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Written Information for Patients Guidance

Introduction and Aim

Research has shown that providing patients, service users and carers with well-written, evidence based information about health conditions and treatment can have beneficial effect on the outcomes of treatment. In addition patients, service users and carers are more likely to retain important information that will assist them in making informed decisions about their care or the care of the person they care for.

Patient information is an essential form of support to the fundamentals of care and the patient's dignity and respect. The need for high quality information has been a recommendation in several reports including the Making a case for Information report, Health Inspectorate Wales reports and reinforced by the publication of the Welsh Assembly Government's 'Framework for Best Practice – The Production and use of Health Information for the Public.'

Furthermore, consideration needs to be made to the production of easy read information for children, patients with learning disabilities or those whose first language is not English or Welsh.

The Welsh Government's Welsh Language Act and the Health Board's Welsh Language Scheme require all written materials to be produced in both Welsh and English.

Aim:

The aim is to provide guidance to staff on how to produce clear and accessible health and treatment information for all patients, service users and carers.

Objectives

- To ensure staff follow recommend guidelines when developing patient information.
- To establish a robust system for regular evaluation of patient information which engages with clinicians, patients, service users and carers.
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Scope

This procedure applies to all of our staff in all locations including those with honorary contracts	
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 incorporated within this procedure /supporting policy.*
Documents to read alongside this Procedure	*List all documents the reader is advised to read alongside / in support of this document*
Approved by	*Committee/ Group*

Accountable Executive or Clinical Board Director	*Corporate Nursing*
Author(s)	*Patient Experience Support Advisor*

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 autho or the Governance Directorate.

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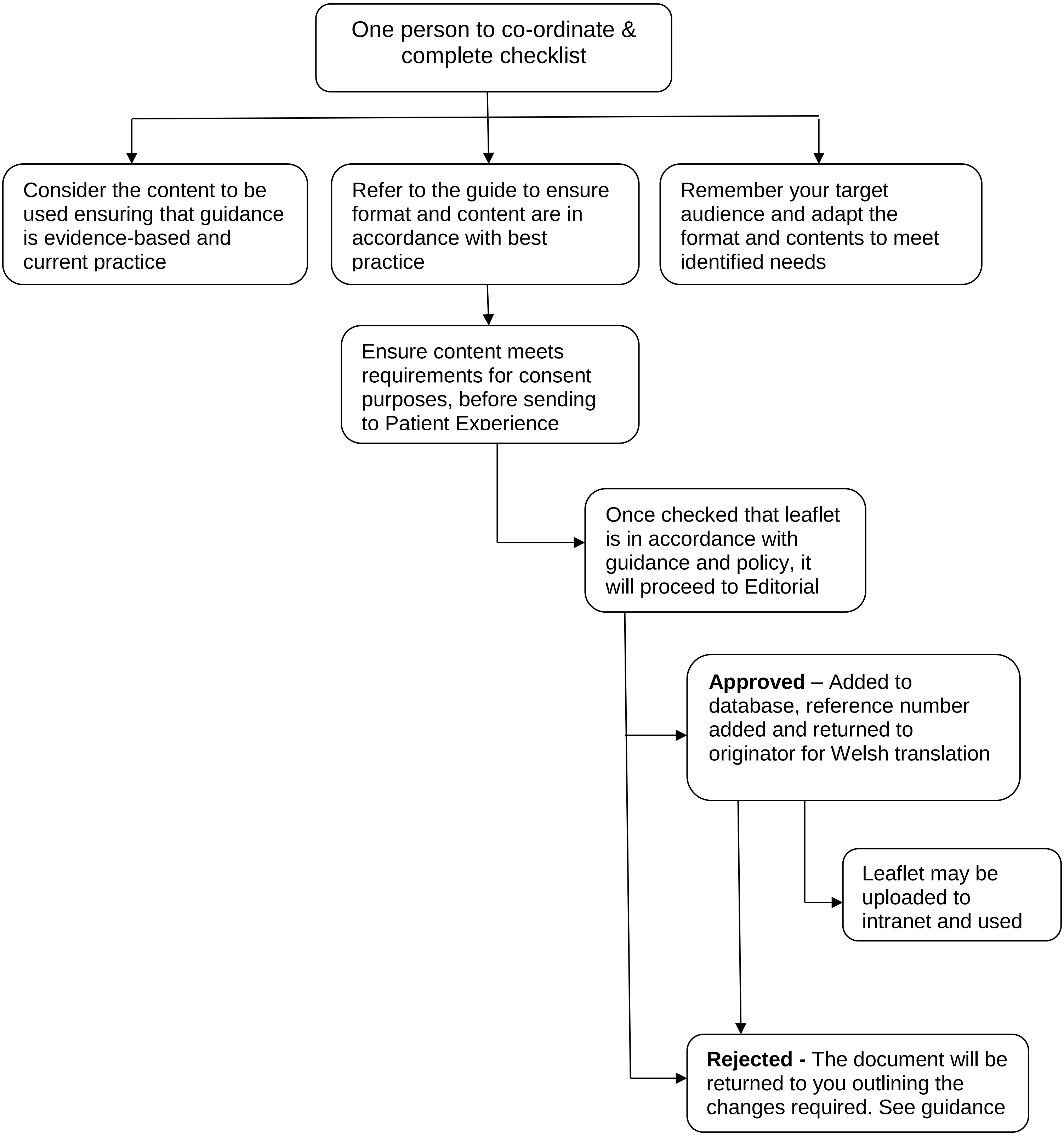
Approval Process Chart



