### Executive Director of Nursing

The Executive Director of Nursing has delegated responsibility for ensuring the Clinical Boards have the appropriate arrangements in place for the effective implementation of this policy.

## Clinical Board Management Teams

Clinical Board Management Teams are responsible for ensuring that this policy is implemented within their Clinical Board and Directorates. Where there are any difficulties in the implementation of this policy they will bring this to the attention of the Executive Director Nursing.

## Directorate Management Team

Each directorate, where pregnant women and breastfeeding mothers are cared for in any department, have a responsibility to ensure that staff are adequately supported and provided with mandatory training and the equipment necessary to implement these standards. They will also ensure that the environment of care is suitable for breastfeeding mothers to feed their infants where practicable and where this is not possible, they will ensure that an appropriate care plan is established, with the support of an infant feeding specialist working in that area.

## Line Managers

It is the responsibility of the UHB to support staff returning to work whilst breastfeeding, using the UHB Human Resources Maternity, Adoption and Paternity Guidance Notes, Appendix 5, Guidelines on Combining Breastfeeding and Returning to Work. Line Managers will ensure that these Guidelines are adhered to when staff are returning to work.

It is the responsibility of line managers/ward managers to ensure that staff are released to attend infant feeding training. This should be incorporated within their Personal Development Plan and the departmental Training Needs Analysis where appropriate.

## Infant feeding Advisor (Neonatal and Paediatrics) Breastfeeding Coordinators (Maternity and Health Visiting)

The Infant Feeding Coordinators (Childrens' Hospital, NICU, Maternity and Health Visiting) have the responsibility to train and support all staff having direct contact with mothers and babies in their clinical areas. They are able to act as a resource on infant feeding issues within the Health Board.

### Employees

All employees should adhere to the policy standards. This includes:-

- Attending mandatory breastfeeding training and updates which are provided for all those who directly care for mothers and their babies, in accordance with UNICEF Baby Friendly standards.
- Promoting breastfeeding and supporting breastfeeding mothers.
- To provide unbiased, evidence-based information regarding all infant feeding methods including formula feeding.
- Appropriately adhering to the policy for healthy, as well as sick babies.
- Reporting concerns about feeding issues to appropriate medical team/staff.
- When safeguarding issues arise they must be reported to the relevant Senior Staff Member and the All Wales Child Protection procedures adhered to.

### Training of employees / Health Care Professionals

- The overall responsibility for providing and facilitating infant feeding training lies with the Board.
- All professional and support staff who have contact with pregnant women and mothers will receive training in breastfeeding management at a level appropriate to their professional group. New staff will receive training within six months of appointment to post.

- Medical staff, including GPs, paediatricians and obstetricians have a responsibility to promote breastfeeding and provide appropriate support to breastfeeding mothers. Medical practitioners should have access to UNICEF Baby Friendly Standard training during induction or within 6 months of working directly with mothers and new-born babies
- Annual infant feeding update training is mandatory for staff with direct clinical responsibility for mothers and babies.
- All relevant clerical and ancillary staff will be orientated to the policy and receive appropriate guidance/ training to enable them to refer breastfeeding queries appropriately.

### Role of Health Board Employees regarding breastfeeding

- When a breastfeeding mother and/or baby come into contact with health board services under any circumstances, the principles of care should always be to safeguard and minimise disruption to the breastfeeding relationship
- To provide a compassionate approach to the needs of breastfeeding mothers and babies
- To aim to keep the breastfeeding mother and baby together, by being open and flexible with plans of care, following risk assessments (e.g.: COVID-19 restrictions as per current Government advice).
- If the risk assessment indicates that the mother and baby are safer temporarily separated, in an emergency situation, then the Health Board will provide breast pump and equipment when possible (e.g.: pump parts, sterilisation equipment), in order to protect and sustain the mothers' breastmilk supply, during that period of separation.
- The infant feeding team for Maternity services can advise where the pumps/equipment provided by the UHB, for use outside maternity services, can be accessed
- In a non- emergency situation where mother and baby are likely to be temporarily separated following a risk assessment, then a mother should be advised to bring her own pumping and sterilising equipment into hospital for her personal use whilst admitted. Breastmilk should be stored in a container labelled with personal details, time and date, in a within a bag in a fridge and taken home as soon as is practical. This is in accordance with UHB infection control advice
- Domestic staff should be instructed not to dispose of expressed breastmilk, as it is the property of the mother and her/her family's responsibility to ensure that it is safely taken home.

