

Equality & Health Impact Assessment for Mental Wellbeing 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 required
- 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 | Not applicable |
| 2. | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Jane Rees, Employee Wellbeing Manager People and OD Jane.Rees8@wales.nhs.uk |
| 3. | Objectives of strategy/ policy/ plan/ procedure/ service | Creation of a supportive, productive and fulfilling environment which encourages social connection, learning, acts of kindness, and being more active, as well as one that provides people with the skills to 'take notice', and to take action. Development of managers to promote the mental wellbeing of employees and to talk to staff about difficult issues with sensitivity, and to respond appropriately when they have concerns about individuals, and/or when illness is evident. |

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| | | <p>Support of employees, workers, secondees, and volunteers to manage their own mental wellbeing, by promoting its benefits, and providing access to tools, techniques, advice and guidance.</p> <p>Help provided to those who experience mental health issues to discuss these in a safe and confidential environment, and enabled to receive suitable support and adjustments to their working environment, allowing them to work effectively and to fulfil their work priorities.</p> |
| 4. | <p>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 stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p> | <ul style="list-style-type: none"> • Staff data retrieved from ESR • Data on usage of counselling service used to assess reasons for accessing service • Research undertaken on subject area and impact on protected characteristics • Draft policy provided to all of the Staff Network Groups for comments, with information being provided and used to adapt the policy, specifically from: <ul style="list-style-type: none"> ○ The Disability Staff Network, Porffor ○ The Enfys LGBT+ Staff Network ○ The Women's Network ○ The Black, Asian & Minority Ethnic Staff Network |
| 5. | <p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> | <p>All staff, including employees, workers, secondees, and volunteers</p> |

