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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 July 2019	Agenda Item	4.7
Report Title	Corporate Governance Report		
Report Author	Claire Mulcahy, Corporate Governance Officer		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Pam Wenger, Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	To report on corporate governance matters arising since the previous meeting.		
Key Issues	<p>There are a number of corporate governance matters which have to be reported to the board as a regular item in-line with standing orders. This report encompasses all such issues as one agenda item.</p> <p>The Board is asked to receive the updates in relation to :</p> <ul style="list-style-type: none"> • Affixing the Common Seal; • Welsh Health Circulars; • Business Cycle 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report; • APPROVE the policy on policies 		

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

To report on corporate governance matters arising since the previous meeting.

2. BACKGROUND

There are a number of corporate governance matters which have to be reported to the board as a regular item in-line with standing orders. This report encompasses all such issues as one agenda item.

3. GOVERNANCE AND RISK ISSUES

i. Affixing the Common Seal

In-line with standing orders, a routine report on documents to which the common seal has been affixed is required. Attached at **appendix 1** are details taken from the seal register. All documents have been signed by the Chairman or Vice-Chairman and an executive director or the Director of Corporate Governance, in line with the requirements.

ii. Welsh Health Circulars (WHCs)

Welsh Government issues WHCs around specific topics. The WHCs set out in **appendix 2** have been received since the last meeting and are available via the [Welsh Government website](#), where further details as to the risks and governance issues are available.

iii. Board Business Cycle

At each meeting, the board receives copy of its business cycle which outlines the business planned for each meeting. This is at **appendix 3**.

iv. Policy for the management of Health Board wide policies, procedures and other written control documents

The attached policy has been reviewed and was submitted for approval to the Senior Leadership Team on 1st May 2019. The purpose of the document is to provide guidance on the production of all written key documents with regard to their format and content and to ensure systems are in place for consultation, approval and dissemination of policies, procedures and Written Control Documents (WCDs). The document has been updated with the creation of a document approval form, a summary approval template and further supplementary guidance. The approval process has been simplified to enable a smoother process for document ratification. The board is now asked to approve the policy as it is a responsibility of the board to approve the overarching policy on the management and approval process for health board policies.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising within this report.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report;

- **APPROVE** the policy for the management of Health Board wide policies, procedures and other written control documents.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The common seal is applied to legal and official documents which develop services, buildings, processes and systems to enhance the way in which the health board functions and support and patients. In addition, Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance services.		
Financial Implications		
There are no financial implications associated with this report.		
Legal Implications (including equality and diversity assessment)		
The common seal is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the board or committee of the board has determined it shall be completed under seal, or if a transaction to which the document relates has been approved by the board or committee of the board. Any legal implications relating to Welsh health circulars would be identified in the individual documents.		
Staffing Implications		
There are no staffing implications contained within this report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance the way in which NHS Wales organisations function and would therefore potentially have individual long-term impacts.		
Report History	This report is a standard item on the board's business cycle.	
Appendices	Appendix 1 – affixing of the common seal Appendix 2 – Welsh Health Circulars Appendix 3 – board business cycle	

