

Equality & Health Impact Assessment for

EQUALITY, INCLUSION and HUMAN RIGHTS POLICY

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Equality, Inclusion and Human Rights Policy
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff,	Executive Director Workforce & Organisational Development Equality Manager

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

	including contact details	
3	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The policy goes beyond the public sector's legal duty of the Equality Act 2010 to consider people with protected characteristics, human rights, Welsh Language, Sensory loss and other equality related legislation as well as health inequalities and socio-economic circumstances.</p> <p>Cardiff and Vale University Health Board (the UHB) is committed to encouraging equality, inclusion and human rights among all our workforce, volunteers and contractors and eliminating unlawful discrimination, harassment and victimisation. The aim is for our organisation to be inclusive and representative of all sections of society and our patients, and for each employee to feel respected, be themselves and able to give their best. The organisation - in providing goods and/or services and/or facilities - is also committed against unlawful discrimination, harassment and victimisation of patients or the public.</p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will oppose all forms of unjustifiable discrimination and recognise that some groups and individuals in society experience unfair discrimination in employment and in their contact with public services. Discrimination can take the form of treating people less favourably because of their 'protected characteristics' (race, sex, disability, age, gender identity or trans identity, marriage or civil partnership status, pregnancy or maternity issues, sexual orientation or religion) but also because of an individual's language, responsibility for dependents, facial disfigurement, social class, socio-economic status or political beliefs. It can also arise from failing to take account of differences between people and groups which can result in barriers to accessing services and opportunities.</p> <p>The Welsh Language (Wales) Measures Act 2011 which introduces Welsh Language Standards; the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards); and the Human Rights Act (1998) also has an impact on the way we provide our services and are relevant to each characteristic. The new Welsh Language Standards place a duty on the organisational staff to provide certain internal services through the medium of Welsh, such as some training and staff tribunals and a certain level of Welsh language services for its patients and service users. Whilst the purpose of the Sensory Loss Standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing or working in our healthcare services. We must also consider whether anyone's human rights may potentially be affected by our policies and practices, and if so, whether the impact is legal and justifiable.</p> <p>We also acknowledge that many forms of inequality may be institutionalised and be expressed as patterns of organisational behaviour that appear acceptable. We will therefore take any necessary steps to identify and address</p>

	<p>institutional exclusion, harassment, marginalization and exploitation of groups and individuals.</p> <p>The Health Board wants to build a reputation for demonstrating outstanding practice in the field of employment relations and service delivery and will work to ensure that equality, inclusion, diversity and human rights principles are owned, valued and demonstrated by everyone within the organisation - the Board, members of staff and those who provide services on behalf of the organisation.</p>
<p>4 Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how 	<p>In line with recommendations from the Equality and Human Rights Commission (EHRC) and the Welsh Government, the policy represents an opportunity for the UHB as a public sector body in Wales to meet Equality and human rights legislation in regard to inclusion. The plan also provides the opportunity to recognise and collectively impact against the challenges set out in the 'Is Wales Fairer report, 2018'.</p> <p>This policy reflects the principles of the Well-being of Future Generations (Wales) Act 2015 and will directly contribute to the national well-being goal 'A More Equal Wales'. It also takes account of the forthcoming Socio Economic Duty that is coming to Wales. Equalities remains a key priority for The Welsh Government. On the 11th June, a statement from the Deputy Minister provided an update on the work that Welsh Government is doing to strengthen Equality and Human Rights in Wales. (Extract below)</p> <p><i>'To demonstrate and reaffirm our commitment to these principles, we're taking forward work to explore options to safeguard equality and human rights in Wales. This will begin with commencing the socio-economic duty in Wales, as well as working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty. We're also commissioning research to explore wider options, including how we might incorporate UN conventions, including the convention on the rights of disabled people into Welsh law'</i></p> <p>To ensure accessibility documentation was made available through the medium of Welsh, easy read, BSL and child friendly versions. In addition, public participants were, reimbursed for travel, childcare, replacement care and any other relevant expenses as necessary.</p> <p>Summary of findings of Strategic Equality Plan Objectives</p> <p>In summary the objectives were agreed with on average by 68% of respondents with 5.88% stating they did not agree, 14.70% stating they partial agree and 12.41% stating they were not sure if they agreed with objectives. Responses from both the survey and consultation have been utilised to confirm, strengthen and informed the long-term outcomes; intended outcomes by 2024; outcome measures and steps that the partnership will take to meet the</p>

