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ACCESSIBLE INFORMATION AND COMMUNICATION POLICY

Policy Statement

This policy ensures that all patients, service users and unpaid carers can access safe, equitable, person-centred healthcare regardless of their communication or information needs.

It integrates the **All-Wales Accessible Communication & Information Standards** 2025 and the **UHBs Interpretation and Translation Policy**, and legal duties under the Equality Act 2010.Regulatory updates January 2024 to the act which strengthened the law on indirect discrimination and disability definition.

Policy Commitment

The policy sets out clear standards across the organisation to promote good practice and minimise risks which stem from communication barriers and it covers the use of face to face, telephone interpreting and written translation services in accordance with identified need. Ensuring patients, unpaid carers and service users who have information or communication needs relating to, language needs, a disability, impairment or sensory loss receive accessible information and communications support such that they are not put at a substantial disadvantage.

This will be achieved by ensuring the following:

- Information and communication needs identified and recorded in the patient's paper and or electronic health records (in the designated communication needs/alert section where available) and clearly flagged so they are visible to all staff at every contact.
- Staff have access to qualified interpretation, translation and communication support services and are informed how to use these services.
- There are mechanisms in place for individuals to make a complaint, raise a concern or pass on feedback in alternative formats and with communication support.

Supporting Procedures and Written Control Documents

This Policy and the *'supporting procedures'* describe the following with regard to Accessible Communication and Information:

- All Wales Accessible Communication and Information Standards 2025
- CAV Written Information for Patients Guidance

- Strategic Equality and Inclusion Plan 2024 - 2028
- Equality Act 2010

Other supporting documents are:

- *Welsh Language Standards Policy*
- *Strategic Equalities Objectives and Plan 2024-2028*

Scope

This policy applies to all of our staff in all locations including those with honorary contracts. *For clarification on terms used below, please see definitions in Appendix 1*

Communication needs covered include:

- D/deaf, hard of hearing, British Sign Language (BSL) users, deafblind (including tactile BSL).
- Blind, visually impaired, braille/Moon users.
- Neurodivergence
- Cognitive, learning disabilities and Mental Health conditions
- Low literacy
- People whose first language is not English or Welsh.
- People requiring interpreters or translated materials.

The scope of the policy includes:

- communication, including methods available for people to contact the Health Board and support for patients, parents and unpaid carers, in appointments
- information, including all information published by the Health Board whether hard copy or electronic, including the accessibility of documents, online content, and the availability of information in accessible formats
- addressing communication needs, including arranging professional interpreting and adapting behaviour to support individuals or groups of patients
- support for communication needs for all patients, parents and unpaid carers whose first language is not English, including BSL and for Deaf/blind patients who use tactile BSL

Equality & Health Impact Assessment (EHIA)	
Part 1 - Equality Impact Assessment (EQIA)	An Equality Impact Assessment (EqIA) has been completed and this found there to be a positive impact. Key actions have

	been identified and these can be found within Equality & Health Impact Assessment document
Part 2 - Health Impact Assessment (HIA)	A Health Impact Assessment (HIA) has been completed and this found there to be a positive impact. Key actions have been identified and these can be found within Equality & Health Impact Assessment document
Policy Approved by	Quality Committee
Group with authority to approve procedures written to explain how this policy will be implemented	
Accountable Executive or Clinical Board Director	Angela Hughes, Assistant Director of Patient Experience
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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 Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Quality Committee 28/07/2026	06/08/2026	*New Document* Replaces UHB 005 - Interpretation and Translation Services Policy
2			

Introduction:

The aim of the Accessible Information and Communication policy is to provide appropriate, timely and effective assistance and support to people where the Health Boards usual methods of communication may disadvantage them. This policy applies to all areas of the Health Board to ensure that measures are in place to support communication needs for non-English speakers, people for whom English is a second language, people with reading or learning difficulties, people with learning disabilities, people with speech and language impairments, people with visual impairments and deaf people or people with hearing impairments.

This policy describes how the Health Board will ensure that patients and service users, unpaid carers and parents who have information or communication needs receive:

- **Accessible information** - information which can be read or received and understood by the individual or group for which it is intended.