Appendix 1

REGISTER OF SEALINGS

Document Number	Date Signed	Document Details
06/19	13.06.19	The contract for the appointment of The Contractor: John Weaver (Contractors) LTD For Project: Ward 12 Fire Damage, Singleton Hospital
07/19	13.06.19	Renewal of long term arrangement with local land owner on plot D Morriston Hospital
08/19	13.06.19	Lease relating to Land adjacent to Cwrtnwydd, Mynydd Gelliwasted Road, Morriston
09/19	13.06.19	Agreement relating to fields forming part of land adjoining Morriston Hospital
10/19	13.06.19	Ward S Refresh at Morriston hospital
11/19	13.06.19	Neath Port Talbot MRI
12/19	13.06.19	Ward A Refresh at Morriston Hospital
13/19	13.06.19	Neath Port Talbot MRI
14/19	13.06.19	Penclawdd Health Centre
15/19	13.06.19	Morriston Hospital New Access Road
16/19	13.06.19	Murton Clinic
17/19	13.06.19	Ward 12 Fire Damage Singleton Hospital
18/19	13.06.19	Ward 12 Fire Damage Singleton Hospital
19/19	13.06.19	Neath Port Talbot MRI
20/19	13.06.19	Substation 4 GPOOH's & Generator 4 at Morriston Hospital
21/19	13.06.19	Relocation of Gelligron CMHT to Tonna Hospital
22/19	13.06.19	Substation 4 GPOOH's & Generator 4 at Morriston Hospital
23/19	13.06.19	Server Room Replacement Air Conditioning Units Princess of Wales Hospital
24/19	20.06.19	Lease : relating to Part Fifth Floor (ward 10) Central Ward Block Singleton Hospital

Appendix 2

WHC number and title	Date received	Recipients
WHC (19) 018 Augmentative and Alternative Communication	06/06/2019	Director of Therapies and Health Science
WHC (19) 020 Changes to the HPV Vaccination Programme	17/06/2019	<p>Immunisation Leads, Health Boards/Trusts School nurses, Health Boards/Trusts</p> <p>Chief Executives, Health Boards/Trusts Medical Directors, Health Boards/Trusts</p> <p>Nurse Executive Directors, Health Boards/Trusts Directors of Public Health, Health Boards</p> <p>Chief Executive, Public Health Wales Executive Director of Public Health Services, Public Health Wales</p> <p>Nurse Director, Public Health Wales</p> <p>Head Vaccine Preventable Disease Programme, Public Health Wales</p> <p>NHS Wales Informatics Service</p> <p>General Practitioners</p>

HEALTH BOARD BUSINESS CYCLE 2018 - 2020

[illegible]



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Abertawe Bro Morgannwg
University Health Board

TOPIC	LEAD DIRECTOR	2019							2020							
		January	March	May (accounts)	May	July	September	November	February	January	March	May (accounts)	May	July	September	November
	Governance															
Annual Report	Director of Corporate Governance					AGM								AGM		
Annual Quality Statement	Director of Nursing and Patient Experience					AGM								AGM		
Annual Audit Letter	Director of Corporate Governance															
Structured Assessment	Director of Corporate Governance															
Charitable Funds Accounts for Approval	Director of Finance															
Health and Safety Annual Report	Director of Strategy															
Risk Management Strategy	Director of Nursing and Patient Experience															
Board Assurance Framework	Director of Corporate Governance															
Organisational Risk Register	Director of Nursing and Patient Experience															
Review of Standing Orders and Standing Financial Instructions	Director of Corporate Governance															
Review of Board Governance Arrangements (annually)	Director of Corporate Governance															
Policies/Plans as appropriate as identified by each Executive Director	Executive Directors															

Notes:

- ❖ These meetings are not part of the business cycle of the Board, these are development sessions but due to the timescales for Board Decision formal matters will be considered.

All items will be all considered in the 'Public' Meeting unless there is a justifiable reason why this should be considered in-committee

Annual General Meeting : Proposal this is a separate day to the Board Meeting and that a 'task and finish group' work through the options for the design of the AGM for agreement in September/October.

D – report deferred to a new date



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POLICY FOR THE MANAGEMENT OF HEALTH BOARD WIDE POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS (WCD)

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

Amendments made 6th October 2015: Clarity provided regarding the circumstances in which documents will not be published (due to failure to meet policy requirements) as well as roles and responsibilities. It also confirms that all policies in excess of their allocated time span will be archived with no period of notice as of January 2016.

Amendments made 7th Sept 2017: Page 6 COIN administrator details updated

Amendments made 23rd April 2019: Appendix 1 – Document Approval form created, Appendix 2 – Summary Approval Document template created, Appendix 5 – supplementary guidance created. Approval process amended to become a simpler process.