<p>stakeholders have engaged in the development stages</p> <ul style="list-style-type: none"> • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>intended outcomes of the shared strategic equality plan. A summary of key themes for each objective are set out below, with comments taken directly from either engagement events or survey to highlight themes.</p> <p>Some of the overarching sources of equality evidence that was referred to as part of our analysis for the Equality and Health Impact Assessment include:</p> <ul style="list-style-type: none"> • <i>Is Wales Fairer?</i> (EHRC, 2018) • <i>Rapid Review of Gender Equality Phase One</i>⁵, and Phase Two report and roadmap when published in the early Autumn (Chwarae Teg, 2018) • <i>Review of the Evidence of Inequality in Wales</i> (Welsh Government) • <i>Well-being of Wales 2017-18</i> (Welsh Government, 2018) <p>The evidence available provides us with information on a wide range of issues affecting people who share protected characteristics that we need to consider when developing our SEP Caring about Inclusion 2020-2024 and therefore this policy. Please see below for some of the highlights:</p> <p>Sex Women encounter inequality in many areas, which only intensifies if they are also part of another protected group. Women from BAME communities, LGBT, and elderly or disabled women often face multiple disadvantage which makes it more difficult to reach their full potential.</p> <p>Age (Older People) We are an ageing society, with just over 800,000 people aged over 60 estimated to live in Wales in 2018, equating to just over 25% of the total population. This figure is expected to increase and the number of people over the age of 85 is expected to grow significantly in the years ahead. There are increasing levels of poverty amongst older people and the gap in healthy life expectancy at birth between the least and most deprived areas of Wales vary by as much as 18 years for women and men (applicable to the period 2015 to 2017).</p>
--	--

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

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

(Children and Young People)

In 2019, the Children's Commissioner published *A Charter for Change: Protecting Welsh children from the impact of poverty*. It found that children and young people living in poverty in Wales miss out on their most basic human rights of having their food, shelter and health needs met. The costs of attending and participating in school leads to an inequality of opportunity for children and young people living in poverty. These children and young people also feel socially isolated because of a lack of opportunities available to them in their local communities.

Disability

Disabled people have been disproportionately affected by welfare reform and austerity. This was highlighted by the UN's examination of the UK's implementation of the Convention on the Rights of Disabled People (UNCRDP) in 2016/17 and the issues have been reinforced by the process of developing the Welsh Government's new framework: *Action on Disability, the Right to Independent Living*.

Pregnancy and maternity

The EHRC has undertaken research into pregnancy and maternity in the work place. It found the majority of employers felt it was in their interests to support pregnant women and those on maternity leave and they agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. In contrast, around one in nine mothers (11%), reported they were either dismissed or made compulsorily redundant in comparison to others in their workplace who were not treated in this way. It was reported some were treated so poorly they felt they had to leave their job. One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues and 10% of mothers said their employer discouraged them from attending antenatal appointments.

Race

Recent spikes in hate crime have affected BAME people disproportionately, since 74% of hate crimes and incidents are motivated by racial or religious prejudice. Recent meetings of the Wales Race Forum and the Welsh Government's All Wales BAME Engagement Programme have starkly highlighted racism in our communities, including schools and workplaces, and the need for concerted action to promote racial equality.

Refugees and Asylum Seekers

In 2017, the National Assembly for Wales Equality, Local Government and Communities (ELGC) committee published its inquiry on refugees and asylum seekers during the world's largest refugee crisis since the Second World War. Refugees and asylum seekers often arrive in Wales following traumatic experiences in their countries of origin and on their journeys to the UK. We want to ensure that these individuals are supported to rebuild their lives

and make a full contribution to Welsh society. In January 2019 the Welsh Government launched the Nation of Sanctuary Plan⁸, which captures a range of actions to address the recommendations of the ELGC committee and additional issues identified through consultation to improve the lives of people seeking sanctuary in Wales.