## Specialist Breastfeeding Clinics and Breastfeeding Support

- The UHB supports co-operation between healthcare professionals and volunteers, in order to provide local breastfeeding support, in both hospital and community settings.
- Sources of national and local support should be identified and mothers given access to updated breastfeeding support information.
- If infant feeding problems are identified, then all clinicians working with mothers and babies, should work cooperatively together to provide support and create plan of action as required.
- They should refer complex baby feeding challenges to infant feeding coordinator/specialists as appropriate. The board are responsible for the provision of infant feeding specialists, in clinical areas which provide care for mothers and babies.
- Paediatric, Maternity and Health Visiting staff should be an information resource for clinicians and parents, regarding access to specialist infant feeding support systems.

## IMPLEMENTATION

- All stakeholders providing and receiving breastfeeding support will be invited to contribute to further development of the breastfeeding policy through involvement in appropriate meetings
- Breastfeeding will be regarded as the normal way to feed babies and young children. The Board will provide a welcoming atmosphere for breastfeeding families where mothers will be enabled and supported to breastfeed their infants in all public areas of UHB premises.
- A mother happily breastfeeding in a Board building, who requests no help, should be left undisturbed.
- If a mother requests assistance, Board staff should respond helpfully and positively. Consideration should be given in each relevant department as to the arrangements needed should a mother request privacy. Comfortable facilities will be made available for mothers who prefer privacy. All staff should be aware of these arrangements.
- In the rare event of a complaint regarding the presence of a breastfeeding mother, Board staff should respond politely but offer to help move the complainant if so desired, the mother will not be asked to move.

## Supporting Board employees to continue breastfeeding on return from maternity leave

The Board recognises that Health and Safety and Sex Discrimination legislation protect a woman's right to be supported in continuing breastfeeding on return to work and will make every effort to accommodate her.

C&V UHB has clear guidelines on combining breastfeeding and returning to work (UHB 192 version 2). This guide states that a pregnant member of staff is signposted to, or provided with a copy of the Board Breastfeeding policy by her manager prior to commencing maternity leave and if breastfeeding upon return to work, the member of staff is supported to enable breastfeeding to continue.

Board staff returning from maternity leave should inform their manager of their intention to continue breastfeeding on return to work and should discuss their needs with their manager prior to return.

Options to be discussed could include:

- Flexible working hours.
- Agreement on feeding the baby in the workplace or in a local crèche/child minder.
- Arrangements for and reasonable time to express milk or feed baby in private. This may include longer and more frequent breaks.
- Consultation with occupational health to advise and support a mother choosing to return to work whilst exclusively breastfeeding. Occupational Health can confer with an appropriate infant feeding specialist (Paediatrics, Maternity or Health Visiting should the need arise).
- Where a staff member returns to work whilst continuing to breastfeed, the line manager is responsible for completing a risk assessment that is compliant with the Board's commitment to supporting this choice.

The facilities provided must ensure that:

- The dignity and privacy of the staff member is protected – for example, an office/room with a “Do not disturb” sign on the door, for use during expressing. **A toilet is not acceptable.**
- There is comfortable seating with access to an electric supply for a breast pump.

- Good hygiene access - hand washing facilities nearby.
- Mothers expressing and returning to work should supply their own sterile pump and storage equipment
- Safe storage of expressed milk is possible within fridges where staff store their food. The expressed milk should be stored in suitable containers within a clean polythene bag marked with the staff members name and contact details.
- Other staff members are not responsible for storage or disposal of the expressed milk. The milk is the property of the mother, and it is her responsibility to ensure safe storage and disposal for her milk and ensuring hygiene standards are met to ensure the other staff members' food/drink does not come into direct contact with her expressed milk.

