

Equality & Health Impact Assessment for Interventions Not Normally Undertaken 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	Not applicable
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive leads: Claire Beynon, Executive Director of Public Health; Dr. David Fluck, Executive Medical Director Lead: Dr. Michael Allum, Consultant in Public Health Medicine
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The purpose of the INNU policy is to outline the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria. An intervention is placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation.

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253_73860411&_dad=portal&_schema=PORTAL

		<p>The INNU policy is in line with the UHB’s strategic objectives within the <i>Shaping Our Future Wellbeing 2023-2035 Living Well, Caring Well, Working Together</i>:</p> <ul style="list-style-type: none"> - <i>continuous quality to improvement and make the best use of the Health Board’s resources</i> - <i>delivery outstanding quality of care everytime</i> - <i>minimising inequity</i>
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 • 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 Public Health Wales Observatory² and the UHB’s ‘Shaping Our Future Wellbeing’ Strategy provides an overview of health need³.</p>	<p>In 2021, there were 362,400 people living in Cardiff, and 131,800 in the Vale of Glamorgan. There are several universities in Cardiff, accounting for a substantial student population.</p> <p>In 2021 Census, 5.3% (age-standardised) of the Cardiff population, and 4.3% of the Vale of Glamorgan population self-reported bad health; 1.7% and 1.4% respectively reported very bad health.</p> <p>14,290 people are estimated to be living with sight loss in Cardiff and Vale of Glamorgan (RNIB 2022 Sight Loss tool⁴); Approximately 18% of the population of Wales say they have difficulty with hearing⁵.</p> <p>Population data from Census 2021 for Cardiff and the Vale of Glamorgan: Cardiff:</p> <ul style="list-style-type: none"> • Ethnicity: 79.2% self-identified as white; 9.7% Asian, Asian British or Asian Welsh; 4.0% Mixed or Multiple ethnic groups; 3.8% Black, Black British, Black Welsh, Caribbean or African; 3.3% Other ethnic groups • Religion: 42.9% no religion; 38.3% Christian; 9.3% Muslim; 6.3% not answered; 1.5% Hindu; 0.6% other; 0.4% Sikh; 0.4% Buddhist; 0.2% Jewish;

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

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

⁴ [RNIB Sight Loss Data Tool - statistics on sight loss | RNIB](#)

⁵ [National Survey for Wales headline results: April 2024 to March 2025 \[HTML\] | GOV.WALES](#)

- Marital status: 48.6% never married and never registered a civil partnership; 36.8% married or in a registered civil partnership; 7.8% divorced or civil partnership dissolved; 5.0% widowed or surviving civil partnership partners; 1.8% separated
- Carers: 9.3% unpaid carers (aged five years and over)
- Disability (age-standardised): 9.5% disabled and limited a lot; 11.0% disabled and limited a little
- Sexual orientation: 87.01% straight or heterosexual; 2.42% gay or lesbian; 2.37% bisexual; 0.19% pansexual; 0.11% asexual; 0.07% queer; 0.17% another sexual orientation; 7.65% not answer

Vale of Glamorgan:

- Ethnicity: 94.6% self-identified as white; 2.3% Mixed or multiple; 2.1% Asian, Asian British or Asian Welsh; 0.5% Black, Black British, Black Welsh, Caribbean or African; 0.5% Other ethnic group
- Religion: 47.9% no religion; 44.1% Christian; 0.9% Muslim; Other 0.5%; Buddhist 0.3%; Hindu 0.3%; Jewish 0.1%; Sikh 0.1%; Not answered 5.7%
- Marital status: 47.4% married or registered civil partnership; 33.5% never married and never registered a civil partnership; divorced or civil partnership dissolved 10.1%; widowed or surviving civil partnership partner 7.0%; separated 2.0%
- Carers: unpaid carers 10.2% (aged five years and over)
- Disability (age-standardised): 8.6% disabled and limited a lot; 10.8% disabled and limited a little
- Sexual orientation: 90.33% straight or heterosexual; 1.68% gay or lesbian; 1.13% bisexual; 0.09% pansexual; 0.05% asexual; 0.03% queer; 0.08% another sexual orientation; 6.60% not answer