- **Communication support** - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

This ensures that the patient/service users are not put at a disadvantage when accessing Health Board services. This includes accessible information and communication support to enable individuals to:

- Make decisions about their health and wellbeing, and about their care and treatment.
- Self-manage conditions.
- Access services appropriately and independently.
- Make choices about treatments and procedures including the provision or withholding of consent.

The policy aims to support staff to provide accessible information and communication support and highlight why it is important. As well as defining the roles and responsibilities of staff with regards to accessible information and communication and providing advice about some of the more common information formats and communication support that may be needed.

Finally, it will detail the guidance in relation to local procedures associated with arranging and procuring interpretation, translation, transcription and other forms of communication support.

Policy

It is the Health Board's responsibility to ensure that patients and service users, and their carers/parents who have information or communication needs relating to a disability, impairment or sensory loss receive accessible information and communications support, this will be achieved by ensuring that a patient communication and language needs are recorded on all relevant Clinical and Administration systems, i.e. PMS and PARIS, as well as implementing the following:

- appropriate interpreting service (telephone, face-to-face or online) is booked and provided to meet the individual's health and language needs, where practically possible.
- systems are in place to ensure that a standard print letter is not sent to an individual for whom this is not an appropriate or accessible format.
- processes are in place so that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover.
- Care plans include information about individuals' information and communication needs.
- Staff have access to communication (including decision making) tools and any relevant training to help them meet patients and service users' information and/or communication needs. Interpreter Booking Decision Pathway

It is key that Staff identify a person's language and/or communication need as soon as possible. This will enable staff who are responsible for arranging and booking interpreting and translation services to ensure that Health Board services are appropriately equipped and resourced to respond to individuals' needs.

Patients or their immediate family members/unpaid carers should be asked about their personal language preferences and this should be clearly highlighted within the patient's record. This should detail the service user's language and dialect requirements, as well as any additional communication needs.

Please note: Some languages such as Arabic and Kurdish have local dialectal differences, such as Kurdish Sorani or Kurdish Kurmanji, and the dialect is needed to ensure the correct interpreter is provided. Additionally, any cultural needs should also be noted, any gender preferences, of interpreters, should be noted and acted upon where possible

For d/Deaf patients it is important to identify the person's preferred method of communication in advance of booking any support. For example, find out if they are a BSL user, lip reader or require written information in an accessible format, such as large print or Braille.

Once identified the staff should also note the most appropriate method of interpretation or translation support, such as telephone, face-to-face or video relay interpreting, lip reading/speaking, and so on. This may be recorded in the patient's paper or electronic record or detailed in the referral letter. If the preferred language/communication method is not stated, then tools to help identify the patients communication/language needs are available the Translation and Interpretation SharePoint pages Useful Documents

The language or communication support need should then be documented clearly in their records. This also includes recording any language support needs that family members or unpaid carers may have, so that the appropriate services can be booked for them. If a service user's first language is not English, but they state that they are able to communicate in English to a high standard and do not require an interpreter, respect their wishes for no language support to be provided. This should be checked regularly throughout the patient's admission.

Language and communication support needs should be enquired about on a regular basis and for future appointments in case preferences or needs change. It should also be noted that a person who might usually cope well with speaking English as a second language may find it more difficult to communicate effectively in stressful situations. Therefore, for more complex, challenging or sensitive appointments an interpreter for their primary language should be offered. In circumstances requiring consent or giving bad news an interpreter should also be provided.

For translation of written information and documents, staff should establish whether the best approach is to use an interpreter to read or sign information or whether to provide the information in an individual's first language – spoken or signed, or via a tactile writing method, such as Braille. It should be ascertained in advance that the patient can read their own language. Staff

should be aware of how to access interpretation and translation services 24 hours a day, seven days a week. **Information and Support for this can be found on the** Translation and Interpretation SharePoint pages Translation & Interpretation Services - Home

All routine appointments should be made during core daytime hours and made in advance wherever possible.

