Equality & Health Impact Assessment for

(Putting Things Right Policy)

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Putting Things Right Policy and Redress Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Rhiannon Beaumont-Wood Rhiannon.Beaumont-Wood@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Devise a single overarching policy for staff members to outline Putting Things Right.
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	The Putting Things Right Regulations require an operational policy to outline how PTR is arranged in Public Health Wales to enable colleagues to comply with the Statutory obligations set out within the Regulations. Putting Things Right adds resource requirements to teams which are dealing with any concerns under the regulations. It is important that there is sufficient staff resource in place across Public Health Wales to consider and apply the Putting Things Right principles in a

	• 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.	reasonable timescale and then also complete the actions required in line with the associated procedures.
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.	Putting Things Right is an organisational duty and therefore applies to the whole of Public Health Wales. Those who will be specifically affected will be all staff members with clinical responsibilities, as well as staff members investigating service user safety incidents and those colleagues who will be having face to face discussions with service users.

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	N/A	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	N/A	N/A	N/A

medical conditions such as diabetes			
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	N/A	N/A	N/A
6.4 People who are married or who have a civil partner.	N/A	N/A	N/A
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	N/A	N/A	N/A

6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	We have specific time limits under PTR. Complying with these deadlines may be delayed when trying to source appropriate translation services.	This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in association with any PTR requirements.	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	N/A	N/A	N/A
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)		N/A	N/A
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,	This is more applicable to the associated Procedures with the PTR Policy.	We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings	N/A

people who are unable to work due to ill-health		where the service user is unable to travel.	
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	This is more applicable to the associated Procedures with the PTR Policy.	We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.	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	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 persons to use the Welsh language	Staff and service users will have the opportunity to converse in Welsh under Putting Things Right.		
Treating the Welsh language no less	We have specific time limits Under PTR and strict	This is more applicable to the associated	

favourably than the English language	time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.	Procedures with the PTR Policy.	

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
N/A	N/A

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	N/A	N/A	N/A
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence	N/A	We have specific time limits under PTR. Complying with these	All	This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant

• 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		deadlines may be delayed when trying to source appropriate translation services.		translation service when dealing with PTR.
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	N/A	N/A	N/A	N/A
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	N/A	N/A	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	N/A	N/A	N/A
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • 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	N/A	This is more applicable to the associated Procedures with the PTR Policy.	Those of low income households.	This is more applicable to the associated Procedures with the PTR Policy.
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	N/A	N/A	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		
The timescales required by the statutory guidance to fulfil our statutory obligations may be impacted when translation services are required. Low income households may be impacted when invited to have a face to face Duty of Candour discussion.	This is more applicable to the associated Procedures with the PTR Policy.	This is more applicable to the associated Procedures with the PTR Policy..		

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).