The Cardiff and the Vale of Glamorgan Population needs assessment [Cardiff and Vale of Glamorgan Population Needs Assessment 2022-27 - Cardiff and Vale University Health Board](#) was prepared following the introduction of the Social Services and Well-being (Wales) Act 2014. The Act placed a duty on Local Authorities and Local

		<p>Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. This is currently being updated.</p> <p>To further explore the potential impact of the INNU policy, an EHIA has been undertaken focusing on each of the interventions in the INNU list. This was undertaken with support and guidance from the Health Board's Equity and Inclusion team.</p> <p>A number of interventions in the INNU list are permitted only in accordance with NICE guidance or JCC guidance. Processes within both require equality issues to be considered in the scoping and production phases and NICE publishes an equality impact assessment alongside its guidance.</p> <p>The following sources provided evidence for the interventions included in the INNU list: Relevant technology appraisals and clinical guidelines published by Royal Colleges and the National Institute for Health and Care Excellence www.nice.org.uk/</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>Patients, staff and stakeholders will have clear and transparent information about those health service interventions not normally undertaken by the UHB or undertaken only within specified criteria.</p> <p>The population served by Cardiff and Vale UHB will benefit through the efficient use of limited healthcare resources and minimising of avoidable harm.</p>

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>Certain of the interventions in the INNU list are applicable in particular to younger or older people because of the higher prevalence of a related condition or illness in that age group.</p> <p>For each intervention it is stated whether there is:</p> <ul style="list-style-type: none"> - No provision because the intervention is not clinically and cost effective - Provision only within certain criteria <p>One intervention (Spinal Injections for Pain) states the criteria for repeated injections includes “young patients trying to avoid medication related side effects” - clarification sought</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment.</p> <p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p> <p>When the IPFR panel next recruits lay members consideration should be given to diversity of the Representatives.</p> <p>Clarification on young patients criteria for repeated spinal injections</p>	<p>The IPFR route is highlighted throughout the INNU list.</p> <p>UPDATE 07.10.25 Clarification on spinal injections for pain, no age criteria required therefore the word “young” removed from INNU list</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	from clinicians as to whether clinical reason for young patients only, and what the definition of this age criteria is		
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	Some of the interventions in the INNU list are particularly pertinent to people with disabilities an example of where this has been considered specifically was for Grommets where it highlighted a significant second disability as an additional criterion.	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p> <p>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all.</p>	<p>The IPFR route is highlighted throughout the INNU list.</p> <p>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board</p>
<p>6.3 People of different genders:</p> <p>Consider men, women, people undergoing gender reassignment</p>	Some interventions in the INNU list may be particularly applicable due to anatomical differences (e.g. hysterectomy;	Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient	The IPFR route is highlighted throughout the INNU list.