1. Guidance statement

The Cardiff and Vale University Health Board is committed to open and effective communications. This is dependent on the establishment and maintenance of clear and effective channels of communication across the whole range of activities. It believes that the communication of good information promotes quality healthcare, offers service users assistance in making informed choices and plays a vital role in supporting staff to provide this information. This may be particularly important for anyone with additional needs, for example, those with impaired mental capacity, hearing or vision impaired, those who require communication in Welsh or community languages. Information must be tailored to an individual's needs and abilities. It must also be in the easiest and most appropriate form of communication for the person concerned. The provision of consistent, well written and prepared information, therefore, is an important element in meeting the requirements of the clinical and corporate governance agenda.

2. Standards for information and processes

A published review of the quality of individual resources explored the information patients use to support the choices they make and was reported to the Quality and Safety Committee in June 2011. The research highlighted many deficiencies in the information available, and the authors concluded that there is a great deal more to the production of good quality patient information than is commonly assumed. They highlighted three key elements of quality information resources:

- patient involvement in development
- the use of reliable evidence
- consideration of the purpose of the information and the needs of the target audience.

There is no one set of rules applicable to every information resource and development process; nevertheless there are key factors on which consensus has been reached:

Patient information should be:

- Accurate and reliable - factually correct and consistent.
- Accessible – in a range of formats, effectively disseminated, pitched at the right level.
- Relevant - targeted to its audience, users involved in development and production.
- Evidence based
- Specific - avoid being too broad
- Current - with publication and review dates.
- Readable - easy to read, informal, active.
- Clear - understandable and straightforward, clear who the audience is.
- Balanced and non-judgemental - not favouring any particular option.
- Transparent - in terms of authorship and sponsorship.
- Complementary - supporting the decision making process and the health professional/patient relationship.
- Peer reviewed - by relevant health and other professionals; by patients and the public.

3. Definitions

Patient - Service user, client, carer, visitor or other person receiving information provided by the Health Board

Information - Evidence-based written leaflets, verbal or electronic provision of information to inform and support patients

4. Groups of Information

Grouping patient information into the following three complementary elements will assist in achieving these aims and objectives and ensure that all aspects of a patient’s experience are considered:

- Clinical Information
- Clinical Management Information
- Organisational Publications

While the type of information in each group will include the following, the author may wish to consider including information which is more wide-ranging.