Religion/ belief

In 2016, the EHRC published *Religion or Belief: Is the Law Working?*¹⁴ The research found the Equality Act and the Human Rights Act provide sufficient protection for individuals with and without a religion or belief, religion or belief organisations and other groups protected by the Equality Act. Nevertheless, there were opportunities identified for improvement. For example, to address concerns that employers, employees, service providers and service users are often unclear about their rights and obligations. They are unsure how to request or respond to a request related to an individual's religion or belief, or how to manage diverse workplaces or diverse service user groups.

Sexual orientation/ gender reassignment (Lesbian, Gay, Bisexual, Trans – LGBT+)

The Stonewall Cymru 2018 *Work Report* has revealed troubling discrimination in Wales's workplaces, with a third of LGBT respondents who were employed in Wales (34%) reporting that they hid or disguised that they are LGBT+ at work because they were afraid of discrimination.

Some of the comments from our consultation and engagement undertaken include:

“People need to see themselves represented in the workforce and that the organisation is the kind of employer that meets employee's access and equality requirements. Promote positive experiences and case studies or role models.” (South East Wales engagement event)

“Onboarding discussions about diversity. Its benefits and organisation expectations.” (Survey)

“Review recruitment and selection policies and practices through the lens of equality.” (Survey and South East Wales engagement group)

“Go to schools and colleges as a partnership to promote the roles and careers available in partner organisations, especially those common to most or all (for example HR, finance) and set up cross-partnership (standardised) purposeful work experience initiatives.” (South East Wales engagement group)

“Undertake (legal) positive action to address under-representation. This should include targeted recruitment

and additional support both to apply and in the job.” (survey and South East Wales engagement event)

“Attend or hold more recruitment fairs in communities to promote the wide range of careers in public sector organisations and promote opportunities to under-represented groups, for example university employment fairs.” (North Wales engagement event)

“Develop mentoring schemes, buddying and shadowing, for people from under-represented groups, both prior to applying for any job and for development of staff already in the organisation.” (South East Wales engagement event)

“Review recruitment processes through the lens of equality and amend them focusing on demonstrating capabilities, not merely experience and valuing experiences outside of work, including making them more inclusive of and appropriate for neuro-diverse people.” (survey)

“In terms of online job ads, the 'we are equality and diverse, inclusive' note should be at the top, not the bottom. And if a job is flexible, put that at the top along with logos, such as the BSL logo.” (North Wales and South East Wales engagement event)

“Ensure that only the skills and qualifications that are actually needed are included on person specifications. Allow alternative methods of demonstrating skills to the traditional routes. For example, good telephone skills, or using the phone, excludes Deaf people. Good communication skills would include Deaf people; requirements for degrees disadvantage some groups, including older people.” (North Wales and South East Wales engagement events)

“All documents, job adverts, websites etc. must be in BSL as well as Welsh and English.” (North Wales engagement group)

“Demonstrative leadership, not just policies and statistics, on equality. Managers need to champion the objectives.” (survey and South East Wales engagement event)

‘Develop an information-sharing culture’ (survey)

‘Be clear on what data is used for when collecting it’ (West Wales engagement event)

Ensure data isn't cherry picked and is presented as a whole in a transparent way (West Wales engagement event)

'Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have achieved a more diverse senior workforce to learn from them' (South East Wales engagement event)

Set an action plan with clear commitment to reduce pay gaps. Justify where and why pay gaps exist. (survey)

Publish clear analysis of the way pay gaps are calculated, displaying the data in a range of formats to make it accessible and easily interpreted by all. (survey)

Comprehensive data collection and analysis in terms of staff numbers, grades, and pay for all protected characteristics and specific groups, including learning disabled people. (survey)

- The proportion of the UK population aged 16 years and over identifying as heterosexual or straight decreased from 95.3% in 2014 to 94.6% in 2018.
- The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018.
- In 2018, there were an estimated 1.2 million people aged 16 years and over identifying as LGB.
- Men (2.5%) were more likely to identify as LGB than women (2.0%) in 2018.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2018 (4.4%).

People in their late teens and early twenties are more likely to identify as lesbian, gay or bisexual (LGB) than older age groups.

“Meanwhile, more than two-thirds of the LGB population are single (never married or entered into a civil partnership). This reflects the younger age structure of this population, the changing attitudes of the general population to marriage and the fact that legal unions have only recently been available for same-sex couples.” Sophie Sanders, Population Statistics Division, Office for National Statistics.