It is acknowledged, however, that limitations to the provision of face-to-face interpreting services may occur, for example in emergency situations or rural areas, where there may be limited access to interpreters to enable face-to-face interpretation

For emergency appointments an interpreter should be provided as soon as possible, either by telephone, video relay or face-to-face depending on the service user's language need *"A breach of duty of care by members of the health care professions employed by NHS bodies or by others consequent on decisions or judgments made by members of those professions acting in their professional capacity in the course of employment, and which are admitted as negligent by the employer or are determined as such through the legal process."*

Guidance on who can interpret for patients

Staff as Interpreters

Staff who have not been trained to interpret, or who do not have interpreting as part of their role specification, should not be used as interpreters. There are three main exceptions to this:

- In an emergency/crisis situation where clear communication is needed immediately, and there is either no time to get an interpreter, or communication is needed whilst waiting for Scheduled Telephone Interpreting. In this situation, a bilingual member of staff who is present on site may be used but they must explain to the service user that they are not qualified interpreters. This will be documented in the patient notes why this approach was used, who provided the support, and what was discussed (at a high level) and that a professional interpreter was arranged/offered as soon as possible.

- It is acceptable for staff communicating basic information, such as, an appointment time, offering a choice for next appointment, or giving directions to a particular area or department, to act as an interpreter if

they possess the knowledge of the appropriate language or communication skill.

- If speaking a particular language is part of the person specification for a role and the staff member is employed to speak that language, then this isn't classed as interpreting as they will be speaking directly to their client in their chosen language as part of their role.

Children as Interpreters

This approach is informed by statutory duties under the **Equality Act 2010**, the **common-law duty of care**, and the safeguarding framework established by the **Social Services and Well-being (Wales) Act 2014**. NHS bodies must take reasonable steps to ensure effective communication, support valid consent, and protect children and adults from harm. National safeguarding and NHS guidance therefore strongly discourage the use of children as interpreters, except in rare, time-critical emergencies to obtain basic information necessary to protect life or immediate safety. Any such exceptional use must be proportionate, strictly limited, and clearly documented in the patient record.

Children should not be used as Interpreters. If a service user brings a child under the age of 16 to interpret, they should be discouraged from interpreting and a choice of a professional interpreter offered. The service user should be aware at all times that they can have an interpreter.

In the case of acute emergencies, healthcare professionals could use an accompanying child to elicit and communicate basic information, for example "What happened?" or "How did you get here?" or any necessary demographic information, such as "Who are you and where do you live?"

Most parents or carers will not discuss problems or worries in front of their children. Interpreting serious problems may traumatise children and, in many cases, using a child to interpret could upset a family's social order. If a patient insists on a child interpreting or translating, then this must be documented in the patient's notes.

Use of relatives, friends, or carers for interpreting

Relatives and friends should not be encouraged to interpret. The patient should be aware at all times that they can have the support of a skilled and professional Interpreter provided by the Health Board. It should also be remembered that while some friends and relatives may be able to help with

the interpreting, this could be distorted, due to a particular concern, bias or conflicting interests. This may not be beneficial to the imparting of confidential information, whereas an independent interpreter is qualified and trained to maintain and respect confidentiality.

Health professionals should be aware that although relatives and friends may speak the same language, they might not be skilled or competent enough to interpret in a health care setting. If a patient insists on using friends or relatives for interpreting, then this must be documented in the notes. In cases where the patient clearly has concerns about using an interpreter, and would prefer to use family or friends, the health professional may need to work with them to understand more about why they don't wish to make use of this service, and be able to discuss the benefits and reasons for using qualified interpreters as stated above.

Use of other clients or patients for interpreting

It is unacceptable to ask other patients or clients to help with interpreting, for similar reasons to the ones stated above. The Health Board recognises that the use of an unskilled person to interpret is highly inappropriate and may lead to risk of misunderstanding, resulting in the intervention of inappropriate care or treatment.

Service user's own choice of interpreter

The Health Board cannot prevent a patient from bringing in their own choice of interpreter, instead of using the preferred provider, but the Health Board cannot be held responsible for the quality of interpreting and will not pay for this service.

What to do if an Interpreter is refused

If a patient is refusing to use an interpreter provided by the Health Board, and this results in the staff member feeling that this will actually prevent them from providing quality, safe and effective care, then the staff member may state that they don't feel that they can continue with their appointment or assessment on that occasion. This should be recorded in the case notes with reasons for this clinical decision.

Use of Advocates Staff should be aware that there is a distinct difference between providing an interpreting service and an advocacy service, but that these roles may sometimes overlap. If an advocate is provided, then it is the responsibility of the Advocacy service to provide their own suitably trained interpreter.