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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</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>Staff profile:</p> <table border="1"> <thead> <tr> <th>Age Band</th> <th>Headcount</th> <th>%</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td><=20 Years</td> <td>8</td> <td>0.38</td> <td>7.60</td> </tr> <tr> <td>21-25</td> <td>165</td> <td>7.75</td> <td>163.66</td> </tr> <tr> <td>26-30</td> <td>235</td> <td>11.03</td> <td>226.77</td> </tr> <tr> <td>31-35</td> <td>267</td> <td>12.54</td> <td>249.85</td> </tr> <tr> <td>36-40</td> <td>301</td> <td>14.13</td> <td>269.93</td> </tr> <tr> <td>41-45</td> <td>295</td> <td>13.85</td> <td>263.31</td> </tr> <tr> <td>46-50</td> <td>242</td> <td>11.36</td> <td>216.12</td> </tr> <tr> <td>51-55</td> <td>304</td> <td>14.27</td> <td>271.17</td> </tr> <tr> <td>56-60</td> <td>208</td> <td>9.77</td> <td>179.50</td> </tr> <tr> <td>61-65</td> <td>89</td> <td>4.18</td> <td>71.17</td> </tr> <tr> <td>66-70</td> <td>13</td> <td>0.61</td> <td>10.44</td> </tr> <tr> <td>>=71 Years</td> <td>3</td> <td>0.14</td> <td>1.30</td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> <td>100.00</td> <td>1930.82</td> </tr> </tbody> </table> | Age Band | Headcount | % | FTE | <=20 Years | 8 | 0.38 | 7.60 | 21-25 | 165 | 7.75 | 163.66 | 26-30 | 235 | 11.03 | 226.77 | 31-35 | 267 | 12.54 | 249.85 | 36-40 | 301 | 14.13 | 269.93 | 41-45 | 295 | 13.85 | 263.31 | 46-50 | 242 | 11.36 | 216.12 | 51-55 | 304 | 14.27 | 271.17 | 56-60 | 208 | 9.77 | 179.50 | 61-65 | 89 | 4.18 | 71.17 | 66-70 | 13 | 0.61 | 10.44 | >=71 Years | 3 | 0.14 | 1.30 | Grand Total | 2,130 | 100.00 | 1930.82 | <p>Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics, when data is available. This will increase our awareness of where support is needed. Ensure work life balance and flexible working options are</p> | |
| Age Band | Headcount | % | FTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <=20 Years | 8 | 0.38 | 7.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21-25 | 165 | 7.75 | 163.66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26-30 | 235 | 11.03 | 226.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31-35 | 267 | 12.54 | 249.85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36-40 | 301 | 14.13 | 269.93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41-45 | 295 | 13.85 | 263.31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46-50 | 242 | 11.36 | 216.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51-55 | 304 | 14.27 | 271.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56-60 | 208 | 9.77 | 179.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61-65 | 89 | 4.18 | 71.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66-70 | 13 | 0.61 | 10.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| >=71 Years | 3 | 0.14 | 1.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 2,130 | 100.00 | 1930.82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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>In the UK, evidence shows that adults between 25 – 34 are more stressed than other age groups, with inability to “switch off” from work a key factor.</p> <p>We have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing.</p> <p>The policy will impact positively due to increased awareness of stress issues.</p> | <p>signposted to managers and staff.</p> | |
| <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>3.8% of our staff have indicated that they have a disability, with a further 5.9% not declaring their disability, and 19.5% stating they have an unspecified disability.</p> <p>Continued emphasis on greater awareness for line managers in particular, of how to support staff who may be suffering stress because of their disability, and guidance on how to use other supportive policies.</p> | <p>Foster an environment where staff feel comfortable in disclosing information about their disabilities, so that supportive interventions may be put in place.</p> <p>Awareness raising of non-inclusive behaviours and defining of</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>unacceptable behaviours</p> <p>Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.</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</p> | <p>The gender breakdown of the organisation is approximately 75% female and 25% male.</p> <p>Women have a statistically significantly higher rate of work-related stress, depression and anxiety compared with the total population average; this is evident in the ranges 25-54 years (HSE 2019). Around 1 in 8 men suffer with issues with mental wellbeing but they are less likely to seek treatment for depression, anxiety and other mental health challenges. A high percentage of men die from suicide (75% of people who die from suicide are men, Samaritans 2019).</p> | <p>Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics, where available.</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 |
|---|---|---|---|
| through any medical procedures. Sometimes referred to as Trans or Transgender | <p>We do not currently hold data on staff who have undergone/are undergoing gender reassignment.</p> <p>Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders.</p> <p>The policy will impact positively due to increased awareness of stress issues, and its impact by gender, and provision of guidance on how to deal with different levels /symptoms of stress.</p> | <p>This will increase our awareness of where support is needed.</p> <p>Continue to run targeted health promotion events e.g. Mental Health Awareness Week, with a focus on targeted signposting e.g. Men’s Health Week, International Non Binary Day</p> <p>Awareness raising of non-inclusive behaviours and defining of unacceptable behaviours</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 |
|---|--|---|---|
| | | Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings. | |
| 6.4 People who are married or who have a civil partner. | <p>Of the 92.54% of staff who have declared this information:</p> <ul style="list-style-type: none"> • 49.4% are married • 34.3% single • 6.2% divorced • 1.13% in a civil partnership • 0.56% are legally separated • 0.8% are widowed <p>Those who are married are in better health than the unmarried and this benefit is greater for men than women. Marital quality is associated with better health and tends to be more positive for men. The introduction of civil partnerships and same-sex marriage raises questions about whether the marriage benefit to</p> | Ensure evidence is reviewed on an ongoing basis when data has been gathered about impacts on same sex relationships. | |