Document Author: **Director of Corporate Governance**

Approved by:

Approval Date:

Review Date:

Document No: **HB76**

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1. POLICY STATEMENT

- 1.1 This document outlines the process for development, consultation, approval, dissemination, and review of *key organisational documents* such as policies, strategies, procedures, guidelines and protocols.

2. SCOPE OF POLICY

- 2.1 This policy applies to all staff and any particular areas of responsibility are listed in section setting out responsibilities.
- 2.2 Unless otherwise stated, the phrase 'key documents' will be the term used when a point is equally relevant to a range of documents whether they be strategies, policies, procedures, protocols, guidelines etc.
- 2.3 This policy relates to **organisation wide** documents however its principles equally apply to any local policy documents that are developed which are specific to defined department as they also need to be appropriately authenticated and regularly updated so that they form a reliable and valid source of good practice for staff.

3. AIMS AND OBJECTIVES

- 3.1 The purpose of this policy is to ensure that:
- 3.1.1 all written key documents comply in terms of their format and content.
- 3.1.2 there are systems in place for:
- maintenance of a comprehensive index of all key documents
 - systems for consultation and approval of organisation wide key documents
 - comprehensive arrangements for dissemination of organisation wide policies, procedures, protocols, and guidelines across the organisation
 - systems for review of such documents within an appropriate timescale.
- 3.1.3 to provide a template for local policy documents to follow.
- 3.2 This policy aligns with the Health Boards corporate objectives in terms of providing systems to ensure effective governance of key organisational documents.

4. DEFINITIONS

- **Strategy** - is a long term plan designed to achieve particular goals or objectives which is supported by policies and or procedures;
- **Policy** - a written statement of intent, setting out the way in which an issue is to be managed by the Health Board. They are underpinned with evidence based procedures and guidelines and are mandatory, binding staff to follow them. They require an Equality Impact Analysis (EIA – refer to 5.4)
- **Procedure** - set out a series of actions which, when taken in a required order, will achieve a desired outcome. Procedures set out the operational

processes to be followed to meet the objectives of the policy. They must include reference of any researched evidence used;

- **Protocols** - provide step by step guidance. Within a protocol it must be clear by whose authority it is being implemented, what the scope of the protocol is and what should be done if practice is to be outside the protocol and reasons must be documented. Protocols are not mandatory, however they are generally prescriptive;
- **Guidelines** - give general advice and recommendations for dealing with specific circumstances. They give options of how something might be carried out. Clinical guidelines are an aid to helping health care professionals and patients make the right decision about health care (NICE, 2001). Guidelines are not prescriptive and neither are they mandatory.

5. IDENTIFYING THE NEED FOR A DOCUMENT

- 5.1 The diverse nature of health care means there will be a large number of policies, procedures, guidelines and protocols in place. Some will apply across the organisation and be relevant to all staff, and others will be specific to certain areas or activities. It is important that documents are assigned the correct definition as set out in point 4.
- 5.2 Documents that apply across the organisation must be sponsored by a lead Executive Director and therefore the author proposing the development of a policy document will need to discuss any proposal to create a new policy document with the relevant sponsor before proceeding. The author of the document should identify themselves by job title as the contact point on the front of the document. The authors cannot be named as more than one person and therefore if there is a group acting as the author a decision will need to be made as to who the contact will be.
- 5.3 When the need for a new policy or WCD arises, the Corporate Services Department should be informed before preparation commences to ensure there is not a document already in existence on the same or a similar subject. Authors should complete the initial approval form checklist (Appendix 1).
- 5.4 Rather than drafting a completely new key document in some instances there may be an existing version that simply needs updating within its three year life. In such instances depending on whether the document is clinical or non-clinical this will need to be flagged by email to the relevant team details of which are under point 6.3 & 6.4.
- 5.5 In accordance with the Equality Act 2010, if the document is assigned the status of being a '**policy**' it will be required to have an Equality Impact Assessment (EIA). The document author must carry this out and a notice to this effect must appear on the front of the document confirming the outcome. (See Appendix 6 for further information).

