

Equality & Health Impact Assessment for

Equity, Inclusion and Human Rights Policy

Reference Number: UHB 083

Version Number: 4

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Equity, Inclusion and Human Rights Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Equity & Inclusion People & Culture Mitchell Jones – Mitchell.Jones@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	<p>The Health Board is committed to providing equitable, inclusive, and person-centered healthcare while fostering a supportive and inclusive environment for all patients, staff, and stakeholders. We believe that every individual—whether seeking care or working within our organisation—deserves to be treated with dignity, respect, and fairness.</p> <p>This policy supports our Strategic Equality Plan – Shaping Our Inclusive Culture 2024-2028, which outlines our ambition to create a more inclusive, diverse, and equitable organisation. It also aligns with the Health Board's Shaping Our Future Wellbeing strategy, which aims to enhance the health and well-being of the population by ensuring equitable access to healthcare, focusing on prevention, and addressing social determinants of health. Additionally, our People and Culture Plan reinforces this commitment by ensuring that we cultivate a diverse, inclusive workforce, prioritising staff well-being and development, and creating a culture where everyone feels valued and empowered to contribute to our shared goals.</p> <p>By embedding equity, inclusion, and human rights in all that we do, we aim to deliver compassionate, high-quality care that meets the diverse needs of the communities we serve while creating a workplace where all staff can thrive.</p>
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 	<p>The combined population of Cardiff and The Vale of Glamorgan stands at 494,249, with Cardiff hosting 362,310 individuals and The Vale of Glamorgan comprising 131,939 residents (Census, 2021). Given the separation of census data, the assessment will consider Cardiff and the Vale of Glamorgan as two separate areas. Please see detail on the population of Cardiff and the Vale of Glamorgan below:</p> <p>Sex</p> <p><u>Cardiff</u> - 51.2% Female</p>

- comments from those involved in the design and development stages

[Public Health Wales Observatory](#)

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

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

- 48.8% Male

Vale of Glamorgan

- 51.8% Female
- 48.2% Male

Gender Identity

Cardiff

- 92.9% Gender identity the same as sex registered at birth
- 0.2% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans Woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.1% Other
- 6.4% Not answered

Vale of Glamorgan

- 94.5% Gender identity the same as sex registered at birth
- 0.1% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.0% Other
- 5.2% Not answered

Sexual Orientation

Cardiff

- 87.0% Heterosexual / Straight
- 2.4% Gay or Lesbian
- 2.4% Bisexual
- 0.2% Pansexual
- 0.1% Asexual
- 0.1% Queer
- 0.2% Other

- 7.7% Not answered

Vale of Glamorgan

- 90.3% Heterosexual / Straight
- 1.7% Gay or Lesbian
- 1.1% Bisexual
- 0.1% Pansexual
- 0.1% Asexual
- 0.0% Queer
- 0.1% Other
- 6.6% Not answered

Age

Cardiff

- 24.4% 4 -19 years
- 10.5% 20-24 years
- 15.5% 25-34 years
- 18.6% 35-49 years
- 16.5% 50-64 years
- 8.0% 65-74 years
- 4.6% 75-84 years
- 2.0% 85+ years

Vale of Glamorgan

- 22.7% 4-19 years
- 4.6% 20-24 years
- 11.4% 25-34 years
- 18.6% 35-49 years
- 20.7% 50-64 years
- 11.8% 65-74 years
- 7.3% 75-84 years
- 2.8% 85+ years

Race / Ethnicity

Cardiff

- 9.7% Asian, Asian British or Asian Welsh

- 3.8% Black, Black British, Black Welsh, Caribbean or African
- 4.0% Mixed or Multiple ethnic groups
- 79.2% White
- 3.3% Other

Vale of Glamorgan

- 2.1% Asian, Asian British or Asian Welsh
- 0.5% Black, Black British, Black Welsh, Caribbean or African
- 2.3% Mixed or Multiple ethnic groups
- 94.6% White
- 0.5% Other

Religion

Cardiff

- 42.9% No religion
- 38.3% Christian
- 0.4% Buddhist
- 1.5% Hindu
- 0.2% Jewish
- 9.3 % Muslim
- 0.4% Sikh
- 0.6% Other
- 6.3% Not answered