In 2018, an estimated 94.6% of the UK population aged 16 years and over (53.0 million people) identified as heterosexual or straight. This represents a continuation of the decrease seen since 2014, when 95.3% of the population identified themselves as heterosexual or straight (Table 1).

Table 1: Most people in the UK identify themselves as heterosexual or straight
Sexual orientation, as a percentage, UK, 2014 to 2018

Sexual orientation	2014	2015	2016	2017	2018
Heterosexual or straight	95.3	95.2	95.0	95.0	94.6
Gay or lesbian	1.1	1.2	1.2	1.3	1.4
Bisexual	0.5	0.7	0.8	0.8	0.9
Other	0.3	0.4	0.5	0.6	0.6
Do not know or refuse	2.8	2.6	2.5	2.3	2.5

Source: Office for National Statistics – Annual Population Survey

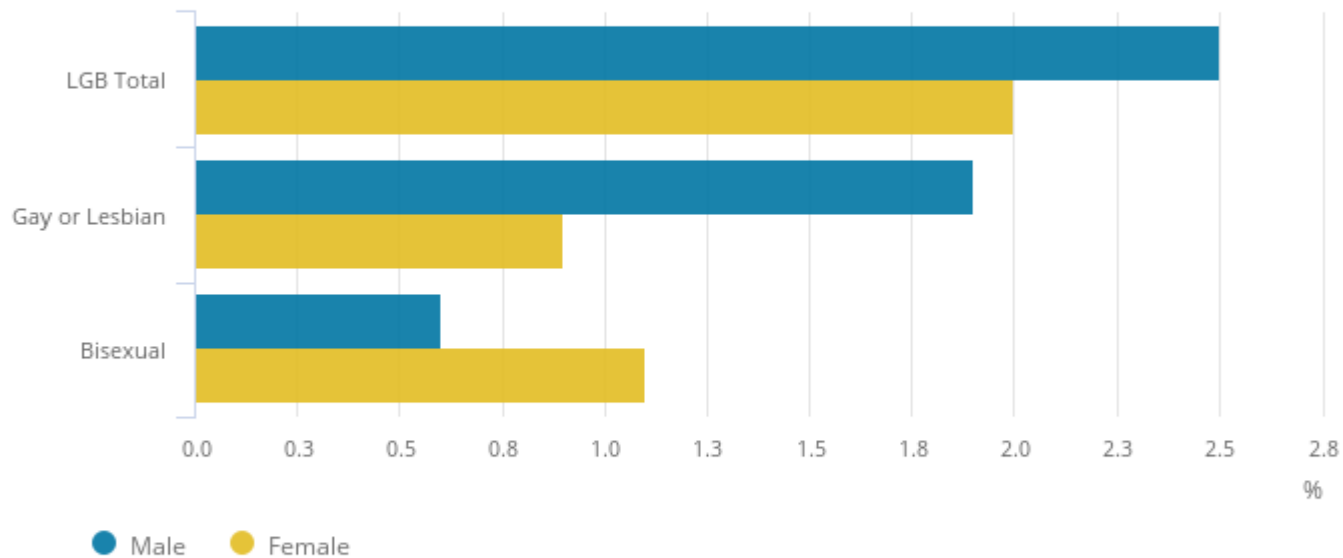
A higher proportion of men than women identify as LGB

In 2018, 2.5% of men identified themselves as LGB, compared with 2.0% of women. More than twice the proportion of men (1.9%) compared with women (0.9%) identified as gay or lesbian (Figure 2). Conversely, a higher proportion of women than men identified as bisexual, at 1.1% and 0.6% respectively. This represents a continuation of a trend that has been observed back to 2014, where a higher proportion of men than women identify as gay or lesbian and a higher proportion of women than men identify as bisexual.