4.1 Clinical Information – i.e. information that:

- Increases the patient’s knowledge of their condition and proposed treatment and their care package. This includes what has happened, why this has happened and what will/may happen in the future
- Informs consent decisions and facilitates improved compliance with proposed treatment and medication. The Health Board also provides the externally approved EIDO database - evidenced-based, patient-friendly information leaflets which support informed consent
- Promotes correct usage of prescribed medication
- Enables and empowers patients to ask questions about their care

- Facilitates pro-active health and well-being promotion

4.2 Clinical Management – i.e. information that:

Provides help to patients in their attendance/admission through to discharge and community support, including:

- advice on what to bring with them into hospital
- what information will be gathered from the patient
- confidentiality
- an introduction to informed consent and the process involved
- what happens in hospital and/or clinic e.g. visiting times, protected meal times
- transport issues including parking, public transport and ambulance services
- security issues - personal belongings etc.
- what to do if a person has special needs or a disability requiring additional support
- information about waiting times
- how discharge is planned, carers involvement where appropriate and points to be considered
- aftercare arrangements, including who will provide support together with contact details, visiting arrangements

4.3 Corporate publications – i.e. information that:

- informs the population about the range and location of services provided by the Health Board

- gives guidance on how and where to access services

- gives advice on other sources of information e.g. social services or voluntary sector organisations

- facilitates good communication between patients and the Health Board, including advice on raising a concern or paying a compliment

7. Best practice

- To avoid duplication, consult the EIDO database and UHB intranet site of leaflets before embarking on the development of new material or revisiting existing publications

- Consult the UHB's Consent Policy to be clear about what information needs to be included where the leaflet concerns treatments, procedures, etc - http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/Approved%20CV%20Consent%20Policy%202012.pdf

- Use an appropriate tool, e.g. DISCERN (3), Evaluation of Quality Information for Patients, to develop (and appraise) patient information

- Conform to the corporate format and style as set out in the production guidelines (Appendix A)

- Where possible information should be consistent across the UHB. i.e. one leaflet per topic available on all sites.

- Consider content carefully to ensure future-proofing

- Information should be evidenced-based and incorporate themes from relevant publications and guidance documents

- Ensure multi-disciplinary and via the Editorial Panel, patient involvement, in both design and content

- Information should be of suitable quality, i.e. printed rather than photocopied

- Leaflets obtained from a recognised source, e.g. a drug's manufacturer should be reviewed by the Directorate/Unit using the same process as UHB-produced material.

- Funding should be identified from Directorate budgets with the exception of specific corporate leaflets. Where sponsorship is possible appropriate sources of funding guidance should be sought from the Income Generation Governance and Ethical Framework (see link below) and the Sponsorship and Advertising Policy http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/864/Income%20Generation%20Governance%20%26%20Ethical%20Framework%20-%20Final%20090312%20-STAND%20ALONE2.pdf

Appendix A

A practical guide to producing good written information for patients

Introduction

Interacting with the NHS can be daunting for many people who use our services. This guide has been written to help you think about the services you provide so that the written information you produce will be of help to the user.

It is recommended that one person be nominated as the co-ordinator for any new leaflet or an existing document which needs revising/updating. This will avoid any confusion when the final draft is submitted.

Please develop the document in Microsoft Word only and not in Microsoft Publisher as there are compatibility problems across the UHB

Please ensure that you complete the checklist (at the end of this guide) before sending your draft document to Patient Experience

1. Target Audience

Consider your audience and how the information you have written will be received by those reading it:

- Children and young people – ask them what they think about what you are developing. They may prefer to receive information in a text message format

- People with learning disabilities - information is often produced in an easy-read format i.e. using just pictures and approved symbols.

- Where appropriate, other languages and formats should be developed to meet the needs of the reader including Braille, Audio Tape or CD

- Those who support patients, including carers and family members

2. Content

As the purpose of written information is to be supportive it is important to consider the following:

- what local information needs to be included and how this will help the reader

- if the information is about a new service what are the benefits for and the demands on the patient e.g. fasting or arriving promptly at a set time

- local contact details are included covering all sites where the information will be used

- local telephone numbers should state the times they are manned and whether an answer phone facility is available

- reference to any facilities in place to support people with disabilities e.g. text phone for people with hearing impairments

- giving patients/service users the opportunity to provide feedback on how helpful the information has been. You may wish to trial information before publication

- the approved UHB and NHS Wales logos, http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,12978787,253_12978803&_dad=portal&_schema=PORTAL along with the Directorate or Department name must be used as headings

3. Ease of Reading

- Aim to keep sentences to no longer than 15 - 20 words
- Write in direct language using as “you” or “your”
- Use words that are in common usage
- Ensure technical and medical terms are kept to a minimum and if used, are clearly explained. Abbreviations should be kept to a minimum and explained the first time they are used. e.g. RCT could be Randomised Controlled Trial or Rhondda Cynon Taf!