Vale of Glamorgan

- 47.9% No religion
- 44.1% Christian
- 0.3% Buddhist
- 0.3% Hindu
- 0.1% Jewish
- 0.9% Muslim
- 0.1% Sikh
- 0.5% Other
- 5.7% Not answered

Disability

Cardiff

- 8.2% Disabled under 2010 Equality Act, day-to-day activities limited a lot
- 10.4% Disabled under 2010 Equality Act, day-to-day activities limited a little
- 7.0% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 74.4% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Vale of Glamorgan

- 8.9% Disabled under 2010 Equality Act, day-to-day activities limited a lot
- 11.0% Disabled under 2010 Equality Act, day-to-day activities limited a little
- 7.5% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 72.6% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Legal Partnership Status

Cardiff

- 48.6% Never married / never registered in a civil partnership
- 36.8% Married / in a civil partnership
- 1.8% Separated, but still legally married / in a civil partnership
- 7.85% Divorced / civil partnership dissolved
- 5.0% Widowed or surviving civil partnership partner

Vale of Glamorgan

- 33.5% Never married / never registered in a civil partnership
- 47.4% Married / in a civil partnership
- 2.0% Separated, but still legally married / in a civil partnership
- 10.1% Divorced / civil partnership dissolved
- 7.0% Widowed or surviving civil partnership partner

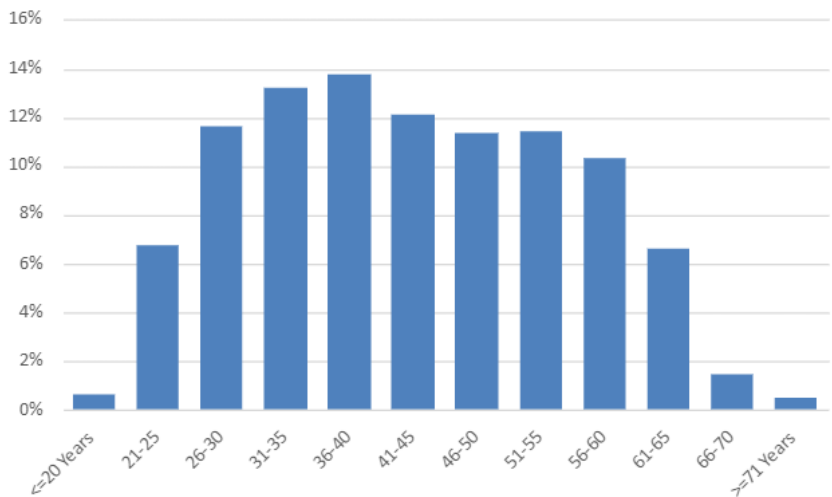
This policy is based on the full range of evidence available on health inequality in Wales. This evidence base includes but is not restricted to:

- [Locked Out Report Wales](#)
- [Anti-racist Action Plan Wales](#)

		<ul style="list-style-type: none"> - LGBTQ+ Action Plan Wales - Code of Practice for Autism Services - Census 2021 Data - Stonewall National LGBT Health in Britain Survey 2018 - Cemlyn S et al, Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009 - Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics - Travelling to Better Health - All Wales Mental Health and Well-being Group report, Deaf People Wales: Hidden Inequality - RNID in Wales Policy and Research <p>The impact of the Equity, Inclusion and Human Rights Policy extends to all staff, service users, and stakeholders.</p> <p>The policy was shared with key stakeholders throughout the health board (see list below) to gain their views, however no comments were received. The policy will also go out to wider consultation.</p> <ul style="list-style-type: none"> - Children, Young People and Families; Specialist Nurse / Cardiff and Vale University Youth Board Lead - Communication, Arts, Health Charity and Engagement; Communication and Engagement Managers, Senior Communication Officer - Equity and Inclusion; Welsh Language Officer - Local Public Health Team; Consultants in Public Health Medicine - Patient Experience; Assistant Director of Patient Experience - People Resourcing; Assistant Director of People Resourcing, Workforce Recruitment Manager - Staff Networks; AccessAbility, Enfys+, OneVoice, Rhwyd-iaith - Strategic Service Planning; Head of Strategic Partnerships and Engagement - Welsh Gender Service; Gender Specialist, Service Manager
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The Equity, Inclusion and Human Rights Policy will affect all staff, service users, and stakeholders.