Figure 2: Men were more likely to identify as gay or lesbian, while women were more likely to identify as bisexual

Figure 2: Men were more likely to identify as gay or lesbian, while women were more likely to identify as bisexual

Lesbian, gay or bisexual population by sex, UK, 2018



Source: Office for National Statistics - Annual Population Survey

Sexual orientation by UK countries and English regions

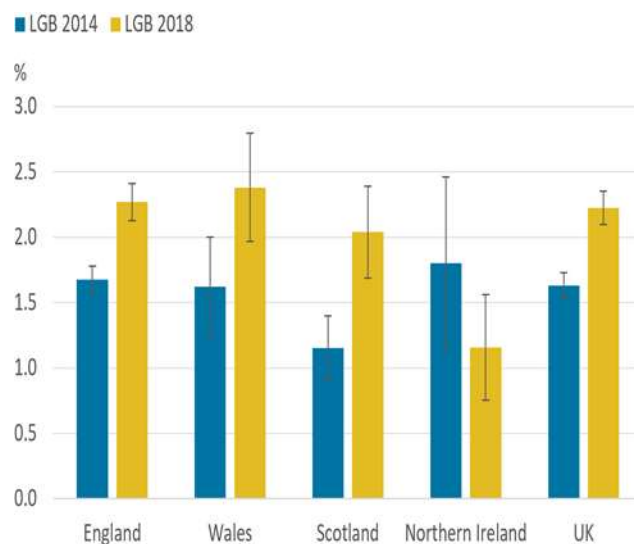
In 2018, the percentage of people who identified as lesbian, gay or bisexual (LGB) was similar for England (2.3%),

Wales (2.4%) and Scotland (2.0%).

For Northern Ireland, the percentage of people identifying themselves as LGB in 2018 was 1.2%. The UK average in 2018 was 2.2%, which has increased from 1.6% in 2014 (Figure 4).

Figure 4: In 2018, a smaller proportion of people in Northern Ireland identified themselves as lesbian, gay or bisexual than in other UK countries

UK constituent countries by lesbian, gay or bisexual population, 2014 and 2018



Sexual orientation by marital status

Among those identifying as lesbian, gay or bisexual (LGB) in 2018, more than two-thirds (68.7%) were single, meaning that they had never married or entered into a civil partnership. This is double the proportion of those who identified as heterosexual or straight and were single (34.2%). A possible reason for this difference is the younger age structure of the LGB population combined with the increase in the [average age of marriage](#).

Furthermore, legal unions for same-sex couples have only become available recently; civil partnerships were

introduced for same-sex couples in the UK in December 2005, and same-sex marriage has been available in England, Wales and Scotland since 2014 and in Northern Ireland from 2020.

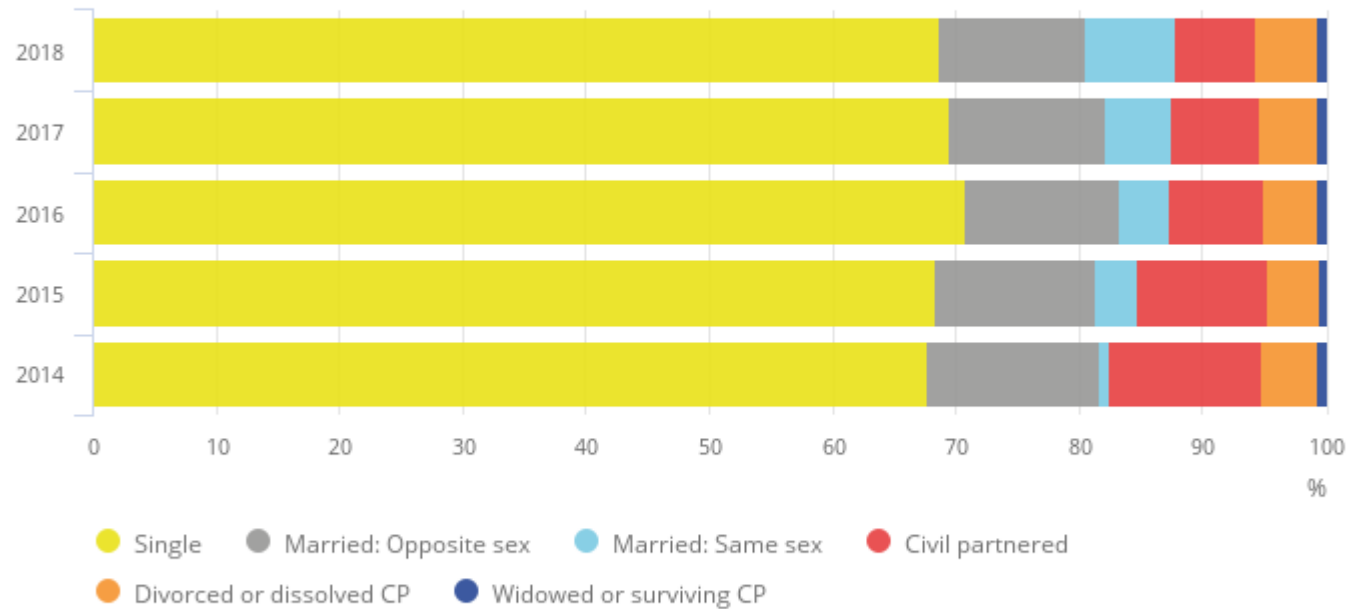
More couples are choosing to live together before or instead of marriage. Those with a legal marital status of single may live with a partner of the same or opposite sex. Same-sex cohabiting couples are the most common type of same-sex couple family, [accounting for just over half of same-sex families in 2019](#).