Support for sensitive, vulnerable or traumatic appointments

All interpreters of both spoken and sign languages should be aware of the potentially sensitive and emotive situations that they may encounter and should have appropriate support structures in place in case of the need to debrief or seek appropriate counselling (following interpreting for a vulnerable or sensitive case, such as a child, victim of violence, asylum seeker, and so on). NHS staff should also be aware of and considerate of situations of a sensitive or vulnerable nature (such as cases involving migrants, refugees or asylum seekers, or violent or abusive cases) which may require additional emotional support for patients, family members, clinicians and interpreters who are subject to hearing and interpreting sensitive and vulnerable information.

Accessible Information Requirements
Documents & Written Information
publication such as annual reports and patient information leaflets should be assessed on an individual basis and apply the following principles:

- Use a clear and easy to read font such as Arial.
- Use a minimum font size (point size) of 12.
- Keep sentences short – this means an average sentence length should be approximately 15- 20 words.
- Patient education materials should be produced in accordance with CAV Written Information for Patients Guidance (Link to guidance here)
- Simplify the language and make it appropriate for the reader, use Easy Read principles.
- Documents must follow accessible design: structure, headings, plain language,
- Public facing documents should be Welsh Language Act compliant.
- Avoid image-only PDFs when sending documents electronically; provide HTML/Word alternatives.

Patient letters including appointment letters, results and medication information must use a minimum font size of 12 and include:

Two of the following methods of communication:

- Phone number (with accessibility options if available)
- Email address
- Postal address
- Text/SMS

- An option to request in a format to meet the patient's communication need (i.e. large print, braille)

Accessible Standards Self-Assessment

All departments are required to complete the Accessible Standards Self-Assessment Tool which will be available universally across the Health Board on the recommended Audit tool Platform. The Self-Assessment is designed to help teams assess how well they are meeting patients, parents and unpaid carers communication needs within their services, in line with the All-Wales Communication and Information Standards.

Appendix 1

Definitions:

Braille - A tactile reading and writing system used by people who are blind, Deafblind and visually impaired who cannot access print materials. It uses raised dots to represent the letters of the print alphabet. It also includes symbols to represent punctuation, mathematics and scientific characters, music, computer notation and community languages.

British Sign Language (BSL) - The first, only, or preferred language of many people who are D/deaf. It is a registered language in its own right, with its own grammar and syntax. It is a visual-gestural language which bears little resemblance to English.

Communication tool / communication aid: - A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual.

Example of Communication Support Aids

- Hearing loops
- Makaton and symbol-based supports
- Communication devices
- BSL Videos

d/Deaf - A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment.

Deafblind guide/communicator - A professional communicator who enables communication between Deafblind people and others. Different skills and techniques can be used to facilitate communication, including Deafblind manual or hands-on signing (tactile BSL). In their role as a guide, they will also escort dual-sensory impaired people from their homes to the Deafblind person's destination of choice. They can also provide support during an appointment by taking notes if necessary

Deafblind manual alphabet - Using the index finger as a 'pen' the guide/communicator points to different finger positions on the Deafblind person's hand or draws letter shapes on the Deafblind person's palm.

Deafblindness or dual sensory impairment – People who are Deafblind can neither see nor hear, to the extent that their communication, mobility and access to information is significantly impaired. Some Deafblind people have enough sight to use BSL interpreters, whereas others do not and use tactile or manual sign.

Electronic and manual note takers - These work with people who are D/deaf or hard of hearing, who are comfortable reading English. The electronic note taker types a summary of what is being said on a computer and this information appears on the D/deaf person's screen. BSL interpretation should therefore be used.

Finger spelling - This is a system where all letters of the English alphabet can be drawn on the hands. It is also known as the manual alphabet. Finger spelling is used by some BSL users to aid understanding by spelling the names of people and places which might be unfamiliar.

Interpretation/Interpreter - the facilitation of spoken, British Sign Language (BSL), Video Relay Service (VRS), lip speaking, note taking, and tactile BSL - not just the meaning of the individual words, but the essence of the meaning too.

Lip speaking/reading - Lip speakers repeat what is being said without using their voice. They produce the shape of words clearly with the flow, rhythm and 56 phrasing of speech. They use natural gestures and facial expressions to help the person who is lip reading to follow what is being said.