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

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

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate																										
<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing age discrimination and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people of all ages.</p> <p style="text-align: center;">Age Profile</p>  <table border="1"> <caption>Age Profile Data</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td><=20 Years</td><td>~0.5%</td></tr> <tr><td>21-25</td><td>~6.5%</td></tr> <tr><td>26-30</td><td>~11.5%</td></tr> <tr><td>31-35</td><td>~13.0%</td></tr> <tr><td>36-40</td><td>~13.5%</td></tr> <tr><td>41-45</td><td>~12.0%</td></tr> <tr><td>46-50</td><td>~11.0%</td></tr> <tr><td>51-55</td><td>~11.0%</td></tr> <tr><td>56-60</td><td>~10.0%</td></tr> <tr><td>61-65</td><td>~6.5%</td></tr> <tr><td>66-70</td><td>~1.5%</td></tr> <tr><td>>=71 Years</td><td>~0.5%</td></tr> </tbody> </table>	Age Group	Percentage	<=20 Years	~0.5%	21-25	~6.5%	26-30	~11.5%	31-35	~13.0%	36-40	~13.5%	41-45	~12.0%	46-50	~11.0%	51-55	~11.0%	56-60	~10.0%	61-65	~6.5%	66-70	~1.5%	>=71 Years	~0.5%	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - Older People's Commissioner for Wales - Cardiff and Vale University Health Youth Board (CAV HYB) 	
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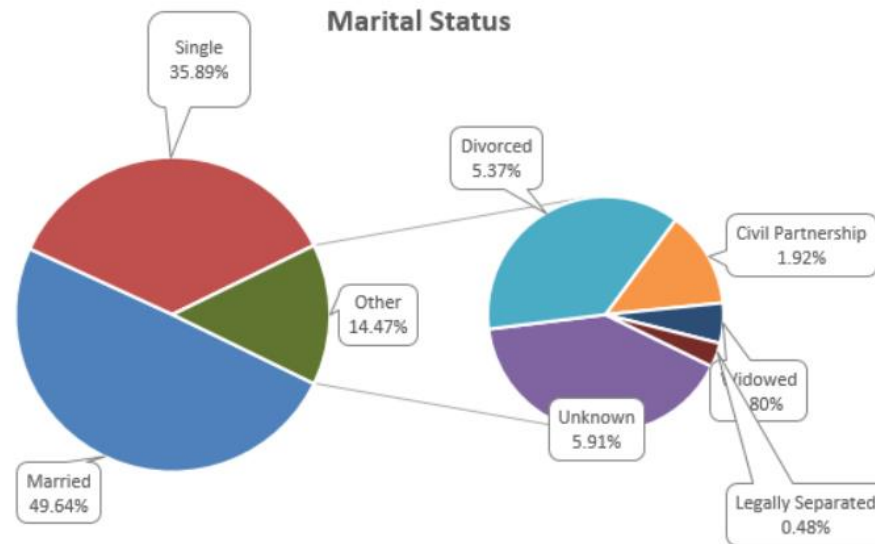
How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Age profile of CAV workforce, Dec 2024</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<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-</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing ableism and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people with disabilities as defined in the Equality Act 2010.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - AccessAbility staff network 	<p>Draft policy shared with AccessAbility for comment.</p>