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>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>management of erectile dysfunction).</p> <p>Gender reassignment interventions are commissioned by Joint Commissioning Committee and the INNU list includes a hyperlink to the JCC policy webpage.</p> <p>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation.</p> <p>No evidence was identified to suggest that people would be disproportionately affected by the INNU policy on the basis of gender or gender reassignment.</p>	<p>Funding Request (IPFR) route is available to clinically exceptional cases.</p>	
<p>6.4 People who are married or who have a civil partner.</p>	<p>The general health needs of married people or people in a</p>	<p>None identified</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	civil partnership are the same as others within the population. The policy does not have a direct impact on people because of their being married or in a civil partnership.		
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>The INNU list includes one intervention that specifically relates to pregnancy- elective caesarean section. Criteria for when the procedure may be undertaken were developed by NICE.</p> <p>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation.</p> <p>No information was identified to suggest that pregnant</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment.</p> <p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p>	<p>The IPFR route is highlighted throughout the INNU list.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	people, those who had recently given birth or are breast feeding would be negatively impacted by the INNU policy.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>Cardiff has the highest proportion ethnic minority population of the local authorities in Wales. The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or because of service prioritisation. No evidence of negative impact has been identified because of a person's race, nationality, culture or being a non-English speaker.</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p> <p>When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.</p> <p>Data on ethnicity is not routinely and systematically collected across the UHB. This should be implemented as</p>	<p>The IPFR route is highlighted throughout the INNU list.</p> <p>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		<p>standard to understand health inequalities in our community.</p> <p>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all, including non-English speakers.</p>	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>No evidence has been found of specific impacts from the INNU policy on people because of their religion, belief or non-belief.</p>	<p>Data are not routinely collected, this should be implemented as standard.</p> <p>Clinical Boards to continue to consider and monitor whether components of medicines (e.g. porcine derivatives) may have a differential impact on those with a religion or belief, and to consider alternative therapeutic options as appropriate</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. 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>No evidence has been found of specific impacts from the INNU policy on people based on whether they are heterosexual, lesbian or gay, or bisexual.</p>	<p>Data are not routinely collected, this should be implemented as standard.</p>	<p>N/A</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>No evidence has been found of specific impacts from the INNU policy on people who wish to communicate using the Welsh language.</p> <p>Under the Welsh Language Standards, patients and service users whose first language is Welsh should be given the choice to receive a Welsh language service. This may include discussing treatment options, gaining consent and providing patient information.</p>	<p>The Individual Patient Funding Request (IPFR) route is available for clinically exceptional cases. Patient Information Leaflets for IPFR are available in Welsh and English.</p> <p>e-learning Welsh Language Awareness training for all NHS Wales staff is in place. Also broader availability to Health Board staff to develop Welsh Language abilities</p>	<p>IPFR patient information leaflets in Welsh and English are available on the Cardiff and Vale internet site</p> <p>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all	
<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>No evidence was found of specific impacts from the INNU policy on people because of their income. However, we noted that specific groups such people who are homeless may experience difficulties accessing services generally.</p> <p>The INNU policy advocates clinical and cost effectiveness, taking into consideration prioritisation decisions, to determine those interventions not normally undertaken.</p>	Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.	Services for health excluded groups are available to improve access to services.

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>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>No evidence has been found of specific impacts from the INNU policy on people because of where they live.</p> <p>The INNU policy applies to the resident population of Cardiff and Vale UHB.</p>	<p>Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.</p>	<p>Services for health excluded groups are available to improve access to services.</p>
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>The needs of other groups including carers, prisoners, refugees/asylum seekers, and people who are homeless were considered.</p> <p>Some interventions listed within the INNU policy are to be undertaken within JCC guidance. The JCC will have undertaken EHAs for this guidance.</p> <p>UPDATE 21/10/25 Some interventions within INNU policy are to be undertaken within NICE guidance. NICE will have</p>	<p>Promotion of services which are accessible to those who are health excluded.</p> <p>Working in partnership with the third sector to promote services which are accessible to those who are health excluded.</p> <p>Ensuring the 'digital divide' does not exacerbate existing health inequalities.</p> <p>Using simple language in all Communications.</p>	<p>Services for health excluded groups are available to improve access to services.</p> <p>In person and digital services offered as appropriate, based on patient's need and preference.</p> <p>Offering communication through the preferred method, as needed e.g. through Braille, BSL, using interpretation services etc.</p> <p>The recently updated All-Wales NHS Accessible Communication and Information Standards will be</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	undertaken EHIAs for these guidance.	<p>Clinical Boards to liaise with the Health Inclusion Service to continue to monitor, review and consider potential impacts of INNU on health inclusion groups.</p> <p>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all</p>	implemented across the Health Board