4. Basic Document Set-Up

Paper

It is recommended that documents are designed in A4 page format and printed locally on black and white laser printers. Tri-fold leaflets should be avoided unless they can be restricted to both sides of one sheet of A4 paper. If you are having documents professionally printed, A5 is a useful size document that lends itself to multiple pages. To avoid reflection, do not use gloss paper; aim for semi-gloss or matte

Type Size

The size of the type (known as point size) is a fundamental factor in being able to read the document easily. A type size of between 12 and 14 point is recommended for most documents. However 14 point is best practice for documents for older and disabled people. Larger print in various sizes above 14 point should also be available on request.

Contrast

The better the contrast between the background and the text, the more legible the text will be. Black text on a white background provides the best contrast. Avoid producing leaflets with the same colour spectrum background and text e.g. dark green text on pale green background. Also, be aware that the colours red and green can cause problems for some people. Similarly, others find light text on a dark background difficult to read.

Fonts

Use fonts that maximise legibility and readability. Generally, Arial, Tahoma and Verdana are recommended for electronic communications and Times New Roman for print. Avoid italics and underlining and blocks of capital letters as they are all harder to read.

Spacing

The recommended spacing between one line of type and the next is 1.5 to double,

Type Weight

Lighter type weights can affect legibility, as readability requires good contrast. Bold or semi-bold weights are recommended for material specifically for people with visual impairments.

Numbers

If you print documents with numbers in them, choose a typeface with numbers that are clear. Readers with sight problems can easily misread 3, 5, 8 and 0.

Word Spacing and Alignment

Keep to the same amount of space between each word. Align text left for maximum legibility. Avoid right aligning or justifying text as the uneven word spacing can make reading more difficult.

Columns

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.

Design and Layout

- Keep paragraphs short and use line spacing between paragraphs. Use wide margins and headings. Boxes can help emphasise or highlight important text.
- Images can aid understanding and add interest but should only be used when they add value. Make sure you use alternative text to describe images, so that screen readers can recognise them.
- If images of patients are to be used, appropriate written consent must be obtained.
- Avoid using ampersands, e.g. &
- Avoid fitting text around images if this means that lines of text start in different places making them difficult to find.
- Set text horizontally as text set vertically is extremely difficult for a partially sighted reader to follow.

- Using a question and answer format is helpful if you want to reinforce key messages. Consider using easy read symbols to reinforce understanding.

- Keep headings and page numbers in the same place on each page

- N.B. Contact Media Resources for input at an early stage when developing multiple-page leaflets using columns, illustrations and colour.

5. Approval Process

Once you are happy with your information leaflet, please complete the checklist and send it along with the leaflet (in Word format) by e-mail to: Patient Experience Support Advisor - (cardiffandvale.patientinformation@wales.nhs.uk)

The draft document will be initially reviewed by Patient Experience to look at its style, impact, content, ease of reading and understanding. Any initial comments or suggestions will be emailed back to you, but if not, your document will be submitted to the next meeting of the Editorial Panel for approval.

The Editorial Panel is composed of patients and experienced members of the public who will review your document and either approve it or ask for it to be returned to you. If it is returned it will be with suggested changes which will be discussed with you.

Once your leaflet has been approved, a date will be agreed for review. It will then be allocated a unique reference number, and returned to you for translation into Welsh. Information must be produced in English and Welsh and where possible within the same document. Guidance on translations can be obtained on the Interpretations and Translations Intranet page. http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,111777442,253_111777444&_dad=portal&_schema=PORTAL

You should then publish your leaflet on your directorate/department Intranet page and where appropriate on the Health Board Internet site for public access

Your policy will be entered on to a Patient Information leaflet database, managed by Patient Experience. When the review date is due, you will be sent a copy of the leaflet and asked to update/replace it, going through the same process as before.