From 2014 to 2018, the proportion of people identifying as LGB who were in same-sex marriages increased from 0.8% to 7.3%, while those in civil partnerships decreased from 12.3% to 6.5% (Figure 6). This suggests that since its introduction in 2014, an increasing number of people who identify as LGB are choosing to enter a same-sex marriage rather than a civil partnership or to convert their civil partnership to a same-sex marriage.

Figure 6: People identifying as lesbian, gay or bisexual are most likely to have a marital status of single (never married or civil partnered)

Figure 6: People identifying as lesbian, gay or bisexual are most likely to have a marital status of single (never married or civil partnered)

Lesbian, gay or bisexual population by legal marital status, UK, 2014 to 2018



Source: Office for National Statistics – Annual Population Survey

According to the NHS Long Term Plan some groups, including people with a learning disability, people with severe mental health illnesses, Gypsies, Roma and Travellers, homeless people, migrants, refugees and asylum seekers

and Transgender people continue to experience some of the most significant barriers to accessing health care and poor health outcomes.

<https://www.bing.com/search?q=Equality+Impact+assessment+Equality+Policy+health&form=PRGBEN&httpsmsn=1&msnews=1&refig=7373a495650b42869a9a44d795fc6b7a&sp=&pg=equality+impact+assessment+equality+policy+health&sc=0-49&qs=n&sk=&cvid=7373a495650b42869a9a44d795fc6b7a>

Legislation

Table 1: Prohibited conduct under the Equality Act 2010 9

Type of conduct that is prohibited

Section

- Direct discrimination s.13
- Discrimination arising from disability s.15
- Gender reassignment discrimination involving absence from work s.16
- Pregnancy and maternity discrimination in both work and non-work situations s.17/18
- Indirect discrimination s.19
- Failure to make reasonable adjustments for disabled persons s.21
- Harassment s.26
- Victimisation s.27
- Enquiries about disability and health before the offer of a job is made s.60
- Breach of non-discrimination rule s.61
- Breach of an equality clause s.66
- Breach of an equality rule s.67
- Breach of maternity equality clause s.73
- Breach of maternity equality rule s.75
- Discrimination and harassment in relation to relationships which have ended s.108
- Unlawful acts by agents or employees s.110
- Instructing, causing or inducing discrimination s.111
- Aiding contraventions. s.112

The general equality duty as it relates to the protected characteristic of age does not apply to the exercise of the following functions:

- (a) the provision of education to pupils in schools;
- (b) the provision of benefits, facilities or services to pupils in schools;
- (c) the provision of accommodation, benefits, facilities or services in community homes pursuant to section 53(1) of the Children Act 1989;

		<p>(d) the provision of accommodation, benefits, facilities or services pursuant to arrangements under section 82(5) of that Act (arrangements by the Secretary of State relating to the accommodation of children).</p> <p>Duty as to reducing inequalities (s.1C). In exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service.”</p> <p>Duty as to reducing inequalities s. 13G: The [NHS England] Board must, in the exercise of its functions, have regard to the need to:</p> <p>(a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.</p> <p>Duty as to promoting integration s.13N (1).The Board must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would—</p> <p>(a) improve the quality of those services (including the outcomes that are achieved from their provision), (b) reduce inequalities between persons with respect to their ability to access those services, or</p> <p>c) reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.</p> <p>Duties as to reducing inequalities (s. 14T) Each clinical commissioning group must, in the exercise of its functions, have regard to the need to—</p> <p>(a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.</p>
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Potentially all our patients, carers, families and staff who have a protected characteristic but also the homeless, prisoners, refugees and asylum seekers and carers.