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|---|--|---|---|---|-----|-------------------|-------|--------|---------|-----------------|----|-------|-------|--------------------------------------|----|-------|-------|----------------------|----|-------|-------|------------------|----|-------|------|-------------------|---|-------|------|----------------|-----|-------|--------|------------------|---|-------|------|-----------------|---|-------|------|------------------|---|-------|------|--|--|
| | health extends to same-sex couples, and whether there is a gender difference in the benefits of marriage for the health of same-sex couples. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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> | There are 47 employees currently on Maternity Leave. | Explicit support given to managers on how to support staff whilst on maternity leave. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p> | <p>83.52% of our staff have indicated their ethnic group:</p> <table border="1" data-bbox="517 1054 1373 1428"> <thead> <tr> <th data-bbox="517 1054 981 1091">Ethnic Group</th> <th data-bbox="981 1054 1115 1091">Headcount</th> <th data-bbox="1115 1054 1240 1091">%</th> <th data-bbox="1240 1054 1373 1091">FTE</th> </tr> </thead> <tbody> <tr> <td data-bbox="517 1091 981 1121">A White - British</td> <td data-bbox="981 1091 1115 1121">1,401</td> <td data-bbox="1115 1091 1240 1121">65.77%</td> <td data-bbox="1240 1091 1373 1121">1268.15</td> </tr> <tr> <td data-bbox="517 1121 981 1152">B White - Irish</td> <td data-bbox="981 1121 1115 1152">17</td> <td data-bbox="1115 1121 1240 1152">0.80%</td> <td data-bbox="1240 1121 1373 1152">14.79</td> </tr> <tr> <td data-bbox="517 1152 981 1182">C White - Any other White background</td> <td data-bbox="981 1152 1115 1182">45</td> <td data-bbox="1115 1152 1240 1182">2.11%</td> <td data-bbox="1240 1152 1373 1182">41.63</td> </tr> <tr> <td data-bbox="517 1182 981 1212">C3 White Unspecified</td> <td data-bbox="981 1182 1115 1212">24</td> <td data-bbox="1115 1182 1240 1212">1.13%</td> <td data-bbox="1240 1182 1373 1212">20.59</td> </tr> <tr> <td data-bbox="517 1212 981 1243">CA White English</td> <td data-bbox="981 1212 1115 1243">10</td> <td data-bbox="1115 1212 1240 1243">0.47%</td> <td data-bbox="1240 1212 1373 1243">9.60</td> </tr> <tr> <td data-bbox="517 1243 981 1273">CB White Scottish</td> <td data-bbox="981 1243 1115 1273">1</td> <td data-bbox="1115 1243 1240 1273">0.05%</td> <td data-bbox="1240 1243 1373 1273">1.00</td> </tr> <tr> <td data-bbox="517 1273 981 1303">CC White Welsh</td> <td data-bbox="981 1273 1115 1303">147</td> <td data-bbox="1115 1273 1240 1303">6.90%</td> <td data-bbox="1240 1273 1373 1303">131.90</td> </tr> <tr> <td data-bbox="517 1303 981 1334">CD White Cornish</td> <td data-bbox="981 1303 1115 1334">1</td> <td data-bbox="1115 1303 1240 1334">0.05%</td> <td data-bbox="1240 1303 1373 1334">1.00</td> </tr> <tr> <td data-bbox="517 1334 981 1364">CP White Polish</td> <td data-bbox="981 1334 1115 1364">1</td> <td data-bbox="1115 1334 1240 1364">0.05%</td> <td data-bbox="1240 1334 1373 1364">0.53</td> </tr> <tr> <td data-bbox="517 1364 981 1394">CQ White ex-USSR</td> <td data-bbox="981 1364 1115 1394">1</td> <td data-bbox="1115 1364 1240 1394">0.05%</td> <td data-bbox="1240 1364 1373 1394">1.00</td> </tr> </tbody> </table> | Ethnic Group | Headcount | % | FTE | A White - British | 1,401 | 65.77% | 1268.15 | B White - Irish | 17 | 0.80% | 14.79 | C White - Any other White background | 45 | 2.11% | 41.63 | C3 White Unspecified | 24 | 1.13% | 20.59 | CA White English | 10 | 0.47% | 9.60 | CB White Scottish | 1 | 0.05% | 1.00 | CC White Welsh | 147 | 6.90% | 131.90 | CD White Cornish | 1 | 0.05% | 1.00 | CP White Polish | 1 | 0.05% | 0.53 | CQ White ex-USSR | 1 | 0.05% | 1.00 | Tackling racial discrimination at work, by creating an inclusive, supportive and open workplace, would impact on positively on work related stress, and would in turn reduce | |
| Ethnic Group | Headcount | % | FTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A White - British | 1,401 | 65.77% | 1268.15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B White - Irish | 17 | 0.80% | 14.79 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C White - Any other White background | 45 | 2.11% | 41.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C3 White Unspecified | 24 | 1.13% | 20.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CA White English | 10 | 0.47% | 9.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CB White Scottish | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CC White Welsh | 147 | 6.90% | 131.90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CD White Cornish | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CP White Polish | 1 | 0.05% | 0.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CQ White ex-USSR | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|----------------|----------------|-------|---|---|---|-------|------|-----------------------------------|---|-------|------|---------------------------------|---|-------|------|-------------------------|----|-------|-------|--------------------------------------|---|-------|------|-----------------------------------|----|-------|-------|--------------------------------------|----|-------|-------|--|---|-------|------|---|---|-------|------|------------------|---|-------|------|--------------------------------------|---|-------|------|------------------------------------|----|-------|-------|----------------|---|-------|------|------------------|---|-------|------|-----------|---|-------|------|--------------------------|----|-------|------|-------------|---|-------|------|-------------|---|-------|------|-------------|-----|-------|--------|--------------|-----|--------|--------|--------------------|--------------|----------------|----------------|--|--|--|--|--|