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>	<p>The INNU policy is explicit about those interventions that should not be undertaken routinely or only under certain circumstances. This supports consistency in the management of patients between clinicians, in relation to the interventions included on the INNU list.</p>	<p>Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.</p>	<p>Partnership working with other agencies to make onward referrals as needed.</p> <p>Offering patient transport services to those who need support.</p>
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider</p>	<p>No specific impacts from the INNU policy on people's ability to improve / maintain healthy lifestyles have been identified.</p> <p>The interventions included in the INNU list are treatment rather than preventative interventions.</p>		<p>The introduction of <i>Making Every Contact Count (MECC)</i> by Cardiff and Vale UHB has supported health and social care staff to maximise their interactions and when appropriate to offer healthy lifestyle advice and signposting to support services.</p> <p>The <i>Optimising Outcomes Policy (OOP)</i>, offers patients who require surgery additional</p>

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>impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			<p>support to lose weight or quit smoking which will improve their chances of successful surgery.</p> <p>A proportionate universalism approach to the delivery of preventative services is supported by the Public Health team as part of a strategy to reduce health inequalities.</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>Well-being Goal – A prosperous Wales</p>	<p>No specific impacts from the INNU policy</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure</p>	<p>No specific impacts from the INNU policy on people’s use of the physical environment have been identified.</p>	<p>None</p>	

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>activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>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>No specific impacts from the INNU policy on people in terms of social and community influences on health have been identified.</p>	<p>None</p>	

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>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>No specific impacts from the INNU policy on macroeconomic, environmental and sustainability factors have been identified.</p>	<p>None</p>	

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The INNU policy outlines the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria.</p> <p>The INNU list makes explicit the interventions not normally undertaken, and for those interventions where the intervention may be offered to patients meeting certain criteria, what the criteria are.</p> <p>The policy supports the <i>Shaping Our Future Wellbeing Strategy 2015-2025</i>. Interventions are placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation. The policy supports the avoidance of harm, waste and variation within the UHB and making best use of the limited resources available.</p> <p>The Individual Patient Funding Request (IPFR) route is available in clinically exceptional cases.</p>
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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?	When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.	IPFR team	TBC	Ongoing area of work across the Health Board e.g Equity, Equality, Experience and Patient Safety action plan reported six monthly to Quality Committee
	Improve the systematic collection of data on the factors that may impact health inequalities	Clinical Boards	TBC	
	The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board	TBC	TBC	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>To seek approval for the INNU policy, INNU list and the associated EHIA to the Clinical Effectiveness Committee (21st October 2025) and Quality Committee (28th October)</p>	MA	October 2025	<p>Clinical Boards have responsibility for activity undertaken within their Clinical Board.</p>
	<p>INNU policy, INNU list and EHIA to be published on Cardiff and Vale UHB internet and intranet sites</p>	ZC	November 2025	
	<p>Adherence to the policy will be monitored via monthly Business Intelligence Support (BIS) reports and clinical board audit processes</p>	Clinical Boards	Monthly	
	<p>The 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 EHIA will be reviewed and updated as required with any changes to the INNU list and/or policy.</p>	Exec MD	November 2028	

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)⁶

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:

⁶ <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)⁷
- Equality Act 2010⁸
- Well-being of Future Generations (Wales) Act 2015⁹
- Social Services and Well-being (Wales) Act 2015¹⁰
- Health Impact Assessment (non statutory but good practice)¹¹
- The Human Rights Act 1998¹²
- United Nations Convention on the Rights of the Child 1989¹³
- United Nations Convention on Rights of Persons with Disabilities 2009¹⁴
- United Nations Principles for Older Persons 1991¹⁵
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁶
- Welsh Government Health & Care Standards 2015¹⁷
- Welsh Language (Wales) Measure 2011¹⁸

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' (ie 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.

⁷ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁸ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁹ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

¹⁰ <http://gov.wales/topics/health/socialcare/act/?lang=en>

¹¹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹² <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹³ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹⁴ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁵ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁶ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁷ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁸ <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 templates¹⁹
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide²⁰

¹⁹ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

²⁰ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998²¹

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 travelers, 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 travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around 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 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
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

²¹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

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, seek views and opinions.