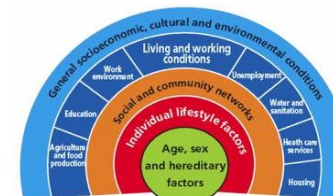


Equality & Health Impact Assessment (EHIA)





Los determinantes de la salud, Dahlgren y Whitehead, 1991.

Equality & Health Impact Assessment for

Welsh Language choice for in-patient's policy

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHIA 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 | |
| 2. | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Welsh Language Officer - Equity, Inclusion and Welsh Language Team |
| 3. | Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com) | The policy aims are to ensure that the Health Board offer patients and service offers services in either Welsh or English. The policy is based on Standard 24 of the Health Board's Welsh Language Standards set by the Welsh Language Commissioner in May 2019. |
| 4. | Evidence and background information considered. For example <ul style="list-style-type: none"> • 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 | According to Stats Wales, Cardiff and Vale University Health board has approximately 132,000 Welsh language users living within communities of Cardiff and Vale of Glamorgan. Cardiff has now the highest amount of, according to Stats Wales, of Welsh Language users in Wales. Welsh Language Skills on ESR Cardiff and Vale University Health Board employs over 17,000 staff. Cardiff and Vale endeavours to capture information about the current Welsh language skills of our staff by encouraging them to self-assess and record their skills via the NHS Electronic Staff Record (ESR). However, not all staff have access to ESR so the data is currently incomplete. Current data shows that 36% of the staff have registered their language skills. The organisation will be planning to improve the level of Welsh Language registration on ESR during the coming year. Welsh Language Standards In 2019, the Welsh Language Commission provided the set of 121 standards that the organisation was expected to comply to ensure it provided a quality healthcare |

[Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership \(cvihsc.co.uk\)](#)

[CAVUHB - Home \(sharepoint.com\)](#)

and public service through the medium of Welsh. (*ranging from telephone services and correspondence to one-to-one meetings with clinical consultants*): [Welsh Language in Healthcare - Cardiff and Vale University Health Board \(nhs.wales\)](#)

Patient Experience Research

Extensive research shows that there is a positive impact of offering Welsh medium care. The Mwy na geiriau / More than just words strategy provides patient/staff experience of the impact in providing healthcare in Welsh:

Service Provider: *“Throughout my career, I’ve seen many situations where there has been a lack of availability of Welsh-medium staff which has led to a misinterpretation of patients’ needs or even a misdiagnosis because patients are confused, in pain or have lost the ability to understand and speak English”*

Service User: *“In Welsh I can talk about experiences and personal things. The flow isn’t the same in English. You have to translate, especially when you are talking about something that is so important.”*

Service User: *“I think it is hard to ask for a Welsh language service. You don’t want to upset the people who are treating you.”*

Further information:

[Mwy na geiriau / More than Just Words Strategic Document.](#)

Other patients and service users to use their preferred language of Welsh can lead to better patient outcome. Patient feedback shows how it can affect how patients relate to their care when discussing it in Welsh:

“If the doctor could speak Welsh, I would be able to feel quite close to him”

“He liked the nurses who spoke Welsh... He became quite close to them. He could relax with them.”

Staff also appreciate the importance of using Welsh with patients:

| | | |
|----|--|---|
| | | <p><i>"... I'll ask, "Do you speak Welsh?" and I get so much more information out of the patient when I ask them that."</i></p> <p>The Welsh Government More than Just Words Strategic Framework</p> <p>The organisation is also required to implement this strategic framework, introduced by the Welsh Government to increase the level of Welsh language services offered by the organisation. It ensures that patients and service users are pro-actively asked for their language choice through their patient journey and improve the awareness and importance of the Welsh language choice amongst the staff. The strategy also puts importance of improving Welsh Language skills of staff and encourages the recruitment of staff with Welsh Language skills: More than just words: action plan 2019 to 2020 GOV.WALES</p> <p>The Welsh Government's More than Just Words has a policy to improve the Welsh Language care for NHS Wales patients and service users. One part of the policy is the importance of the 'Active Choice' where:</p> <p><i>"An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a culture that places the responsibility on health and social care providers to provide a proactive language offer so that people can access care, as equal partners, through the medium of Welsh."</i></p> |
| 5. | Who will be affected by the strategy/ policy/ plan/ procedure/ service | <p>The policy would affect the general public, patients, service users and staff:</p> <ol style="list-style-type: none"> 1. The public would receive information, notices and messages in the language of their choice of English or Welsh. 2. Patient and service users will be able to receive healthcare treatment and service through the chosen language of either Welsh or English. |

