# **Equality & Health Impact Assessment for**

# (Adoption of All Wales Policy on Insurance, NHS Indemnity, and related risk management for potential losses and special payments. )

# Part 1 Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Public Health Wales Policy on Indemnity which is based on the All Wales Policy on Indemnity.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Stefanie Harvey-Powell Stefanie.Harvey-Powell@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To put in place a single point of reference for staff members when considering any indemnity issues for clinical negligence and personal injury claims.
4.	Evidence and background information considered. For example	A procedure and policy is required for when reimbursement is required from Welsh Risk Pool for Claims and Redress cases.

	<ul> <li>research</li> <li>good practice guidelines</li> <li>participant knowledge</li> <li>list of stakeholders and how stakeholders have engaged in the development stages</li> <li>comments from those involved in the designing and development stages</li> <li>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</li> </ul>	
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.	The Procedure applies to staff members.

## 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
<ul> <li>6.1 Age</li> <li>For most purposes, the main categories are: <ul> <li>under 18;</li> <li>between 18 and 65;</li> <li>and</li> <li>over 65</li> </ul> </li> </ul>	E.g. Age related pay	N/A	N/A
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	E.g. Attendance Management Policy not factoring in that an individual with a long term medical condition or disability may take more sick leave	N/A	N/A

medical conditions such as diabetes	Remember that not all disabilities are visible. Some mental health conditions are covered in this area.		
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 procedures. Sometimes referred to as Trans or Transgender	E.g. dress codes  Some people are Non Binary and do not identify as male or female	N/A	N/A
6.4 People who are married or who have a civil partner.	This also covers those who are not married or in a civil partnership	N/A	N/A
6.5 Women who are expecting a baby, who are on a break from work after having a	Maternity covers the period of 26 weeks after having a baby, whether or	N/A	N/A

baby, or who are breastfeeding.	not they are on Maternity Leave. One of the biggest issues is ensuring access to information		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers		N/A	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	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	N/A	N/A
<ul> <li>6.8 People who are attracted to other people of:</li> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>		N/A	N/A

6.9 People according to their income related	N/A	N/A	
group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
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	N/A	N/A	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	
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	This document can be
persons to use the	translated into Welsh for
Welsh language	

	all Welsh speaking members of staff.	
Treating the Welsh language no less favourably than the English language	A Welsh version of this document can be made available and it is not therefore anticipated that Welsh language will be treated any less favourably.	

#### 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

#### 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
<ul> <li>7.2 Lifestyles</li> <li>Diet/nutrition/breastfeeding</li> <li>Physical activity</li> <li>Use of alcohol, cigarettes, e-cigarettes</li> <li>Use of substances, non-prescribed drugs, abuse of prescription medication</li> <li>Social media use</li> <li>Sexual activity</li> <li>Risk-taking activity i.e. gambling, addictive behaviour</li> </ul>	N/A	N/A	N/A	N/A

	Т .	Ι .	T	1 -
7.3 Social and community influences	N/A	N/A	N/A	N/A
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				
<ul><li>Peer pressure</li><li>Racism</li></ul>				
<ul><li>Sense of belonging</li><li>Social isolation/loneliness</li></ul>				
Social capitol/support/networks				
Third sector & volunteering				
7.4 Mental Wellbeing	N/A	N/A	N/A	N/A
Does this proposal support sense of	11/7	IN/A	IN/A	IV/A
control?				
Does it enable participation in				
community and economic life?				
Does it impact on emotional wellbeing				
and resilience?				
7.5 Living/ environmental conditions	N/A	N/A	N/A	N/A
affecting health	11/7	IN/A	IN/A	IV/A
Air quality				
<ul> <li>Attractiveness/access/availability/quality</li> </ul>				
of area, green and blue space, natural				
space.				
Health & safety, community, individual,				
public/private space				
Housing, quality/tenure/indoor				
environment				
<ul> <li>Light/noise/odours, pollution</li> </ul>				
<ul> <li>Quality &amp; safety of play areas</li> </ul>				
(formal/informal)				

<ul><li>Road safety</li><li>Urban/rural built &amp; natural environment</li><li>Waste and recycling</li></ul>				
Water quality				
<ul> <li>7.6 Economic conditions affecting health</li> <li>Unemployment</li> <li>Income, poverty (incl. food and fuel)</li> <li>Economic inactivity</li> <li>Personal and household debt</li> <li>Type of employment i.e. permanent/temp, full/part time</li> <li>Workplace conditions i.e. environment culture, H&amp;S</li> </ul>	N/A	N/A	N/A	N/A
<ul> <li>7.7 Access and quality of services</li> <li>Careers advice</li> <li>Education and training</li> <li>Information technology, internet access, digital services</li> <li>Leisure services</li> <li>Medical and health services</li> <li>Other caring services i.e. social care; Third Sector, youth services, child care</li> <li>Public amenities i.e. village halls, libraries, community hub</li> <li>Shops and commercial services Transport including parking, public transport, active travel</li> </ul>	N/A	N/A	N/A	N/A
<ul> <li>7.8 Macro-economic, environmental and sustainability factors</li> <li>Biodiversity</li> <li>Climate change/carbon reduction/flooding/heatwave</li> <li>Cost of living i.e. food, rent, transport and house prices</li> <li>Economic development including trade</li> <li>Government policies i.e. Sustainable Development principle (integration;</li> </ul>	N/A	N/A	N/A	N/A

	collaboration; involvement; long term thinking;		
	and prevention)		
•	Gross Domestic Product		
•	Regeneration		

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	
N/A	N/A		

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).