| | <table border="1"> <tr><td>CX White Mixed</td><td>1</td><td>0.05%</td><td>1.00</td></tr> <tr><td>CY White Other European</td><td>2</td><td>0.09%</td><td>1.60</td></tr> <tr><td>D Mixed - White & Black Caribbean</td><td>8</td><td>0.38%</td><td>6.60</td></tr> <tr><td>E Mixed - White & Black African</td><td>5</td><td>0.23%</td><td>5.00</td></tr> <tr><td>F Mixed - White & Asian</td><td>11</td><td>0.52%</td><td>10.60</td></tr> <tr><td>G Mixed - Any other mixed background</td><td>7</td><td>0.33%</td><td>6.00</td></tr> <tr><td>H Asian or Asian British - Indian</td><td>19</td><td>0.89%</td><td>18.93</td></tr> <tr><td>J Asian or Asian British - Pakistani</td><td>17</td><td>0.80%</td><td>16.60</td></tr> <tr><td>K Asian or Asian British - Bangladeshi</td><td>7</td><td>0.33%</td><td>7.00</td></tr> <tr><td>L Asian or Asian British - Any other Asian background</td><td>7</td><td>0.33%</td><td>6.53</td></tr> <tr><td>LH Asian British</td><td>1</td><td>0.05%</td><td>1.00</td></tr> <tr><td>M Black or Black British - Caribbean</td><td>5</td><td>0.23%</td><td>5.00</td></tr> <tr><td>N Black or Black British - African</td><td>22</td><td>1.03%</td><td>21.60</td></tr> <tr><td>PB Black Mixed</td><td>1</td><td>0.05%</td><td>1.00</td></tr> <tr><td>PD Black British</td><td>1</td><td>0.05%</td><td>1.00</td></tr> <tr><td>R Chinese</td><td>5</td><td>0.23%</td><td>5.00</td></tr> <tr><td>S Any Other Ethnic Group</td><td>10</td><td>0.47%</td><td>9.20</td></tr> <tr><td>SB Japanese</td><td>1</td><td>0.05%</td><td>0.80</td></tr> <tr><td>SC Filipino</td><td>1</td><td>0.05%</td><td>1.00</td></tr> <tr><td>Unspecified</td><td>125</td><td>5.87%</td><td>106.64</td></tr> <tr><td>Z Not Stated</td><td>226</td><td>10.61%</td><td>196.74</td></tr> <tr><td>Grand Total</td><td>2,130</td><td>100.00%</td><td>1919.05</td></tr> </table> | CX White Mixed | 1 | 0.05% | 1.00 | CY White Other European | 2 | 0.09% | 1.60 | D Mixed - White & Black Caribbean | 8 | 0.38% | 6.60 | E Mixed - White & Black African | 5 | 0.23% | 5.00 | F Mixed - White & Asian | 11 | 0.52% | 10.60 | G Mixed - Any other mixed background | 7 | 0.33% | 6.00 | H Asian or Asian British - Indian | 19 | 0.89% | 18.93 | J Asian or Asian British - Pakistani | 17 | 0.80% | 16.60 | K Asian or Asian British - Bangladeshi | 7 | 0.33% | 7.00 | L Asian or Asian British - Any other Asian background | 7 | 0.33% | 6.53 | LH Asian British | 1 | 0.05% | 1.00 | M Black or Black British - Caribbean | 5 | 0.23% | 5.00 | N Black or Black British - African | 22 | 1.03% | 21.60 | PB Black Mixed | 1 | 0.05% | 1.00 | PD Black British | 1 | 0.05% | 1.00 | R Chinese | 5 | 0.23% | 5.00 | S Any Other Ethnic Group | 10 | 0.47% | 9.20 | SB Japanese | 1 | 0.05% | 0.80 | SC Filipino | 1 | 0.05% | 1.00 | Unspecified | 125 | 5.87% | 106.64 | Z Not Stated | 226 | 10.61% | 196.74 | Grand Total | 2,130 | 100.00% | 1919.05 | | | | <p>the potential for psychological damage.</p> <p>Awareness raising of non-inclusive behaviours and defining of unacceptable behaviours</p> <p>Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.</p> | |
| CX White Mixed | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CY White Other European | 2 | 0.09% | 1.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Mixed - White & Black Caribbean | 8 | 0.38% | 6.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E Mixed - White & Black African | 5 | 0.23% | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Mixed - White & Asian | 11 | 0.52% | 10.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Mixed - Any other mixed background | 7 | 0.33% | 6.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H Asian or Asian British - Indian | 19 | 0.89% | 18.93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J Asian or Asian British - Pakistani | 17 | 0.80% | 16.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K Asian or Asian British - Bangladeshi | 7 | 0.33% | 7.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L Asian or Asian British - Any other Asian background | 7 | 0.33% | 6.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LH Asian British | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M Black or Black British - Caribbean | 5 | 0.23% | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Black or Black British - African | 22 | 1.03% | 21.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PB Black Mixed | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PD Black British | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R Chinese | 5 | 0.23% | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S Any Other Ethnic Group | 10 | 0.47% | 9.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SB Japanese | 1 | 0.05% | 0.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SC Filipino | 1 | 0.05% | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified | 125 | 5.87% | 106.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Z Not Stated | 226 | 10.61% | 196.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 2,130 | 100.00% | 1919.05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Research from Business in the Community's (BITC) 2019 Mental Health at Work: Time to Take Ownership report found:</p> <ul style="list-style-type: none"> almost 2 in 5 (39 per cent) of employees have experienced poor mental health where work was a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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>contributing factor in the past year (up from 36 per cent in 2018). However, for BAME employees it was almost one in two (47 per cent).</p> <ul style="list-style-type: none"> while 51 per cent of employees overall feel comfortable talking generally in the workplace about mental health issues (down from 54 per cent in 2018), only 40 per cent of BAME employees feel comfortable. This can be linked to a further finding from this research that white employees are more likely than those from a BAME background to have been formally diagnosed with a mental health condition (31 per cent compared to 23 per cent). | | | | | | | | | | | | | | | | | | | | | | |
| <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>Staff profile: Of the 63.85% of our staff who have disclosed or specified their religious belief, Christianity is the largest belief specified.</p> <table border="1" data-bbox="521 1142 1108 1385"> <thead> <tr> <th>Religious Belief</th> <th>Headcount</th> <th>%</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>Atheism</td> <td>443</td> <td>20.80</td> <td>417.71</td> </tr> <tr> <td>Buddhism</td> <td>8</td> <td>0.38</td> <td>8.00</td> </tr> <tr> <td>Christianity</td> <td>787</td> <td>36.95</td> <td>700.14</td> </tr> <tr> <td>Hinduism</td> <td>9</td> <td>0.42</td> <td>9.00</td> </tr> </tbody> </table> | Religious Belief | Headcount | % | FTE | Atheism | 443 | 20.80 | 417.71 | Buddhism | 8 | 0.38 | 8.00 | Christianity | 787 | 36.95 | 700.14 | Hinduism | 9 | 0.42 | 9.00 | | |
| Religious Belief | Headcount | % | FTE | | | | | | | | | | | | | | | | | | | | |
| Atheism | 443 | 20.80 | 417.71 | | | | | | | | | | | | | | | | | | | | |
| Buddhism | 8 | 0.38 | 8.00 | | | | | | | | | | | | | | | | | | | | |
| Christianity | 787 | 36.95 | 700.14 | | | | | | | | | | | | | | | | | | | | |
| Hinduism | 9 | 0.42 | 9.00 | | | | | | | | | | | | | | | | | | | | |