### Admission of a breastfeeding baby to hospital

- If a breastfeeding baby is admitted to hospital then staff on paediatric wards will adhere to the principles of care outlined in this policy in order to safeguard and minimise disruption to the breastfeeding relationship.
- If a feeding problem is suspected, paediatric ward staff should always seek the opinion and support of the infant feeding team/breastfeeding leads or an identified skilled breastfeeding practitioner.

### Admission of a breastfeeding mother to hospital

- If a breastfeeding mother is admitted to any area of the hospital the support she needs will depend on the nature of her illness, the treatment needed, the age of her baby and the particular circumstances encountered.
- Care options should be discussed with the mother, following a risk assessment carried out by staff with good knowledge and understanding of breastfeeding. The mothers' wishes should be considered in balance with potential risks and the advice of lactation specialists sought when necessary so that whenever possible the breastfeeding relationship is safeguarded.
- All clinicians involved will plan and deliver her care and treatment whilst taking into account their responsibility to protect breastfeeding and lactation.
- Specific guidance for breastfeeding/lactating mothers admitted suffering mastitis- see mastitis information in references.
- When prescribing for breastfeeding/lactating mothers' clinicians must ensure that accurate, evidence based, up to date information is accessed.

- In the rare event of essential medications being proven to be incompatible with breastfeeding then if this is a short course the mother should be encouraged to express & discard her milk to maintain her supply and supported to re-establish breastfeeding once the medication is completed.
- Where longer term therapy of incompatible medication is essential e.g. chemotherapy the mother should be supported to express her milk and gradually decrease her supply to cease lactation as appropriate for her comfort (e.g. over a week or so may be necessary) and discard the expressed milk
- A primary principle of care is to keep breastfeeding mother and baby together. Every effort must be made to achieve this aim. Provision of a single room where possible and if necessary facilitating another adult being present to help with baby care if mother is too unwell to care for baby independently
- Abrupt cessation or reduction in breastfeeding is associated with adverse clinical sequelae i.e. increased risk of mastitis and breast abscess

## Breastfeeding and HIV

- The British HIV Association (BHIVA) 2018 recommends formula-feeding infants born to WLHIV, eliminating postnatal transmission, but also states that viral- suppressed treated women with good adherence who are choosing to breastfeed should be supported to do so.
- Research continues to contribute to a changing picture as regards transmission of HIV and breastfeeding. Each woman's situation must be assessed holistically to allow for culturally defined nuance and informed decision making.
- Where a pregnant woman is HIV positive, staff involved in her care should consult up to date national expert advisory group guidelines to inform discussions on infant feeding.

## DISTRIBUTION



This policy, together with the Equality Impact Assessment, will be available for staff to access on the UHB intranet, clinical portal system and internet site.

Parents/ carers will be able to access the policy, in clinical areas where mothers and newborn babies are cared for on request.

## MONITORING AND REVIEW

The implementation of this policy will be monitored by the Obstetrics and Gynaecology and Child Health Directorates as well as Clinical Board Quality and Safety Groups. It will be reviewed to reflect the findings of any monitoring, together with changes in guidance or legislation. As a minimum it will be reviewed 3 years after the date of approval.

## REFERENCES

1. Welsh Government 2019, *All Wales Breastfeeding Five Year Action Plan*, Welsh Government  
[https://gov.wales/sites/default/files/publications/2019-06/all-wales-breastfeeding-five-year-action-plan-july-2019\\_0.pdf](https://gov.wales/sites/default/files/publications/2019-06/all-wales-breastfeeding-five-year-action-plan-july-2019_0.pdf)
2. Public Health Wales 2015, *All Wales Infant Feeding Guidelines*, Public Health Wales  
<http://www.healthchallengewales.org/sitesplus/documents/1052/Infant%20Feeding%20Guidelines%20final%20web%20may%202015.pdf>