<p>How will the strategy, policy, plan, procedure and/or service impact on? -</p>	<p>Potential positive and/or negative impacts</p>	<p>Recommendations for improvement/mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate</p>														
<p>term medical conditions such as diabetes</p>	<p style="text-align: center;">Disability</p> <table border="1"> <caption>Disability self-reported within CAV workforce, Dec 2024</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>73.06%</td> </tr> <tr> <td>Yes</td> <td>7.62%</td> </tr> <tr> <td> Unspecified</td> <td>16.67%</td> </tr> <tr> <td> Other</td> <td>10.27%</td> </tr> <tr> <td> Not Declared</td> <td>1.81%</td> </tr> <tr> <td> Prefer Not To Answer</td> <td>0.84%</td> </tr> </tbody> </table> <p><i>Disability self-reported within CAV workforce, Dec 2024</i></p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will</p>	Response	Percentage	No	73.06%	Yes	7.62%	Unspecified	16.67%	Other	10.27%	Not Declared	1.81%	Prefer Not To Answer	0.84%		
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	<p>provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>																	
<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</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing gender discrimination and transphobia, and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people of all genders and gender identities.</p> <div data-bbox="539 906 1151 1445" data-label="Figure"> <p style="text-align: center;">Gender and Contract</p> <table border="1"> <caption>Gender and Contract Data</caption> <thead> <tr> <th>Gender</th> <th>Contract Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>Full Time</td> <td>38.90%</td> </tr> <tr> <td>Female</td> <td>Part Time</td> <td>36.71%</td> </tr> <tr> <td>Male</td> <td>Full Time</td> <td>18.75%</td> </tr> <tr> <td>Male</td> <td>Part Time</td> <td>5.64%</td> </tr> </tbody> </table> </div>	Gender	Contract Type	Percentage	Female	Full Time	38.90%	Female	Part Time	36.71%	Male	Full Time	18.75%	Male	Part Time	5.64%	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - Enfys+ staff network - Welsh Gender Service (WGS) - The Queer Emporium 	<p>Draft policy shared with Enfys+ and WGS for comment.</p>
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Society – Improving the Lives of Trans People (gires.org.uk)	<p><i>Gender profile of CAV workforce, Dec 2024</i></p> <p>Zero Tolerance for Discrimination and Harassment: We will not tolerate any form of discrimination, bullying, or harassment within our organisation. Clear policies and procedures are in place to handle such incidents, ensuring a safe environment for all staff, patients, and visitors.</p> <p>Ongoing Training and Development: We will ensure that all staff receive continuous training on equality, diversity, inclusion, and human rights, in alignment with our Strategic Equality Plan – Shaping an Inclusive Culture 2024-2028. This training will equip staff to deliver culturally competent care and foster an inclusive workplace culture.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination of all kinds, and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people who are married or have a civil partner.</p>		

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Marital status self-reported within CAV workforce, Dec 2024

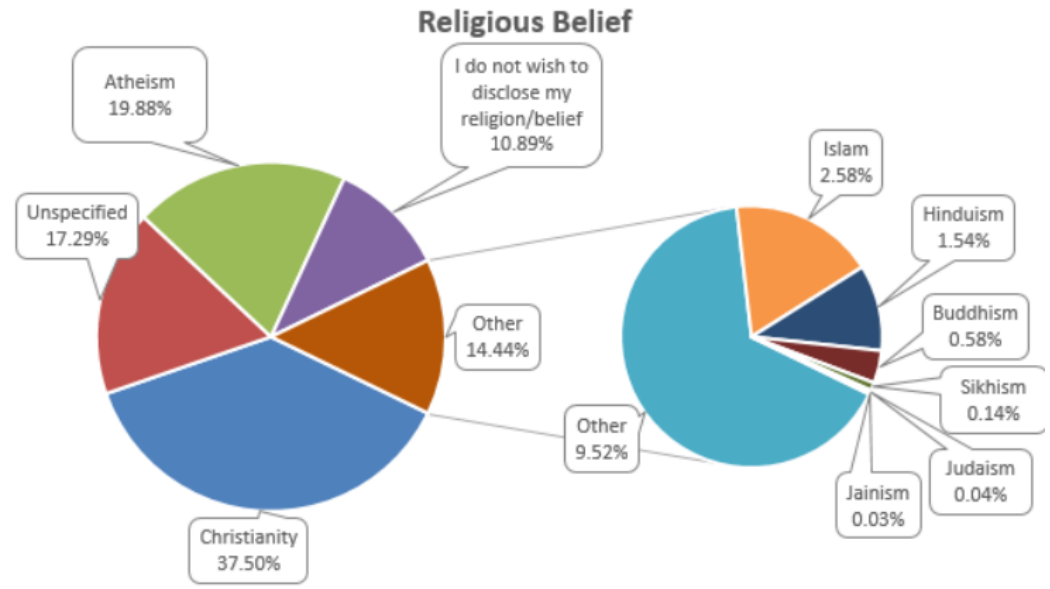
Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.