Makaton - A language programme that uses symbols, signs and speech to enable people to communicate. This programme is used with people with a cognitive impairment or specific language impairment including neurological disorders. It includes manual signs and graphic symbols so is used for communication support as well as written information.

Moon - The Moon system of embossed reading is a writing system for the blind. The Moon alphabet has embossed shapes which can be read by touch. Some of the Moon letters resemble the letters of the Latin alphabet, or other

simplified letters or shapes. The Moon alphabet is easier to learn than Braille, particularly for people who lose their sight later in life.

Remote/online interpreting/Video Relay Service (VRS): Video interpretation uses a face-to-face interpreter in a fixed geographical point accessed through video technology. The service requires a camera and mic on the receiving device, such as a computer, tablet or phone. It can be used for spoken languages as well as sign language.

Tactile BSL - This is used by people who are Deafblind. It is a form of British Sign Language that uses touch (hands-on) as a medium to communicate.
Transcription: The process of producing a written copy of something, including the representations of speech or signing in written form.

Translation: The written transmission of meaning from one language to another that is easily understood by the reader. Translation does not strictly have to be into text – this also includes the conversion of written information into audio, Braille or Moon, or the production of visual formats to transfer information using British Sign Language (BSL). Translation of documents can include the reading to the patient of a letter (or source of information) into the language required by the patient – known as sight translation

Equality & Health Impact Assessment for

Accessible Information and Communication Policy

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHAI for help and support in completing this document.

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 (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Accessible Information and Communication Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Patient Experience / Corporate Services
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	The policy aims to ensure that all patients, service users, carers and parents receive accessible information and appropriate communication support, so they are not disadvantaged when accessing healthcare services. It aligns with the All-Wales Accessible Communication & Information Standards (2025), the Equality Act 2010 and local interpretation and translation policies.
4.	Evidence and background information considered. For example • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the design and development stages Public Health Wales Observatory	Evidence used to inform this policy includes: • Equality Act 2010 and subsequent updates (2024) • All-Wales Accessible Communication & Information Standards (2025) • Strategic Equality and Inclusion Plan 2024–2028 • Local Translation and Interpretation services guidance Population groups impacted include: • People with sensory impairments (deaf, blind, deafblind) • Individuals with learning disabilities or cognitive conditions • People with low literacy • Non-English/Welsh speakers • Neurodivergent individuals

	Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsc.co.uk) CAVUHB - Home (sharepoint.com)	Stakeholders include patients, carers, staff, interpreters, advocacy services and equality teams.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	• Patients and service users • Unpaid carers and families • Clinical and administrative staff • Interpretation and communication service providers

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

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	**Positive** – ensures accessible communication for all age groups including children and older adults.	Provide age-appropriate formats (e.g. easy read, large print).	Embed accessible formats in all communications

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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	**Positive** – directly supports people with sensory loss, learning disabilities and mental health conditions. **Risks:** Inconsistent identification of needs.	Mandatory recording of needs in patient records	Staff awareness training and system alerts.
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 Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	Respects preferences such as gender of interpreter where possible		Record and act on preferences
6.4 People who are married or who have a civil partner.	No impact		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.	**Positive** – improves communication during maternity care.	Ensure interpreters available for antenatal/postnatal care.	Prioritise communication support for sensitive discussions.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust	**Positive** – addresses language barriers through interpretation and translation **Risk** - Dialect mismatches or delays in provision	Record language and dialect needs.	Staff awareness training of Welsh Interpretation and Translation Service (WITS) and on demand interpretation services.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Positive - ensures cultural and religious preferences (e.g. interpreter gender) are respected.		Record preferences clearly.
6.8 People who are attracted to other people of:	Inclusive communication approach supports all individuals.		Maintain inclusive, non-discriminatory practice

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
• the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) Stonewall			
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	**Positive** – promotes and ensures compliance with Welsh Language Standards		Provide bilingual information and services
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	**Positive** - reduces barriers for disadvantaged groups with low literacy or limited resources.		To provide free interpreting and accessible information
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			

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	**Positive** – Ensure appropriate support mechanisms are in place to support the communication needs of all individuals including; • Neurodivergent individuals • Refugees/asylum seekers • People in distress or crisis		