**Infant Feeding  
Guidelines final web n**

3. UNICEF UK *Baby Friendly Initiative* UK 2019 <https://www.unicef.org.uk/babyfriendly/>
4. National Institute for Health and Care Excellence (NICE) 2015 Postnatal care up to 8 weeks after birth. NICE CG37  
<https://www.nice.org.uk/guidance/cg37/resources/postnatal-care-up-to-8-weeks-after-birth-pdf-975391596997>
5. The World Health Assembly 1981 International Code of Marketing of Breast-milk Substitutes, WHO  
[https://www.unicef.org/nutrition/files/nutrition\\_code\\_english.pdf](https://www.unicef.org/nutrition/files/nutrition_code_english.pdf)
6. The First Steps Nutrition Trust [www.firststepsnutrition.org](http://www.firststepsnutrition.org)

7. The British HIV Association (BHIVA) 2018 <https://www.bhiva.org/>

8. National Breastfeeding Network Drug Information and Helpline  
<https://www.breastfeedingnetwork.org.uk/>

## **Equality & Health Impact Assessment for**

### *Breastfeeding Policy*

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

#### **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<sup>1</sup>
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions: -

---

<sup>1</sup>[http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL)

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	<b>BREASTFEEDING POLICY</b>
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Women and Children Clinical Board, Infant Feeding Specialist Midwife 02920743214/Infant Feeding Specialist Health Visitor 02922330286
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To provide local guidance for all health care professionals of varying disciplines to ensure consistent care, advice and information in relation to infant feeding. To provide consistent advice, practice and support to women / couples, their families or carers in relation to infant feeding.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul>	<p>More information on the Code:  <a href="http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-Updated-Baby-Friendly-standards">http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Going-Baby-Friendly/Maternity/The-International-Code-of-Marketing-of-Breastmilk-Substitutes-Updated Baby Friendly standards:</a>  <a href="http://www.unicef.org.uk/babyfriendly/standards">www.unicef.org.uk/babyfriendly/standards</a></p> <p>Royal College of Obstetricians and Gynaecologists  Gender reassignment discrimination, ACAS,  <a href="http://www.acas.org.uk/index.aspx?articleid=2064">http://www.acas.org.uk/index.aspx?articleid=2064</a>  Equality Act 2010</p>

	<p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p>Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012).</p> <p>National Institute of Clinical Guidance 2006, Routine postnatal care of women and their babies, (CG37), updated (Feb 2015). <a href="http://www.nice.org.uk/guidance/cg37">www.nice.org.uk/guidance/cg37</a></p> <p>National Institute of Clinical Guidance 2005, Division of ankyloglossia (tongue tie) for breastfeeding. Interventional procedures guidance (IPG149), December 2005. <a href="http://www.nice.org.uk/guidance/IPG149">www.nice.org.uk/guidance/IPG149</a>.</p> <p>Faltering Growth: Recognition and management of faltering growth NG75 (Sept 2017) <a href="https://www.nice.org.uk/guidance/ng75">https://www.nice.org.uk/guidance/ng75</a></p>
<p><b>5.</b></p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Women, couples and their families following birth as well as UHB staff involved in care.</p>

<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>3</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

--	--	--

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. 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. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b></p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>There is a potential positive impact as the aim of the policy is to ensure consistent, information, support and care in relation to infant feeding at Cardiff and Vale University Health Board to all. To provide consistent advice, practice and support to staff, women / couples, their families or carers involved in infant feeding.</p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>There is the potential for there to be a negative impact on people for example with learning difficulties &amp; people with a compromised level of understanding.</p>	<p>All efforts will be made to recognise people with disabilities and all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives</p>	