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 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>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.4 People who are married or who have a civil partner.</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>
<p>6.7 People with a religion or belief or with no religion or belief.</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	treatment and adherence to legal requirements. This protected characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this protected characteristic group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.	of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); 	There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This protected	The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated	Promote the policy on the WOD intranet/internet pages.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>characteristic group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this protected characteristic group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>	<p>as progress is made on the SEP Action Plan.</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>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements such as the Welsh Language Standards. Although Welsh Language speakers are not covered under the Equality Act 2010 this group will be</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>treated inclusively and equally in accordance with the stipulations of the policy. This protected characteristic group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.</p>		
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</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>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group, which includes</p> <ul style="list-style-type: none"> • People living in deprived areas. • People living in remote and rural locations <p>will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers and communities.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group, which includes:</p> <ul style="list-style-type: none"> • Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs. • Those who have dependants • Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders. • People with addictions and 	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>substance misuse problems.</p> <ul style="list-style-type: none"> • People who have low incomes. • People who have poor literacy. • People living in deprived areas. • People living in remote, rural and island locations. • Refugees and asylum seekers • People in other groups who face health inequalities; will be treated inclusively and equally and in accordance with best practice procedures/guidelines. <p>We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of anyone from any of our communities.</p>		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Health inequalities can cut across a range of social and demographic indicators including socio economic status, occupation, geographical location and protected characteristics. There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes and improving the quality of services and the experiences of people. Reducing health inequalities is also core to the NHS Constitution and the values and purpose of the NHS. Unlike the nine protected characteristics in the Equality Act</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	2010, there is no list of groups enshrined in the National Health Service Act 2006 in relation to the duties on reducing health inequalities. However, research has identified that a range of groups and communities are at greater risk of poorer access to health care and poorer health outcomes		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier</p>	There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group would be able to access the services we promote to improve or maintain a healthy lifestyle.	The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.	Promote the policy on the WOD intranet/internet pages.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Wales			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>
<p>7.4 People in terms of their use of the physical environment:</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>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</p> <p>Well-being Goal – A resilient Wales</p>	<p>treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>	<p>of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity;</p>	<p>There will be a positive impact of having such a policy. This policy is designed to ensure fairness of treatment and adherence to legal requirements. This group will be treated inclusively and equally in accordance with the stipulations of the policy. This group will be treated inclusively and equally</p>	<p>The policy and supporting procedure will progress the principles of inclusion, equality of opportunity and outcome for all. Actions will be updated as progress is made on the SEP Action Plan.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>and in accordance with best practice procedures/guidelines. We recognise that all members of this group have specific needs and will strive to meet those needs. We value all members of this group and will treat people with dignity and respect. We will not accept discrimination, harassment or victimisation of our workforce or patients, staff, volunteers, contractors and communities.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>The policy does not appear to directly impact.</p>	<p>There are no recommendations necessary at this time.</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The policy demonstrates the Health Board’s commitment to ensuring that:</p> <ul style="list-style-type: none"> • the services we provide meet the needs of our service users • service users and employees are treated with dignity and respect • discrimination, harassment and victimisation are not tolerated • equality and inclusion becomes a part of all we do.
--	---

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>	<p>The key action is to raise awareness of the policy throughout the organisation.</p>	<p>Equality Manager</p>	<p>On approval of policy</p>	<p>Promote the policy on the WOD intranet/internet pages.</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>There is no need to undertake a more comprehensive EHIA as the policy was reviewed as part of the consultation and engagement work on the Strategic Equality Plan – Caring about Inclusion 2020-2024</p>	<p>Equality Manager</p>	<p>31 March 2023</p>	<p>To promote the new policy once approved.</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>The policy will continue unchanged as there are no significant negative impacts identified at this time.</p> <p>The policy will be presented to the Employment and Policy Sub-Group during September 2020</p> <p>The policy will be published, along with this Impact assessment once approved</p> <p>The policy, along with the EHIA, will be monitored and reviewed annually. It will be reviewed in 2023 or earlier due to legal requirements or other significant/appropriate times.</p>	Equality Manager	Annually until 2023	To promote the new policy once approved.

