Equality & Health Impact Assessment for

Nominating PHW Staff for Honours Protocol

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Liz Blayney Deputy Board Secretary and Board Governance Manager liz.blayney@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This is a protocol for Public Health Wales staff to follow if they wish to nominate a colleague for an Honour.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge	• Welsh Government instructions for completion of a nomination • Welsh Government generic examples of citations for local or public service • Criteria for awards in the UK Honours system • British Empire Medal (BEM) fact sheet • Examples of potential BEM case studies

	• list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	All staff wishing to nominate a colleague for an Honour

Part 2- Equality and Welsh language

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'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Nominations may not be made for younger members of staff because proposers may feel they do not have sufficient length of service for an honour. Individuals must receive an honour within 12 months of the date of their retirement, so there is a risk that some nominations could enter the process at too late a stage	The protocol encourages nominations from all members of staff and focuses on going above and beyond the normal job role. There is no expectation of a minimum length of service in the protocol. The protocol makes this restriction clear, so that proposers are aware of the time restrictions.	

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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	Staff with a disability may wish to nominate a colleague for an honour, but may struggle with putting together a strong citation	The Board Secretary is available to provide advice and assistance with putting together a citation.	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical	The Welsh Government has set target for nominations to the Health Honours Committee to have a gender split of 65% women and 35% men. This has been set to reflect the gender balance of the NHS Wales workforce. This could have a negative impact on male nominees,	This target is set by Welsh Government and it will be for the Welsh Government to determine which nominations from Public Health Wales to put forward to the Health Honours Committee.	The Public Health Wales nomination panel will put forward any strong candidates, whether they are male and female and regardless of the gender balance. This will ensure no positive or negative action is taken by the panel.

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procedures. Sometimes referred to as Trans or Transgender	as there is the potential for Welsh Government to hold back strong male candidates from the current nomination round.		
6.4 People who are married or who have a civil partner.	No impact.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No impact.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There is the potential that Public Health Wales does not put forward sufficient nominations from underrepresented groups because the Public Health Wales workforce does not have many members of staff from under-represented groups	Public Health Wales has recruitment and selection processes in place to encourage an increase in staff from under-represented groups.	

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	Important areas to consider are things such as Ramadan – individuals may be fasting and therefore get tired more easily Dress codes which ban headwear – an important religious symbol for some religions		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual);	No impact.		

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• the same sex (lesbian or gay); • both sexes (bisexual)			
6.9 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	No impact.		
6.10 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	No impact.		
6.11 Consider any other groups and risk factors relevant to this	N/A		

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strategy, policy, plan, procedure and/or service			
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	No impact. Nominations can be received in either English or Welsh.		
Treating the Welsh language no less favourably than the English language	No impact. Nominations can be received in either English or Welsh.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.
    The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
The Honours nomination protocol document is an internal document intended to provide guidance to staff. Therefore it does not have an impact on the health and wellbeing of the population or addressing inequalities in health.	

Assessment
Complete the wider determinants framework table below providing rational/evidence where appropriate:
1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	N/A			
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks • Third sector & volunteering	N/A			
7.4 Mental Wellbeing	N/A			

• Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?				
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	N/A			
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	N/A			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services	N/A			

• Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel				
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	N/A			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).