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<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 they are on maternity leave.</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination, and upholding human rights and dignity. The policy will therefore have a positive impact on women who are expecting a baby, on a break from work after having a baby or breastfeeding.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Human Rights and Dignity: We will uphold the principles of the Human Rights Act 1998, ensuring that the rights and dignity of all patients and staff are respected. Care decisions will prioritise the autonomy and informed consent of patients, and all staff will work in a manner that upholds the dignity of those in our care.</p>		

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<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p> <p>The Runnymede Trust</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing racism and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on all people regardless of their race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers and migrant workers.</p> <div data-bbox="481 766 1456 1388" data-label="Figure"> <table border="1"> <caption>Ethnic Group</caption> <thead> <tr> <th>Ethnic Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>73.35%</td> </tr> <tr> <td>Other</td> <td>26.65%</td> </tr> <tr> <td>Asian or Asian British</td> <td>8.73%</td> </tr> <tr> <td>Blank</td> <td>8.99%</td> </tr> <tr> <td>Not Stated</td> <td>2.32%</td> </tr> <tr> <td>Black or Black British</td> <td>2.58%</td> </tr> <tr> <td>Chinese or Any Other Ethnic Group</td> <td>2.15%</td> </tr> <tr> <td>Mixed</td> <td>1.89%</td> </tr> </tbody> </table> </div> <p><i>Ethnic group self-reported within CAV workforce, Dec 2024</i></p>	Ethnic Group	Percentage	White	73.35%	Other	26.65%	Asian or Asian British	8.73%	Blank	8.99%	Not Stated	2.32%	Black or Black British	2.58%	Chinese or Any Other Ethnic Group	2.15%	Mixed	1.89%	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - OneVoice staff network - Diverse Cymru 	<p>Draft policy shared with OneVoice for comment.</p>
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	<p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>6.7 People with a religion or belief or with no religion or belief. The term ‘religion’ includes a religious or philosophical belief</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination as well as providing culturally competent care and equitable access regardless of any protected characteristic. The policy will therefore have a positive impact on all people regardless of any religious or philosophical belief, or lack thereof.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> – Chaplaincy 	

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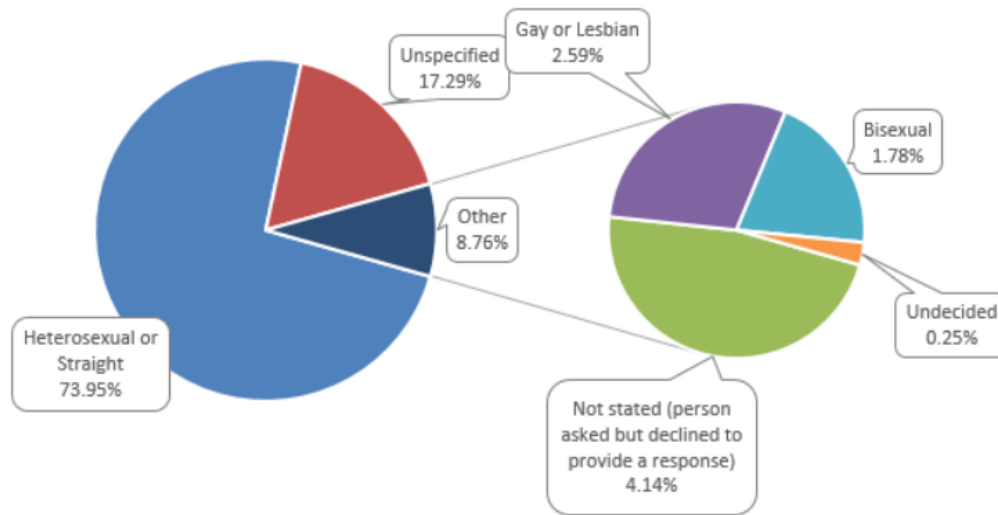
Religious belief self-reported within CAV workforce, Dec 2024

Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.