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|------|-------|---------|---|------|------|---------------|-----|-------|--------|-------|-----|------|--------|---------|---|------|------|-------------|-----|-------|--------|--------------------|--------------|---------------|----------------|--|--|
| | <table border="1" data-bbox="519 405 1111 754"> <tr> <td>Islam</td> <td>37</td> <td>1.74</td> <td>36.19</td> </tr> <tr> <td>Judaism</td> <td>3</td> <td>0.14</td> <td>2.33</td> </tr> <tr> <td>Not Disclosed</td> <td>327</td> <td>15.35</td> <td>295.23</td> </tr> <tr> <td>Other</td> <td>201</td> <td>9.44</td> <td>183.76</td> </tr> <tr> <td>Sikhism</td> <td>4</td> <td>0.19</td> <td>3.93</td> </tr> <tr> <td>Unspecified</td> <td>311</td> <td>14.60</td> <td>262.76</td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> <td>100.00</td> <td>1919.05</td> </tr> </table> <p data-bbox="519 850 1346 970">There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress.</p> | Islam | 37 | 1.74 | 36.19 | Judaism | 3 | 0.14 | 2.33 | Not Disclosed | 327 | 15.35 | 295.23 | Other | 201 | 9.44 | 183.76 | Sikhism | 4 | 0.19 | 3.93 | Unspecified | 311 | 14.60 | 262.76 | Grand Total | 2,130 | 100.00 | 1919.05 | | |
| Islam | 37 | 1.74 | 36.19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judaism | 3 | 0.14 | 2.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Disclosed | 327 | 15.35 | 295.23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 201 | 9.44 | 183.76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sikhism | 4 | 0.19 | 3.93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unspecified | 311 | 14.60 | 262.76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 2,130 | 100.00 | 1919.05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p data-bbox="152 986 416 1098">6.8 People who are attracted to other people of:</p> <ul data-bbox="152 1106 488 1297" style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) | <p data-bbox="519 986 1346 1106">Of the 76.95% of our staff who have disclosed this information, 72.68% indicated they are heterosexual, 2.39% gay or lesbian and 1.5% bisexual.</p> <p data-bbox="519 1121 1346 1201">Mental health problems are more common among people who are lesbian, gay, bisexual and trans (LGBT).</p> <p data-bbox="519 1217 1346 1337">This may be linked to LGBT people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality.</p> | <p data-bbox="1397 986 1682 1377">Tackling discrimination at work, by creating an inclusive, supportive and open workplace, would impact on positively on work related stress, and would in turn reduce</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>the potential for psychological damage.</p> <p>Awareness raising of non-inclusive behaviours and defining of unacceptable behaviours</p> <p>Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.</p> | | | | | |
| 6.9 People who communicate using the Welsh language in terms of correspondence, | <p>We hold the following information on written Welsh competency in our staff:</p> <table border="1" data-bbox="517 1353 954 1420"> <thead> <tr> <th data-bbox="517 1353 853 1420">Skill Level</th> <th data-bbox="853 1353 954 1420">Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Skill Level | Total | | | | |
| Skill Level | Total | | | | | | |
| | | | | | | | |