<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
		<p>and carers as well as the cultural and spiritual elements of care and giving relevant information at the right time and in the right way, such as with the use of communication aids.</p>	
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment  <b>NB</b> Gender-reassignment is anyone who proposes</p>	<p>There was no specific information or mention when searched in relation to gender issues with regards to this type of guidance though, awareness is raised, for some cultures it is important that</p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p>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>people are cared for by people of the same gender and we would meet this where possible. There does not appear to be any impact on people with this characteristic.</p> <p>No specific data is available to assess whether the content of this policy will have an equality impact relating to gender reassignment. It is not anticipated that that gender reassignment status of any parent/family member or carer will adversely impact on the relationships built with UHB staff. However, It is known that</p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/ mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
	<p>trans people face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Research shows that trans people can experience many barriers and issues in relation to their trans related <b>and/or</b> their general healthcare <b>and/or</b> there use of NHS services. Also, as care</p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
	<p>providers we should communicate an understanding of gender dysphoria and transgender identities in order to build patient trust and provide competent care. MacDonald, T., Noel-Weiss, J., West, D. et al. Transmasculine individuals' experiences with lactation, chest feeding, and gender identity: a qualitative study. BMC Pregnancy Childbirth 16, 106 (2016). <a href="https://doi.org/10.1186/s12884-016-0907-y">https://doi.org/10.1186/s12884-016-0907-y</a></p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>There does not appear to be any impact in relation to this.</p>	<p>The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship and thus implicit, whether they are married or in a civil partnership.</p>	
<p><b>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</b></p>	<p>We would be respectful of patients with this, in supporting their wishes and the wishes of their carer/families.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
protected for 26 weeks after having a baby whether or not they are on maternity leave.			
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	It was noted that there is a positive impact in the following information in accommodating differing cultural needs	If required Cardiff and Vale UHB can provided interpreters through face to face contact and also via the telephone language line/big word.	
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	There is the potential for the impact to be positive as the UHB has a number of ways of ensuring that cultural needs are met.	There is access to Chaplains of varying faiths to provide spiritual support to	

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate</p>
		<p>patients, carers and staff who have a faith and those of no faith. This service is available 24 hours a day via an on call service out of hours. There are also Multi Faith Customs Charts and a Ward Guide for the Religious Care for Patients accessible to Health Board staff.</p>	
<p><b>6.8 People who are attracted to other people of:</b></p>	<p>There appears to be a positive impact on people with this</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are in a same sex or heterosexual relationship. There is no specific data is available to assess whether the content of this policy will have an equality impact relating to sexual orientation issues. It is not anticipated that the sexual orientation of any parent/family member or carer will adversely impact on the relationships built with UHB staff. However, it is known that		



<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	if an individual is a lesbian, gay or bisexual (LGB) they may face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012).		
<b>6.9 People who communicate using the Welsh language in terms of</b>	The UHB will ensure that members of the public who wish to have dealings with us		

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. Make reference to where the mitigation is included in the document, as appropriate
<p><b>correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>are able and welcome to do so in Welsh or English. A positive impact has been identified in relation to this.</p> <p><b>Welsh Language (Wales) Measure 2011</b>  <a href="http://www.legislation.gov.uk/mwa">http://www.legislation.gov.uk/mwa</a>  The Welsh Language Standards (2016)</p>		
<p><b>6.10 People according to their income related group:</b>  Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>There is a positive impact on people with this characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are on a low income.</p>		
<p><b>6.11 People according to where they live:</b>  Consider people living in</p>	<p>There does not appear to be any impact on people living in</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	areas that exhibit poor economic/health indicators. The guidance aims to ensure that all couples are treated with the same dignity and respect		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>All people are given access to care, there are no restrictions to those living in area of deprivation or health inequalities</p>		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol</p>	<p>All people are encouraged to improve/maintain healthy lifestyles.</p> <p>There are support services within CAV UHB for smoking cessation, drug and alcohol dependence, weight management. Safer Pregnancy 2017.</p> <p>The Joint Committee on Vaccination and Immunisation (JCVI) Dec 2020</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p><a href="https://www.rcog.org.uk/en/news/updated-advice-on-covid-19-vaccination-in-pregnancy-and-women-who-are-breastfeeding">https://www.rcog.org.uk/en/news/updated-advice-on-covid-19-vaccination-in-pregnancy-and-women-who-are-breastfeeding</a></p>		
<b>7.3 People in terms of their income and employment status:</b>	All people are cared for irrespective of income and employment status		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales			
<b>7.4 People in terms of their use of the physical environment:</b> 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	All people are cared for in terms of the physical environment.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
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  Well-being Goal – A resilient Wales			
<b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and	There is a positive impact as the aim of the policy is to ensure consistent care, advice and support in relation to infant feeding at Cardiff and Vale University Health Board to all. To provide consistent		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts and any particular groups affected</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate</b>                      Make reference to where the mitigation is included in the document, as appropriate</p>
<p>social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>advice, practice and support to women / couples, their families or carers in infant feeding regardless of who they are, their culture or what they believe. The policy is there to support all. There is no discrimination in respect of social/community influences.</p>		
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b>                      Consider the impact of government policies; gross domestic product;</p>	<p>There is no discrimination in respect of macro-economic, environmental and sustainability factors. There is a clear positive impact on the environment as a result of breastfeeding specifically.</p>		



