

Reference Number: UHB 238
Version Number: 4

Date of Next Review: 9 February 2025
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UHB238

Cardiff and Vale University Health Board Fundraising Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we acknowledge ethical, sensitive fundraising as a legitimate means to enable the purchase of goods and equipment or services which are not available within capital or revenue budgets, but will help ensure the UHB remains a premier health care provider. The public see donating cash or equipment, or actively raising funds, as a positive way of supporting a health service which is short of funding.

Cardiff & Vale Health Charity ("the Health Charity") is the official charity and working/trading name of the Cardiff and Vale University Health Board General Purposes Charitable Fund, Charity Registration Number 1056544.

The Health Charity's corporate trustee is Cardiff and Vale University Health Board. Further accountability is provided by the Charity Commission and the Welsh Government's Minister for Health and Social Services of Wales. Responsibility for the management and distribution of funds and the receipt of new charitable monies is with the corporate trustee. This falls on the members of the Board, though the corporate trustee remains the UHB. Responsibility for the management of charitable funds is delegated to the Charitable Funds Committee. The day to day work related to the Health Charity is performed by the Senior Fundraisers and Fundraising Support Officers. The function of the Health Charity is to maintain a register of fundraising activities, support fundraising activities, and ensure that fundraising activities are undertaken in accordance with principles of best practice and pose no risk to the reputation of the UHB and the brand of Cardiff & Vale Health Charity.

Fundraising staff in the Health Charity Office are members of the Institute of Fundraising and attend continuous professional development; other staff members in the UHB are not appropriately qualified to give fundraising advice to staff or supporters.

Policy Commitment

The UHB is committed to ensuring that related fundraising activities are undertaken in accordance with principles of best practice and pose no risk to the reputation of the UHB, our staff and patients, and the brand of Cardiff & Vale Health Charity. The following procedures have been developed in light of this:

1. The Charity Office **must** be made aware in advance of all activities where patients, visitors, staff or members of the public on the UHB estate will be able to donate money, cash or goods, for any charitable cause. The Charity Office **must** approve such fundraising activities prior to them being undertaken.
2. a. Approval for collecting funds connected to local and national health related

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awareness campaigns such as Macmillan Coffee Mornings, and national charity event days such as Red Nose Day and Children in Need is dependent on the fundraising activity being registered in advance with the Health Charity.

b. All charities must contact the Charity Office **before** putting up any advertising (including leaflets, flyers, display boards etc.) or longer-term structures (including signage, sculptures, and display boards) across the UHB sites in general and in office and ward locations.

c. Only Cardiff & Vale Health Charity collecting boxes are permitted on the UHB estate unless permission has been granted by the Health Charity.

d. The Charity Office **must** be made aware in advance of all fundraising activities naming the UHB or Health Charity as the beneficiary. The Health Charity **must** be able to review and approve marketing materials and financial arrangements in advance.

The corporate trustee retains the right to refuse donations that have been raised in a way that may be detrimental to the objectives of the Health Charity and the wellbeing of communities served by the UHB. The Health Charity will not benefit from fundraising activities perceived as sexist, transphobic, racist, or otherwise offensive

3. The following situations **must** be referred to the Health Charity:

a. An external individual or organisation wishes to support the hospital, or specific wards or departments, with a cash donation, volunteer time, or gift in kind. Gift in kind could be a donation of concert or match tickets; signed memorabilia; donated artwork; children's toys; furniture; training.

b. Staff want to hold a fundraising raffle, for which they will sell tickets more than 24 hours in advance of the draw. The Charity Office will act as the promoter and supply numbered tickets in accordance with the Lotteries and Amusements Act 1976.

c. Staff want to approach an individual or organisation for sponsorship, financial support, gifts in kind etc.

d. An individual or organisation wants to sell items on behalf of the Health Charity.

e. Notification of a legacy that names Cardiff and Vale University Health Board, Cardiff & Vale Health Charity or any area of any UHB service as a beneficiary.

f. An individual or organisation wants to donate a potential asset (medical equipment, furnishings). This **must** be brought to the attention of the Charity Office at the earliest possible time for inclusion on the asset donation register. Departments receiving donated assets will be asked to confirm the assets conform to relevant standards and revenue consequences are managed.

4. Fundraising restrictions are in place to protect patients, staff, and members of the public:

a. Fundraising activities at the bedside must be in line with the values and behaviours of the Health Board and in consultation with clinical staff. It must be respectful, and sensitive in its approach.

b. Fundraising staff or volunteers must be mindful and respectful in line with the values and behaviours of the Health Board when discussing fundraising activities with patients or visitors to suggest or request involvement or contributions. If patients or visitors approach a member of staff regarding the fundraising activity staff may accept offers of participation and support.

c. Staff participation in fundraising activities is voluntary and **must not** be imposed on any individuals.