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	<p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) <p>Stonewall</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination, providing person-centred care and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on all people regardless of their sexual or romantic orientation.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> – Enfys+ staff network – Welsh Gender Service (WGS) – The Queer Emporium 	<p>Draft policy shared with Enfys+ and WGS for comment.</p>

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Sexual Orientation

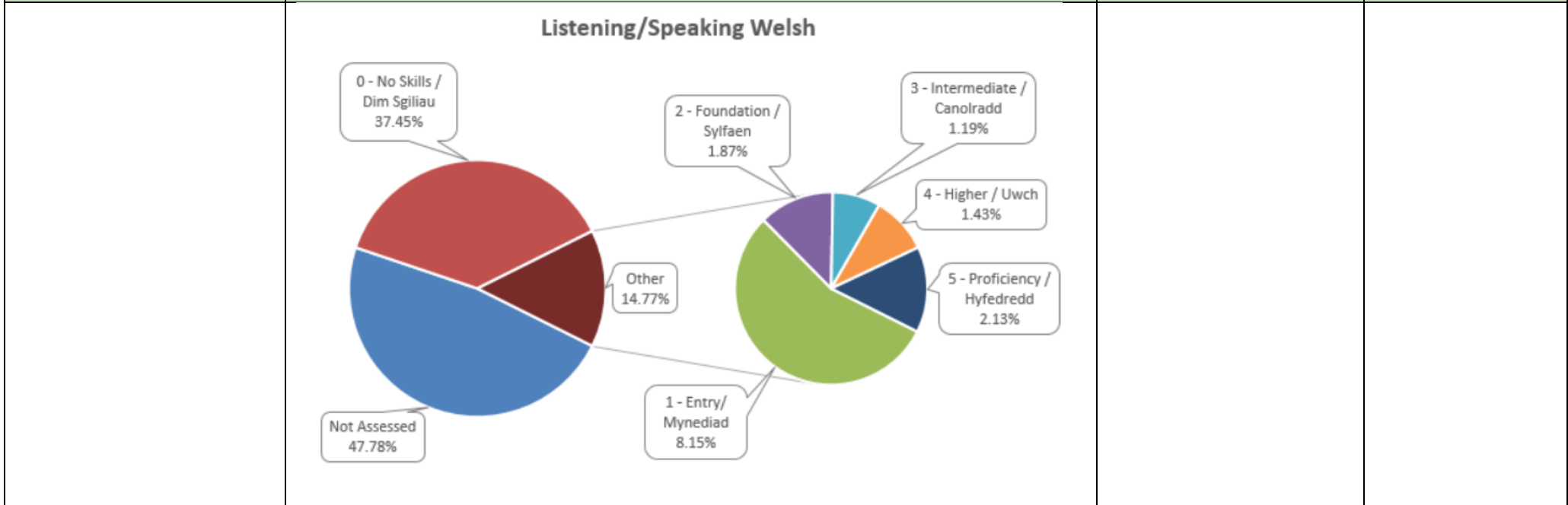


Sexual orientation self-reported within CAV workforce, Dec 2024

Zero Tolerance for Discrimination and Harassment: We will not tolerate any form of discrimination, bullying, or harassment within our organisation. Clear policies and procedures are in place to handle such incidents, ensuring a safe environment for all staff, patients, and visitors.