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

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

How will the strategy, policy, plan, procedure and/or service impact on? -	**Potential positive and/or negative impacts and any groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Refer to where the mitigation is included in the document, as appropriate
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	**Positive** – removes communication barriers, improving access **Risks:** Delays in interpreter provision.	Advance booking where possible and access to on demand services that are available 24/7	Staff awareness training of Welsh Interpretation and Translation Service (WITS) booking process and on demand interpretation services.
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation	**Positive** – enables informed health decisions and self-management		Staff awareness of the Written Guidance for Patient Information and Editorial Panel

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
services, weight management services etc. Creating healthier places spaces.pdf (wales.nhs.uk)			
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	N/A		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	**Positive** – promotes accessible information formats and communication-friendly environments.		Ensuring new signage across the Health Board is in line with Welsh Government Accessible Communication and Information Standards Explore assistive technologies to support individual communication needs

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
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	**Positive** – reduces isolation and improves patient engagement as enables patient/families to participate in and feedback about their care.		Encourage community involvement and feedback, via the All-Wales Patient Experience Survey on Civica
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	**Positive** – supports equity, reduces inequalities and improves service efficiency		Complete the Accessible Communication Standards Self-Assessment and embed policy in long-term planning

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

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	Overall, the policy has a **significant positive impact** on equality and health outcomes. It reduces communication barriers, promotes inclusion, and ensures compliance with legal duties. Potential risks relate mainly to: • Availability of interpreters • Consistency of implementation These are mitigated through training, systems, and monitoring.

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?	Implement mandatory recording of communication needs Ensuring staff have access to information on how to book interpreting services Raising staff awareness on communication needs Monitor compliance via audits/self-assessment tool	Patient Experience Patient Experience Patient Experience		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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?	A full EqIA/HIA is **not required** at this stage, as impacts are overwhelmingly positive and mitigation measures are in place. However, ongoing monitoring and review are essential.			

	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, procedure and/or service proposal:
  ○ 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
	• Proceed with policy implementation
	• Publish EHIA alongside policy
	• Monitor outcomes and feedback
	• Review regularly in line with policy updates
	
	The Accessible Information and Communication Policy delivers clear benefits in reducing health inequalities, improving access, and ensuring person-centred care for all population groups.			

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. 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)[1]

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)[2]
- Equality Act 2010[3]
- Well-being of Future Generations (Wales) Act 2015[4]
- Social Services and Well-being (Wales) Act 2015[5]
- Health Impact Assessment (non-statutory but good practice)[6]
- The Human Rights Act 1998[7]
- United Nations Convention on the Rights of the Child 1989[8]
- United Nations Convention on Rights of Persons with Disabilities 2009[9]
- United Nations Principles for Older Persons 1991[10]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[11]
- Welsh Government Health & Care Standards 2015[12]
- Welsh Language (Wales) Measure 2011[13]

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). Several 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 diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on 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 care 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.

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[2] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en
[3] https://www.gov.uk/guidance/equality-act-2010-guidance
[4] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[5] http://gov.wales/topics/health/socialcare/act/?lang=en
[6] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[7] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[8] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[9] http://www.un.org/disabilities/convention/conventionfull.shtml
[10] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[11] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[12] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[13] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

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 based on 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 into 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 details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be 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 equityand.inclusion@wales.nhs.uk or kate.roberts6@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[14]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports
Equality in Wales - Diverse Cymru

Welsh Health Impact Support Unit (focus on health inequalities)
Home - Wales Health Impact Assessment Support Unit (phwwhocc.co.uk)

What Works Wellbeing
Homepage - What Works Wellbeing

Nice Guidance
Find guidance | NICE

Creating healthier places and spaces for our present and future generations (Public Health Wales and Natural Resources Wale
Creating healthier places spaces.pdf (wales.nhs.uk)

The Kings Fund
Ideas that change health and care | The King's Fund (kingsfund.org.uk)

Institute of Health Equity
Resources & Reports - IHE (instituteofhealthequity.org)

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':

Protected characteristics | Equality and Human Rights Commission (equalityhumanrights.com)

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 labor
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 whistleblowing 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 based on 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

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 diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.