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d. An individual member of staff fundraising for a charitable cause on site is acceptable as long as the fundraising does not interfere in scheduled work hours. This should also be discussed with the relevant Clinical Board. Care should be taken to ensure that participating in or organising fundraising activities does not impair compliance with statutory regulations and recommended practice.

e. Legally, fundraising **must not** be undertaken by individuals under the age of 18.

f. Children up to the age of 18 can be involved with fundraising with a guardian's permission. However, children cannot collect static collection boxes, sell tickets for licensed lotteries, or count collected money.

5. All charitable income received into any ward or department by any member of staff, either from donations or fundraising activities, **must** be paid into the relevant Health Charity endowment fund, via the Cashiers' Office, within 7 days.

a. Cash from a ward or department-based fundraising activity, such as a raffle, **must** be counted and signed as a donation by two members of staff on the donation form and taken in a sealed collection tin or envelope to the Cashiers' Office.

b. If under exceptional circumstances staff are not able to take a donation to the Cashiers' Office, staff should contact the Charity Office on fundraising.cav@wales.nhs.uk for assistance.

c. Under **no** circumstances should a donation cheque be made payable to an individual UHB staff member. If you receive a cheque made payable to a member of staff, please forward it to the Charity Office for action.

6. The Charity Office will support departments or partner organisations seeking to raise a substantial sum for a large capital project or long-term work in a particular area.

a. In the first instance, this should be discussed with the department's Clinical Board and the Charity Office.

b. Where agreed, the Charity Office will support the formation of an Appeal committee. This should involve departmental staff, patient representative/s, and a member of the Charity Office.

c. The Charity Office retains the right to start, manage and transition appeals according to the Health Charity's priorities and the Charity Office's capacity.

Supporting Procedures and Written Control Documents

- Naming Policy
- Standards of Behaviour Policy

Scope

The scope of this policy includes fundraising activity in the following situations:

- Fundraising undertaken on or off the UHB estate to benefit our patients through Cardiff & Vale Health Charity
- Fundraising undertaken on the UHB site by partner charities

All sections of this policy apply to:

- Anyone involved in any fundraising event undertaken on UHB sites to benefit any charity;
- Anyone fundraising with the UHB and/or the Health Charity as a named recipient of

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funds.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact. Key actions have been identified and these can be found incorporated within this policy/supporting procedure.

Policy Approved by	Board of Trustees (upon recommendation of the Charitable Funds Committee)
Group with authority to approve procedures written to explain how this policy will be implemented	For example: Senior Leadership Board
Accountable Executive or Clinical Board Director	Catherine Phillips, Executive Director of Finance

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance team: Marcia.Donovan2@Wales.nhs.uk

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
3	Date approved by Board/Committee/Sub Committee 6 th December 2022	TBA <i>[To be inserted by the Gov. Dept]</i>	<i>Revised Document (superseding UHB238 Version 2) Amendment to Accountable Officer Amendment to 2a – change to awareness campaigns (removed outdated campaigns) Amendment to 4a – Slight change to wording. Amendment to Governance Team contact details.</i>

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Equality & Health Impact Assessment for

Fundraising Policy (an administrative type 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 required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	This EHIA has been designed for the Cardiff & Vale Health Charity Fundraising Policy.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executives, Woodland House, 02921 836041 Head of Arts and Health Charity, 02921 836049.

¹<https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/f-corporate-policy/uhb-238-fundraising-policy-pdf/>

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3.	Objectives of strategy/ policy/ plan/ procedure/ service	The function of the Charity Office is to maintain a register of fundraising activities, support fundraising activities, and ensure that fundraising activities are undertaken in accordance with principles of best practice and pose no risk to the reputation of the UHB and the brand of the Health Charity. The Fundraising Policy provides a framework and guidance to support this function, in line with Cardiff and Vale UHB governance and financial probity policies and procedures.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • • engagement and involvement findings <ul style="list-style-type: none"> • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from</p>	<ul style="list-style-type: none"> • Not applicable • See Addendum 1 for staffing profile <ul style="list-style-type: none"> • As an administration policy opposed to a clinical policy, it was unnecessary to undertake a needs assessment. • The UHB's usual arrangement with regard to consultation was followed. External stakeholders were not engaged in the EHIA and/or policy development but were consulted in order to share views.