- 5.6 The process for formulation and production and approval must follow the steps outlined in this document under sections 5 - 8.
- 5.7 The language used within a key document should be plain English avoiding technical terms wherever possible. If technical terms are necessary, or abbreviations desirable, they must be explained using a glossary / footnotes.
- 5.8 In accordance with the requirements of GDPR, names of individual staff must not be contained within key documents however job titles can be used. This will prevent a document being out of date should staff members leave their posts.
- 5.9 All documents must comply with current legislation, national and professional guidance. Policies must be based on sound evidence and be appropriately referenced.
- 5.10 Where a document requires that records are to be kept, the requirements of such documentation should be clearly set out in the document.
- 5.11 Where training is required to be able to implement a document, this must be clearly defined.
- 5.12 Any cost implications arising from a key document must be defined in the covering report circulated at the time of consultation/approval.
- 5.13 The sponsor is responsible for ensuring that the final version of the key document is fit for purpose and that it has followed a robust consultation process prior to it being presented for final approval (see Section 7 for information on the consultation/approval process).

6. RESPONSIBILITIES

- 6.1 Staff are responsible for the documents they use and create. Furthermore staff are responsible for ensuring that they are aware of the key documents relevant to their area of work, and that they act in accordance with these.
- 6.2 Delivery Units and Corporate Departments are responsible for implementing systems to ensure that their staff within their area are promptly made aware of new or replacement documents and that they have a means of accessing live documents via the intranet site.
- 6.3 The Corporate Services Department will act as a central point of contact for all organisation-wide non-clinical document queries and will manage the organisation's non-clinical policy publication and archive system. They will:
- undertake a pre-publication check to validate compliance with the 'Policy on Policies' and those not meeting the requirements **will not be published**.
 - ensure strict version control for organisation wide clinical documents;

- ensure newly approved organisation-wide documents are notified to operational management units by email (a copy of the relevant email will be added to the final page of the document for reference purposes);
- advise and assist responsible officers as necessary with document queries;
- maintain a library of current documents which sets out date of approval and date of review;
- maintain a library of archived documents.

The Corporate Services Department is located at Health Board Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR and can be contacted by email at sb.inquiries@wales.nhs.uk.

- 6.4 The organisation wide clinical policy database (COIN) is managed by the Library Service. The COIN Administration Team are based in the Education Centre at Cefn Coed Hospital and can be contacted on ext 36606 or via SB.COINAdministration@wales.nhs.uk.

They will:

- advise and assist responsible officers on queries with clinical documents;
 - ensure a regular report is generated on organisation wide clinical documents ratified/validated;
 - keep a record of organisation wide clinical documents that are due for renewal
 - maintain a library of archived organisation wide clinical documents.
- Whether clinical or non-clinical, organisation-wide or locally applicable, document authors are responsible for:

Identifying themselves as the contact point on the front of the document. Any documents not identifying the author will **not be published**.

- the appropriate production, consultation and timely review of key documents
- carrying out an equality impact assessment as an integral part of policy development. Any policy not containing a reference to the outcome of the EIA assessment on its front page will **not be published**
- ensuring that support measures are in place to provide training and advice, where required, by key document users
- ensuring that existing policy documents are flagged to the appropriate custodian (Corporate Services or COIN Team) in order that documents under review are accordingly marked.
- at the point when a revised version of an existing key document is approved, flagging the relevant pre-existing version with the appropriate custodian to enable both archiving and also to ensure that the newly approved document is published by the appropriate custodian team.

7. CONSULTATION / APPROVAL PROCESS

- 7.1 All new or significantly revised key documents must be developed in consultation with the relevant target audience involving appropriate managerial, professional,

clinical and staff representation as necessary. The period of consultation must be adequate to allow robust consultation i.e. not less than 1 week but possibly as long as eight weeks. The consultation must be led by the author and completed prior to the document beginning the approval process.