1. 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 |
|--|---|--|---|
| <p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 | <p>Children in Welsh medium education may potentially be better able to access health care in Welsh, and very young children in Welsh speaking households may have little or no English. Ensuring a high level of care is available in Welsh thus ensures that these young people have the best access to healthcare. Whilst individuals in older groups (60+) are less likely to be Welsh speakers according to the census, those who do speak in that group may have a particularly vital need for healthcare in Welsh. Some conditions associated with age such as Dementia or Alzheimer's have been associated with a loss of language skills, particularly in acquired languages and for</p> | <p>Ensuring that language choice is being asked during patient intake and registered on patient management systems.</p> <p>Ensuring that front line areas are aware of the language choice made by the patient, and ensuring staff provide best care as possible in that language.</p> | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |

| 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 |
|---|---|--|---|
| | <p>individuals whose first language is Welsh this frequently results in a deterioration in their ability to use English (see Welsh Government More than Just Words Framework). Widening the availability of services in Welsh would be particularly beneficial for this group.</p> <p>There will be a positive impact on people under the age of 18 who may find it easier to communicate through the medium of Welsh. This may due to the language individuals use within at home, school or community and lack confidence to communicate in English.</p> <p>There will be a positive impact for older patient and service users who prefer to use Welsh when discussing their healthcare. This is particularly important for patients with dementia and the</p> | | |

| How will the strategy, policy, plan, procedure and/or service impact on? - | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate |
|--|---|---|---|
| | ability to speak Welsh would be crucial when talking with nursing and medical staff. | | |
| <p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> | <p>Patients and services users with a disability will be able to use their preferred language of Welsh to improve communication with staff. This will help them to reduce stress and anxiety.</p> <p>Welsh speaking service users with long term illnesses and disabilities who are used to speaking Welsh with families, communities and friends will find it easier to discuss their ailments in Welsh.</p> <p>Some neurodiverse colleagues could face challenges adapting to the change in behaviours and expectations described in this policy. However, those who have Welsh as a first language could find that an improved bilingual</p> | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during intake. 2. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 3. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. 4. Provide bilingual patient information. 5. Measures in place for staff to use their preferred language of Welsh in situations as described under the organisational section of the Welsh Language Standards. | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |

| 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 |
|---|---|---|---|
| | environment makes it easier for them to cope. | | |
| <p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p>Stonewall</p> <p>Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)</p> | <p>Patients of different genders will be able to use their preferred language choice of Welsh during treatment. This will help to reduce anxiety and stress during distressing situations. Individuals will be able to convey their emotions and information better.</p> <p>Welsh speakers come from diverse range of backgrounds including those who are undergoing reassignment. Many of them will find it easier to discuss their treatment/process with our healthcare staff in their preferred language.</p> | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during patient intake. 2. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 3. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. 4. Provide bilingual patient information. 5. Measures in place for staff to use their preferred language of Welsh in situations as described under the organisational section of the Welsh Language Standards. | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |

| 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 |
|---|---|--|---|
| <p>6.4 People who are married or who have a civil partner.</p> | <p>Patients who are married or have a civil partnership might use Welsh with their partners throughout their partnership/marriage. Their partners/spouse might prefer to use Welsh regardless of the patient's choice, especially when discussing their partners'/spouses care.</p> | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. 3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 4. Provide bilingual patient information. | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |
| <p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. Individuals are protected for 26 weeks after having a baby whether they are on maternity leave.</p> | <p>Women will be able to use their preferred language of Welsh as part the maternity services individuals receive by the organisation. It will improve their communication to staff and convey their emotions and feelings in stressful situation. It will also encourage them to use</p> | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of |

| 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 |
|---|--|--|---|
| | Welsh as part of their maternity period if individuals want to maintain Welsh as the language of communication between them and the baby. | 3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 4. Provide bilingual patient information. | encouraging staff to use Welsh language skills and use them with patients. |
| 6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust | Patients and service users of different race, nationality colour, culture or ethnic origin will be given a language choice when receiving healthcare treatment. Those who prefer to use Welsh will then be able to communicate easier with our staff when receiving treatment. | 1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. 3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 4. Provide bilingual patient information. | 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |

| 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 |
|---|---|---|---|
| <p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p> | <p>Welsh speakers might hold their religious faith through the medium of Welsh. Therefore, individuals might prefer to discuss any faith aspects of their care through the medium of Welsh.</p> | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible. 3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record) 4. Provide bilingual patient information. 5. Ensure that patient language choice is communicated to the Chaplaincy Team | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients. |
| <p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially | <ol style="list-style-type: none"> 1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare. | <ol style="list-style-type: none"> 1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially |

| 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 |
|---|---|---|--|
| <ul style="list-style-type: none"> both sexes (bisexual) <p>Stonewall</p> | <p>when receiving information or having face to face services.</p> <p>2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.</p> | <p>2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible.</p> <p>3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record)</p> <p>4. Provide bilingual patient information.</p> | <p>when receiving information or having face to face services.</p> <p>2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.</p> |
| <p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p> | <p>Patients and service users who prefer to use Welsh will be able to use their preferred language of Welsh when receiving healthcare service. This will help them to communicate better with staff members, leading to better outcomes. It will also lead to reduction in anxiety and stress during distressing moments.</p> | <p>1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare.</p> <p>2. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record)</p> <p>3. Provide bilingual patient information.</p> | <p>1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services.</p> <p>2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.</p> |
| <p>6.10 People according to their income related group:</p> | <p>Welsh speakers come from a diverse range of communities.</p> | <p>1. Ensure that individuals are given a language choice during</p> | <p>1. Achieve compliance to the Welsh language standards</p> |