| 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>information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p> | <table border="1"> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>1105</td> </tr> <tr> <td>1 - Entry/ Mynediad</td> <td>389</td> </tr> <tr> <td></td> <td>89</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td></td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>69</td> </tr> <tr> <td></td> <td>83</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td></td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>135</td> </tr> <tr> <td></td> <td>260</td> </tr> <tr> <td>(blank)</td> <td></td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> </tr> </table> | 0 - No Skills / Dim Sgiliau | 1105 | 1 - Entry/ Mynediad | 389 | | 89 | 2 - Foundation / Sylfaen | | 3 - Intermediate / Canolradd | 69 | | 83 | 4 - Higher / Uwch | | 5 - Proficiency / Hyfedredd | 135 | | 260 | (blank) | | Grand Total | 2,130 | | |
| 0 - No Skills / Dim Sgiliau | 1105 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Entry/ Mynediad | 389 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 89 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - Foundation / Sylfaen | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - Intermediate / Canolradd | 69 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 83 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - Higher / Uwch | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - Proficiency / Hyfedredd | 135 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 260 | | | | | | | | | | | | | | | | | | | | | | | | |
| (blank) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 2,130 | | | | | | | | | | | | | | | | | | | | | | | | |
| <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>We do not currently capture information relating to our staff and their socio economic status.</p> | <p>Consider how to gather this information as this will need future development.</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6.11 People according to where they live:</p> | <p>Although we hold staff addresses, we have not assessed where our staff live in relation to any health indicators.</p> | <p>Consider how to gather this</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 |
|--|--|---|---|
| Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities | | information as this will need future development. | |
| 6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service | Not applicable. | | |

