Equality & Health Impact Assessment for

Standing Orders, Scheme of Delegation and Reservation of Powers V14 (incorporating Standard Financial Instructions)

- **Part 1**

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Standing Orders, Scheme of Delegation and Reservation of Powers – Version 14
2.	Name of Corporate Directorate and title of lead member of staff, including contact details	Paul Veysey – Board Secretary and Head of Board Business Unit Email / Teams: Paul.Veysey2@wales.gov.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	NHS Trusts are required to have in place Standing Orders (SOs) for the regulation of their proceedings and business. Trusts are required to adopt schedules of reservation of powers and delegation of powers. These documents, together with the Standing Financial Instructions, provide a regulatory framework for the business conduct of the Trust. They fulfill the dual role of protecting the Trust's interest and protecting staff from any possible accusation that they have acted less than properly. The Standing Orders, Delegated Powers and Standing Financial Instructions provide a comprehensive business framework. All Non-Executive Directors and Executive Directors, and all employees of the Trust, should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions. The Standing Orders translate the statutory requirements set out in *The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009* into day-to-day operating practice. The Board Secretary and Head of Board Business Unit commenced a review of the Standing Orders and Scheme of Delegation. Standing orders outlines the requirement for an Equality Impact Assessment to

		be undertaken on any review of the Standing Orders: "*The Board Secretary shall arrange for an equality impact assessment to be carried out on these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs*". This integrated Equality and Health Impact Assessment document is the product of these considerations and fulfils this requirement.
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 • 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.	This Equality Impact Assessment found that, by its very nature that the Standing Orders impacted on all groups, communities and individuals, as it is key to organisational decision-making. This document is the overarching document and framework which should be referred to when the Trust determines how it does business. It specifies who has authority for what and how the Board and its sub-committees will make decisions. Such decisions could impact on any of the protected characteristic groups. The principal factors that may contribute to the outcomes of the policy are awareness, understanding of and compliance with the Standing Orders and Reservation and Delegation of Powers. Compliance will ensure that the Trust operates within a sound governance framework. There was no specific equalities data available.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All Non-Executive Directors, officers and employees of the Trust and hosted bodies (e.g. the NHS P&I).

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**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	As noted above, as the Standing Orders and Scheme of Delegation set out provisions for decision-making across the organisation, any decisions made accordingly could potentially impact on any groups, communities and individuals. The document itself does not have a direct impact on this protected characteristic as it should not affect their ability to read and understand it. The document is not available in Plain English or any alternative formats so people of a different age may have difficulty understanding the content.		None required.

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
	Note: Although this document is available to the public, it is an organisational governance document that will not be typically consulted by a general readership. Thus the impact is limited.		
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	Positive – see above. Negative – Trust documents are not automatically published in Braille or languages other than English. The primary source of circulation is via the internet or intranet. However, software which will read the document is now more easily available therefore documents should generally be accessible to those with a visual impairment. The document may not be understood by those who have difficulty deciphering or reading the written word, for example,		Public Health Wales does have provision for the production of documents that are accessible to persons with disabilities. Large print, Braille or audio versions could be provided on request.

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
	dyslexia. Some of the language and vocabulary used in the Standing Orders may is also complex and may not be easily understood by a number of groups. As this document is an organisational governance document it will not be typically consulted by a general readership.		
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	See 6.1 above		None required.

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
Trans or Transgender			
6.4 People who are married or who have a civil partner.	See 6.1 above		None required.
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.	See 6.1 above		None required.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Negative. There is an impact for service users whose first language is not English, and who may want to access our Standing Orders. Documents accessible on the staff intranet/internet are all written and published in English and are not routinely translated into a language that they may		The Standing Orders contain complex sentence structures and vocabulary which may be difficult for non-English speakers to fully understand. Public Health Wales appreciates the diversity of our population. As with all Public Health Wales documents, consideration will be given to the possibility of providing a translation based on the individual's needs. This

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	understand.		would need to be subject to an assessment of proportionality. If it is not reasonable to translate the document it will be the responsibility of staff to ensure that the service user(s) understand the content of the document.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	See 6.1 above.		None required.
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	See 6.1 above.		None required.
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	See 6.1 above.		None required.

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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	See 6.1 above.		None required.
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None identified.		None required.
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	Positive: The Standing Orders will be translated in to Welsh and added to our Welsh Website.		Translation will take place as soon as possible. Welsh Government

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	Negative: Welsh Government does not provide a Welsh translation. The Standing Orders will be presented to the Board in English to accommodate any amendments prior to adoption. This may delay translation slightly.		
Treating the Welsh language no less favourably than the English language	Please see above.		Please see above.

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
Groups at higher risk of discrimination or other social disadvantage	This group contains individuals for whom English is not their first language.

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	None – continued good governance benefits all.	None	None	None required
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	None – continued good governance benefits all.	As identified at 6.6 above, those who are not first language English may be at a disadvantage.	Ethnic minorities and others who do not have English as their first language.	See the mitigations to 6.6 above.
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?	None – continued good governance benefits all.	None	None	None required

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	None – continued good governance benefits all.	None	None	None required
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	None – continued good governance benefits all.	None	None	None required
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	None – continued good governance benefits all.	None	None	None required
7.8 Macro-economic, environmental and sustainability factors	None – continued good	None	None	None required

• 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	governance benefits all.			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This Impact Assessment found that, by its very nature, the Standing Orders and Scheme of Delegation impacted on all groups, communities and individuals, as it is key to organisational decision-making. Such decisions could impact on any of the protected characteristic groups. However, it has been determined that the document itself (or the revisions to it) does not have a *direct* impact on the majority of the protected characteristics other than the ability of some groups to read and understand it. As this is a governance document, the impact of this issue is limited as the document would not typically be referred to by a non-specialist readership. Once approved, the document will be made available in both English and Welsh. As an administrative document, there is no *direct* impact on the health of the population, the addressing of inequalities in health or the delivery of services. However, as noted above, it does impact on how Public Health Wales makes its decisions.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Directorate / Division
8.2 What are the key actions identified as a result of completing the EHIA?	Translate to Welsh for website publication.	Board Secretary	October 2026	

	Action	Lead	Timescale	Action taken by Directorate / Division
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No – as there are no impacts identified.			

	Action	Lead	Timescale	Action taken by Directorate / Division

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
  ○ continues unchanged as there are no significant negative impacts
  ○ adjusts to account for the negative impacts
  ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
  ○ stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	Following approval by the Board, publish and promote the revised documentation to staff, providing support where necessary. This assessment will also be published.
	
	Add Welsh translated version to the Welsh Website.
		Board Secretary and Head of Board Business Unit	October 2026	