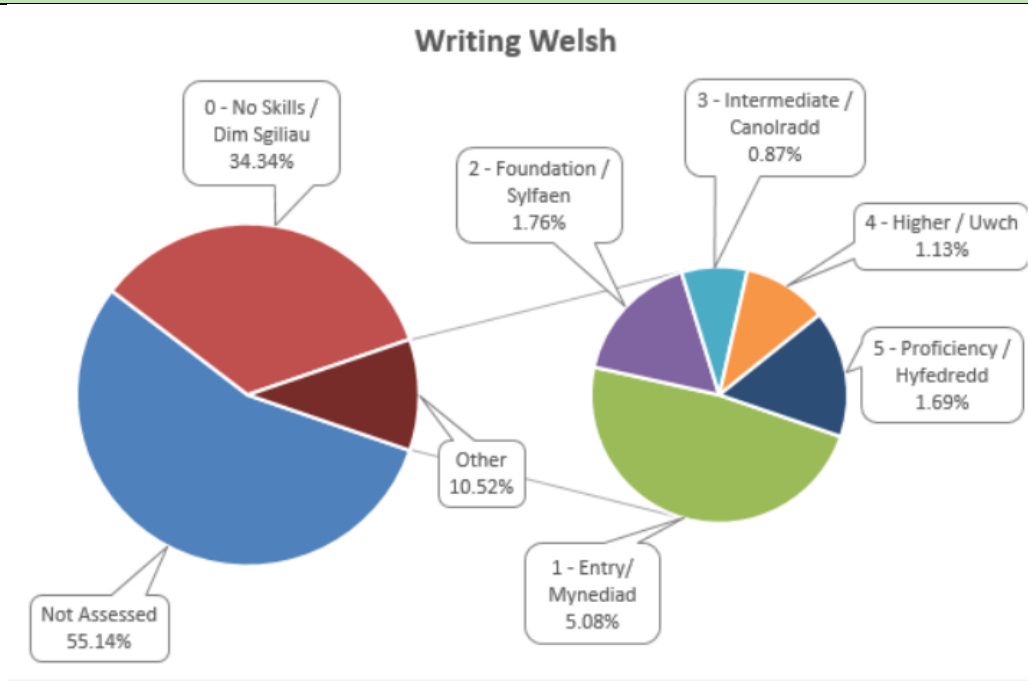
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	<p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our 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>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access and person-centred care. The policy will therefore have a positive impact on people who communicate using the Welsh language.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> – Rhwyd-iaith staff network – Welsh Language Commissioner – Dysgu Cymraeg 	<p>Draft policy shared with Rhwyd-iaith for comment.</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
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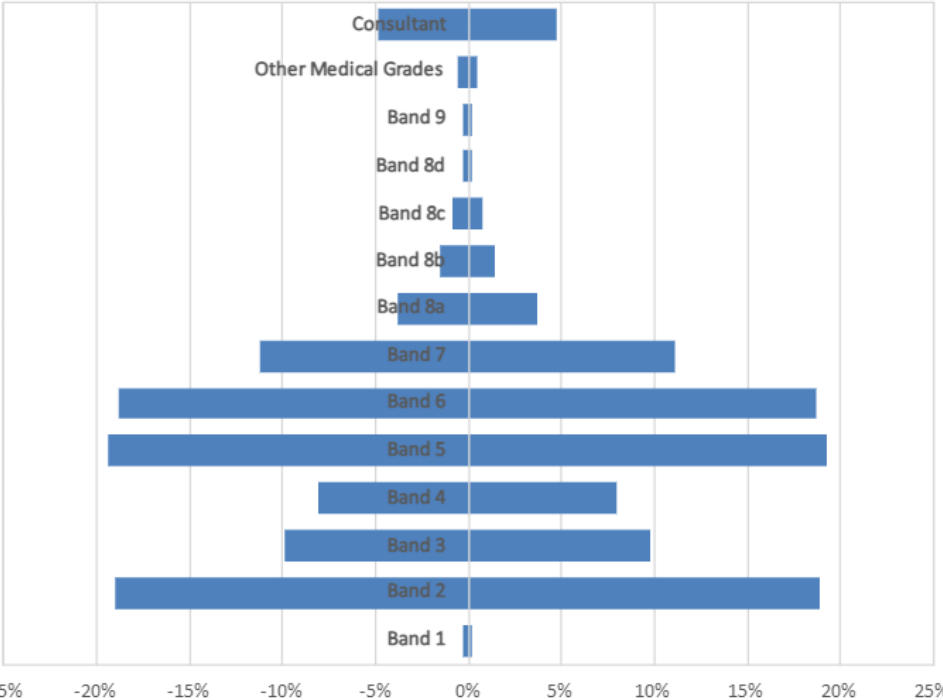
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Welsh language capabilities self-reported within CAV workforce, Dec 2024