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>Policy applies to all staff and will raise awareness of how to promote wellbeing and proactively manage stress.</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 impact on access to</p> | <p>Policy promotes wellbeing and the parallel need to develop skills in discussing sensitive issues, so likely to have a positive impact on managers being able to use these skills to support staff to adopt healthy lifestyles when required.</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>supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</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>Well-being Goal – A prosperous Wales</p> | <p>The policy applies to all employees, workers, secondees, and volunteers</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</p> | <p>We always aim to consider built environment of our staff when there are changes of base etc.</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>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>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p> | <p>The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated.</p> <p>Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general.</p> | | |
| <p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider</p> | <p>We do not currently assess how these factors impact on our staff.</p> | <p>Consider how to gather this information.</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>the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</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>Positive impact on the wellbeing of staff, and support towards management of stress for those in need. Development of managers skills in supporting their staff.</p> |
|--|---|

Action Plan for Mitigation / Improvement and Implementation

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|--|--|------|-----------|--|
| <p>8.2 What are the key actions identified as a result of completing the EHIA?</p> | <p>Consideration of how to gather information on how the policy will impact on the health and wellbeing of our staff and help address inequalities in health, in the following areas:</p> <ul style="list-style-type: none"> • Economic health inequalities • Macro-economic, environmental and sustainability factors i.e. impact of government policies; gross domestic product; economic development; biological diversity; climate | | | |
| <p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p> | <p>No requirement for full EHIA identified at this time.</p> <p>Equality Act considerations fully addressed and considered.</p> | | | |

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|---|--------|------|-----------|--|
| <p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <p>Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <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. <ul style="list-style-type: none"> ● Have your strategy, policy, plan, procedure and/or service proposal approved ● Publish your report of this impact assessment ● Monitor and review | | | | |

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Vision to 'create a healthier, happier and fairer Wales'

Guidance

The Public Health Wales strategy (Integrated Medium Term Plan) 'Creating a healthier, happier and fairer Wales for everyone' (2016-2019) outlines how we exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

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

This explicit consideration of the above will apply to strategies, policies, plans, procedures and services /activity.

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all organisational strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the organisation's Vision, plan and its strategic priorities. 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 Integrated Screening Tool will identify if there is a need for a full impact assessment.

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

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²

¹ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

- 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). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the organisation to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

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>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information please contact Andrew Richardson, Corporate Governance Manager (andrew.richardson2@wales.nhs.uk) or Heather Ramessur-Marsden, Interim Equality Lead (heather.ramessur-marsden@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 Guide¹⁵

¹⁴ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁵ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁶

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

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

¹⁶ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

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