6. Advice

If you need advice or clarification on any part of this process please contact the Patient Experience Support Advisor either via the e-mail addresscardiffandvale.patientinformation@wales.nhs.uk or phone 02920 745307

Equality & Health Impact Assessment for

{insert title of strategy/ policy/ plan/ procedure/ service}

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[1]
- 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	Written Information for Patients Guidance
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Services – Patient Experience Author – Patient Experience Support Advisor
3	Objectives of strategy/ policy/ plan/ procedure/ service	• To ensure staff follow recommend guidelines when developing patient information. • To establish a robust system for regular evaluation of patient information which engages with clinicians, patients, service users and carers.
4	Evidence and background information considered. For example • population data	Making the Case for Information - The evidence for investing in high quality

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

	• 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 Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	health information for patients and the public https://www.pifonline.org.uk/wp-content/uploads/2013/05/PiF-full-report-FINAL-new.pdf Welsh Assembly Government's 'Framework for Best Practice - The Production and Use of Health Information for the Public' http://www.wales.nhs.uk/sites3/Documents/420/framework_bestpractice_e1.pdf Guide to Producing Health Information for Children and Young People https://www.pifonline.org.uk/wp-content/uploads/2014/11/PiF-Guide-Producing-Health-Information-Children-and-Young-People-2014.pdf Making written information easier to understand for people with learning disabilities Guidance for people who commission or produce Easy Read information https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215923/dh_121927.pdf Best Practice Guidance- Creating accessible primary care services for people with sensory loss https://www.rnib.org.uk/sites/default/files/GP%20Guideline.PDF
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All staff and patients

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

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

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
6.1 Age For most purposes, the main categories are: - under 18; - between 18 and 65; and - over 65	The guidance will have a positive impact as it will help to improve the quality of Health information for all as it promotes the use of large font, clear jargon free language, short sentences and/or the use of Easy Read (pictorial).		
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	The guidance will have a positive impact due to promotion of large font, clear jargon free language, short sentences		

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
medical conditions such as diabetes	and/or the use of Easy Read (pictorial). Consideration is also given to contrast of paper and text.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This guidance does not impact on people of different genders		
6.4 People who are married or who have a civil partner.	This guidance does not impact on people who are married or in a civil partnership		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
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.	This guidance does not impact on Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The guidance will have a positive impact for non English speakers due to promotion of large font, clear jargon free language, short sentences and/or the use of Easy Read (pictorial).		
6.7 People with a religion or belief or with no religion or belief.	This guidance does not impact on people with a religion or		

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
The term 'religion' includes a religious or philosophical belief	belief or with no religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This guidance does not impact on people who are attracted to other people of, the opposite sex, the same sex or both sexes		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The guidance advises that all documents should be bi-lingual		
6.10 People according to their income related group: Consider people on low income, economically inactive,	This guidance does not impact on people according to their income related group.		

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
unemployed/workless, people who are unable to work due to ill-health			
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	This guidance does not impact on people according to where they live.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any 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
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 Well-being Goal - A more equal Wales	The aim of the guidance is to improve accessibility of health information for all, enabling people to understand their conditions or medical procedures. Allowing them to make informed choices in regards to their health care.		
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	The aim of the guidance is to improve accessibility of health information for all. This can include healthy lifestyle information helping people prevent some illnesses/conditions.		

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
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			
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 Well-being Goal – A prosperous Wales	This guidance does not impact on people in terms of their income and employment status.		
7.4 People in terms of their	This guidance does not impact on		

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
use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	people in terms of their use of the physical environment.		
7.5 People in terms of social and community influences on their health: Consider the impact on family	This guidance does not impact on people in terms of social and community influences on their health.		

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
organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
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	This guidance does not impact on people in terms of macro-economic, environmental and sustainability factors.		

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 globally responsible Wales			

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The aim of the guidance is to improve accessibility of health information for all, enabling people to understand their conditions or medical procedures. Allowing them to make informed choices in regards to their health care. This can also include healthy lifestyle information helping people prevent some illnesses/conditions.

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?				
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?				

	Action	**Lead**	**Timescale**	**Action taken by Clinical Board / Corporate Directorate**
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedur and/or service propos ○ 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				

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:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[5]

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[4] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015
[5] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en

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

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.

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

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[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.uk/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

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[17]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[18]

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[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 1998[19]

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
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

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[19] 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, seeks views and opinions.