Welsh Language and Communication Accessibility: In compliance with the Welsh Language (Wales) Measure 2011, we will ensure that services are available in both English and Welsh. We will also provide communication support, including interpretation services and accessible formats, to ensure our services meet the needs of patients and staff with

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
	disabilities or language barriers, in line with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards).		
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	The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination and creating a diverse and inclusive workforce. The policy will therefore have a positive impact on all people regardless of their income related group, including people on low income, who are economically inactive, unemployed/workless or unable to work due to ill-health.	Ensure policy is shared with relevant stakeholders to gain their views, including: <ul style="list-style-type: none"> - Cardiff Council - Vale of Glamorgan Council 	

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																														
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	<p>appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</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>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination and creating a diverse and inclusive workforce. The policy will therefore have a positive impact on all people regardless of where they live, including people living in areas known to exhibit poor economic and/or health indicators and people unable to access services and facilities.</p> <p>Addressing Health Inequalities: In alignment with the Shaping Our Future Wellbeing strategy, we will focus on addressing the social determinants of health and reducing disparities in health outcomes. This includes improving access to care for marginalised and vulnerable groups and delivering services that promote equity and well-being across the population.</p>		

<p>How will the strategy, policy, plan, procedure and/or service impact on? -</p>	<p>Potential positive and/or negative impacts</p>	<p>Recommendations for improvement/mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate</p>
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>n/a</p>		

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.

<p>How will the strategy, policy, plan, procedure and/or service impact on? -</p>	<p>Potential positive and/or negative impacts and any groups affected</p>	<p>Recommendations for improvement/ mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate</p>
<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 Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access and reducing health inequalities across the population. The policy will therefore have a positive impact on all people's ability to access services, including those living in areas of deprivation and/or those experiencing health inequalities.</p> <p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

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>Culturally Competent Services: We will ensure that all staff receive continuous training on equality, diversity, inclusion, and human rights, in alignment with our Strategic Equality Plan – Shaping an Inclusive Culture 2024-2028. This training will equip staff to deliver culturally competent care and foster an inclusive workplace culture.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>Creating healthier places spaces.pdf (wales.nhs.uk)</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access to services and reducing health inequalities across the population. The policy will therefore have a positive impact on all people's ability to improve and maintain healthy lifestyles including access to supportive services.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities.</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

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>We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access to services and reducing health inequalities across the population. The policy will therefore have a positive impact on all people regardless of their income and employment status.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

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>race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure 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,</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination and providing equitable access to services. The policy will therefore have a positive impact on all people regardless of their use of the physical environment.</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

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>exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</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</p>	<p>The Equity, Inclusion and Human Rights Policy sets out a clear stance with regards engagement and accountability. The policy will therefore have a positive impact on all people regardless of social and community influences on their health.</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

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
pressure; community identity; cultural and spiritual ethos	<p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.</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>	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>TBC following consultation.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	To proactively engage with a broad range of internal and external stakeholders during the 3-month consultation period beginning on 13th January 2025.	Head of E&I	March 2025	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	n/a			

	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>As the Health Board has sought input from key internal stakeholders with no comments received the policy will proceed to wider consultation for further input.</p>	Head of Equity & Inclusion	Jan 2025	<p>Policy has been circulated amongst key internal stakeholders for comment and support in shaping the policy, as outlined above.</p>
	<p>Following the EHIA, it is considered that the policy will have an overwhelmingly positive effect on staff within the Health Board and local communities. The policy will therefore proceed unchanged, subject to further consideration given to any comments received during the consultation phase.</p>	Head of Equity & Inclusion	March 2025	
	<p>The policy will be reviewed by the Employee Policy Sub-Group (EPSG), before being presented to the People & Culture Committee for approval.</p>	Head of Equity & Inclusion	March 2025	
	<p>Once approved, the policy will be published bilingually.</p>	Head of Equity & Inclusion	March 2025	
	<p>Monitoring and review will take place as outlined in the policy.</p>	Head of Equity & Inclusion	March 2029	

Appendix 1

Equality & Health Impact Assessment

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

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

¹

- 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 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

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/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>

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 travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.