| How will the strategy, policy, plan, procedure and/or service impact on? - | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate |
|--|--|---|---|
| Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health | Many of them prefer to receive healthcare in the preferred language of Welsh | <p>intake and/or discussion about their healthcare.</p> <p>2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible.</p> <p>3. Staff register the patient language choice on all patient management systems (i.e. Welsh Nursing Care Record)</p> <p>4. Provide bilingual patient information.</p> | <p>around patient choice on their preferred language, especially when receiving information or having face to face services.</p> <p>2.Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.</p> |
| <p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p> | Our Welsh speaking patients and service users range across the South Wales area, especially for our specialist services. Individuals will be able to continue to use their preferred language of Welsh with this organisation. | <p>1. Ensure that individuals are given a language choice during intake and/or discussion about their healthcare.</p> <p>2. Front line areas will ensure that individuals are able to use Welsh in face-to-face areas as much as possible.</p> <p>3. Staff register the patient language choice on all patient</p> | <p>1. Achieve compliance to the Welsh language standards around patient choice on their preferred language, especially when receiving information or having face to face services.</p> <p>2.Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.</p> |

| How will the strategy, policy, plan, procedure and/or service impact on? - | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate |
|--|---|--|---|
| | | management systems (i.e. Welsh Nursing Care Record) 4. Provide bilingual patient information. | |
| 6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service | None | | |

6. 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 |
|---|---|---|---|
| <p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> | <p>The policy will improve the health equality for patients and service users who prefer to use Welsh when communicating with healthcare staff.</p> | <ol style="list-style-type: none"> 1. Ensure patients are asked their preferred language 2. Healthcare staff register the language choice of patients. | <ol style="list-style-type: none"> 1. Continue to ensure that their front-line staff members are asking the language choice as standard practice during patient intake. 2. Register the language choice on patients' management systems (i.e. Nursing Record Care Record) |
| <p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation</p> | <p>Participants would be able to gain more if individuals are able to do it in their chosen language such as Welsh. It would also lead to higher amount of participation from the public.</p> | <ol style="list-style-type: none"> 1. Ensuring that services offer a language choice by the service. 2. Register language choice onto patient management systems. 3. Ensure information is available bilingual. 4. Utilise the language skills of staff to provide the best of service for those who prefer to use Welsh. | <ol style="list-style-type: none"> 1. Continue to ensure that their front-line staff members are asking the language choice as standard practice during patient intake. 2. Register the language choice on patients' management systems (i.e. Nursing Record Care Record) 3. Register to Welsh Language skills of staff within teams. Use their skills when rolling out services for the public and service users. |

| 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 | 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; | Ensuring that the patient/service user environment is bilingual will allow patients and service users feel at home and accessible. | Provision of bilingual information (<i>such as pamphlets and posters</i>) | Ensure that information is bilingual (<i>this includes posters and pamphlets</i>) |

| 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 |
|---|--|---|---|
| quality and safety of play areas and open spaces | | | |
| 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 | n/a | n/a | n/a |
| 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 | n/a | n/a | n/a |

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

| | |
|---|---|
| <p>8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service</p> | <p>The policy will have a positive impact on improving the Welsh Language agenda by ensuring that staff ask patients for their preferred language when receiving treatment as an inpatient.</p> |
|---|---|

Action Plan for Mitigation / Improvement and Implementation

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|--|--|------------------------|----------------|---|
| <p>8.2 What are the key actions identified as a result of completing the EHIA?</p> | <ul style="list-style-type: none"> • The Health Board will ensure that its staff in frontline areas will provide a language choice of either Welsh or English • The Health Board should ensure that systems in places (e.g. patients management systems) that would record patient language choice | <p>Clinical Boards</p> | <p>Ongoing</p> | <p>Clinical Areas to action the policy and ensure that in-patients are asked for their preferred language during in-take.</p> <p>Patient management system should be able to prompt or log the patient language choice.</p> |
| <p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p> | <p>No</p> | | | |

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|---|--|---|----------------|--|
| <p>8.4 What are the next steps?</p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review | <p>There are no negative impacts on the implementation of the policy.</p> <p>The Health Board to continue with the roll-out of language choice for patients when receiving care.</p> <p>Clinical Boards can use patient and service user management system such PMS, PARIS and Nursing Care Record to ensure that patients language choice is been recorded and actively considered as part of their overall care.</p> | <p>Director of Operations / Clinical Boards</p> | <p>Ongoing</p> | <p>Front line areas to ensure that language choice of the patient is asked and registered.</p> |

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. 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.

¹

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 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

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

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>

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.

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 templates¹⁴
- 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 \(phwwhocc.co.uk\)](http://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 Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](http://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 \(equalityhumanrights.com\)](https://www.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 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 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.