<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
economic development; biological diversity; climate  Well-being Goal – A globally responsible Wales			

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

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>Positive impact is that parents have a choice in infant feeding without discrimination. Staff have clear guidance regarding options available to parents, and are trained in giving this information to ensure the person is fully informed when making decisions relating to care.</p>
--	--

**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>	<p>Interpreters will be provided for every family that English is not their first language; to facilitate effective communication.</p>			

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></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>	<p>A more comprehensive Equalities Health Impact Assessment has not been undertaken as the impact is not deemed necessary for a more formal consultation.</p>			

<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal:             <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>Updates of policy adhering to UNICEF, BFI guidance.</p> <p>All views taken into account, we have to adhere to BFI guidance</p> <p>The Executive Board will decide approval of the policy.</p> <p>The EHIA has been consulted upon</p> <p>It has been reviewed by the Infant feeding coordinators for maternity and Health visiting and consultant midwife, when this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement)</p> <p>Intranet for consultation, Executive Board, Maternity Professional forum, Quality and Safety, NMB, C&amp;V Intranet and Public consultation through the maternity services liaison committee.</p>			
---	---	--	--	--

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
	Intranet  Date			

## 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. With this in mind, 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)<sup>4</sup>

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:

---

<sup>4</sup> <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)<sup>5</sup>
- Equality Act 2010<sup>6</sup>
- Well-being of Future Generations (Wales) Act 2015<sup>7</sup>
- Social Services and Well-being (Wales) Act 2015<sup>8</sup>
- Health Impact Assessment (non statutory but good practice)<sup>9</sup>
- The Human Rights Act 1998<sup>10</sup>
- United Nations Convention on the Rights of the Child 1989<sup>11</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>12</sup>
- United Nations Principles for Older Persons 1991<sup>13</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>14</sup>
- Welsh Government Health & Care Standards 2015<sup>15</sup>
- Welsh Language (Wales) Measure 2011<sup>16</sup>

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). A number of 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 different groups; and
- foster good relations between different groups.

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of 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 caring responsibilities and Welsh Language issues.

<sup>5</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>6</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>7</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>8</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>9</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>10</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>11</sup> <http://www.unicef.org/UNICEFs-Work/UN-Convention>

<sup>12</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>13</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>14</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>15</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>16</sup> <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

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.

**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 on the basis of 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 in to 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 detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and 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 Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@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 templates<sup>17</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide<sup>18</sup>

---

<sup>17</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>18</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

## Appendix 2 – The Human Rights Act 1998<sup>19</sup>

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':

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 travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
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 travellers, 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 travellers
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 whistle-blowing 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

---

<sup>19</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

13. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
14. Protocol 1, Article 1 Right to peaceful enjoyment of your property
15. Protocol 1, Article 2 Right to education
16. Protocol 1, Article 3 Right to participate in free elections
17. Protocol 13, Article 1 Abolition of the death penalty

## Appendix 3

### 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 different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seeks views and opinions.