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	Public Health Wales Observatory ² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need ³ .	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	UHB staff, charity staff and volunteers working on behalf of the UHB, will be affected by the Policy.

² <https://phw.nhs.wales/services-and-teams/observatory/>

³ <https://cavuhb.nhs.wales/about-us/our-mission-vision/background-to-the-strategy/the-challenges-we-face/>

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

Questions in this section relate to the impact on people 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>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>There does not appear to be any impact. However the policy clearly states:- Legally, fundraising must not be undertaken by individuals under the age of 18. Children up to the age of 18 can be involved with fundraising with a guardian's permission. However, children cannot collect static collection boxes, sell tickets for licensed lotteries, or count collected money.</p>	<p>n/a</p>	<p>n/a</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. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the Policy would be made accessible to staff in alternative formats on request or via usual good management practice.</p>		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p>	<p>There appears not to be any impact on staff regarding gender.</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. Make reference to where the mitigation is included in the document, as appropriate
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			
6.4 People who are married or who have a civil partner.	There appears not to be any impact on staff.		
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	There appears not to be any impact on staff.		

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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. Make reference to where the mitigation is included in the document, as appropriate
having a baby whether or not they are on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact on staff regarding race, nationality, colour, culture or ethnic origin.	Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings.	All departments to be aware of their staff profiles.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	It is unlikely to be any impact on staff regarding their religion.	Staff are able to raise any issues with their line manager.	

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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. Make reference to where the mitigation is included in the document, as appropriate
<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>There appears not to be any impact on staff.</p>		
<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>Fundraising forms provided to fundraisers i.e. pledge forms, posters, information leaflets etc. should be bilingual. English & Welsh websites and social media platforms are used. If fundraisers are raising money but using their own promotional material, they should be encouraged to provide it bilingually.</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. Make reference to where the mitigation is included in the document, as appropriate
<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 ill-health</p>	<p>There appears not to be any impact on staff. However the policy clearly states: Fundraising staff or volunteers must not directly approach patients or visitors to suggest or request involvement or contributions. If patients or visitors approach a member of staff regarding the fundraising activity staff may accept offers of participation and support.</p>		
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators,</p>	<p>There appears not to be any impact on staff.</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. Make reference to where the mitigation is included in the document, as appropriate
people unable to access services and facilities			
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There are no other groups including Carers or risk factors to take into account with regard to this Policy. The policy is clear that Fundraising staff or volunteers must not directly approach patients or visitors to suggest or request involvement or contributions. If patients or visitors approach a member of staff regarding the fundraising activity staff may accept offers of participation and support.		

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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 particular groups affected	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>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>Well-being Goal - A more equal Wales</p>	As primarily an administrative Policy, there will be no impact.		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active,</p>	As primarily an administrative Policy, there will be no impact.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	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>no smoking /smoking cessation, reducing the harm caused by alcohol 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 Well-being Goal – A healthier Wales</p>			
<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>As primarily an administrative Policy, there will be no impact. The policy is clear that Fundraising staff or volunteers must not directly approach patients or visitors to suggest or request involvement or contributions.</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 particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales	If patients or visitors approach a member of staff regarding the fundraising activity staff may accept offers of participation and support.		
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	As primarily an administrative Policy, there will be no impact.		

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<p>areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<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>Well-being Goal – A Wales of cohesive communities</p>	<p>As primarily an administrative Policy, there will be no impact.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors:</p>			

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<p>Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	As primarily an administrative Policy, there will be no impact.		

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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	Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of administrative type policies.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	If a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Staff are able to raise any issues with their line manager/Human Resources.	Line Manager as applicable	Depending on individual need	Action in accordance with UHB Employment Policies and Procedures such as the Dignity at Work Policy and to follow advice from Human Resources

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<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>	<p>As there has been potentially very limited impact identified, it is unnecessary to undertake a more detailed assessment and formal consultation is not required.</p>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps? 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 Policy remains unchanged The EHIA has been consulted upon internally as a generic document to support a variety of administrative-type policies and procedures. It has been approved by the Charitable Funds Committee When an administrative-type policy is developed or reviewed this EHIA will form part of that consultation exercise and publication. 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 a statutory requirement).</p>			

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)⁴

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:

⁴ <https://gov.wales/well-being-future-generations-act-essentials-html>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

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.

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

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

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

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

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

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

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

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

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

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

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

¹⁶ <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 the Equity and Inclusion Department (EquityAnd.Inclusion@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 templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

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

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

Appendix 2 – The Human Rights Act 1998¹⁹

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

¹⁹ <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.