- 7.2 Once consultation has been completed and content finalised the author is responsible for producing a covering report setting out the extent of the consultation process followed and details of any significant differences of opinion / risks identified as part of this. This must be channelled through the executive sponsor to the relevant Board, Committee, Group or Forum who will be asked to approve the document. If the terms of reference of a Board level committee or Board level Group/Forum confirm it has delegated the approval process then the approval still requires formal reporting upwards and notifying by the author to the relevant committee. If there is no covering report (see appendix 2) summarizing the process followed for consultation the document will **not be published**.
- 7.3 Standing Orders set out a Scheme of Delegation for the UHB and for organisation-wide documents. Strategies are a matter on which Health Board approval is required. Certain key policies also require approval by the Health Board (see section 7.6) whilst others are delegated to the appropriate Committee, Forum or Executive based Group (see section 7.7). Any delegated approvals must also be submitted through the relevant Executive Sponsor to either Corporate Services in the case of non-clinical policy documents or the COIN team for clinical policy documents to enable the document to be published on the intranet. A copy of the relevant minute confirming the approval will be required by corporate services. Documents that have not gained the required approval will **not be published**.
- 7.4 Where documents are written on an all-Wales basis for formal adoption by the UHB, the Board will delegate adoption of the document to the relevant Committee, Forum or Group.
- 7.5 Local documents requiring approval will be subject to a documented process set out at operational level. These will be documents that are only applicable to a particular department or hospital site rather than the organisation as a whole.

7.6 **Documents Reserved for Approval by the Health Board and or one of its Committees or Groups or Forums**

Approving Body	Document Sponsor	Themes
Health Board (require approval of the document by the Executive Board prior to consideration by the Health Board)	Chief Executive/ Chief Operating Officer	Statutory/Legislative e.g. Standing Orders, Standing Financial Instructions etc ,

Audit Committee	Director of Finance	Financial Management , Corporate Governance, counter fraud.
Quality & Safety Forum	Medical Director / Director of Nursing & Patient Experience	Clinical Governance, risk management and patient care related documents
Health & Safety Committee	Director of Nursing & Patient Experience	Health & Safety related issues.
Partnership Forum	Director of Workforce & OD	Workforce matters (including all-Wales human resource policies on behalf of the Board).
Performance & Finance Committee	Director of Finance	Performance & Finance Arrangements
Mental Health & Learning Disabilities Legislative Committee	Chief Operating Officer	Compliance with the Mental Health Act, Powers of Discharge
Charitable Funds Committee (in conjunction with Charitable Fund Trustees)	Director of Finance	Investments, Fundraising, Bequests, Donations
WHSSC Joint Committee	Director of Strategy	All WHSSC related policies
Executive Board / Senior Leadership Team	Chief Executive/ Chief Operating Officer	Any other matters including organisation-wide clinical and non-clinical policies i.e. Information Governance
Service Delivery Units	Service Director	Departmental clinical or non- clinical documents that are not organisation-wide – 'local' documents.

- 7.7 Documents must be produced using the document template provided in appendix 4 to this policy and will **not be published** unless they meet the requirements set out in this document. Appendix 3 contains the standard front cover which is to be applied to Health Board policies and other WCD along with supplementary guidance in appendix 5. The only exception to this is for documents that are issued on an all-Wales basis.

- 7.8 Where changes are found to be necessary to a document between the date of approval and review, the nature of the changes will need to be considered by the relevant Executive Sponsor. Where changes are not considered material they can authorise an amendment and the document will then need to be relayed by email for publication (either Corporate Services in the case of non-clinical policy documents or the COIN Team for clinical policy documents) confirming on the front cover summarizing the updates made and when this took place. Where changes are significant, the document will need to be subject to consultation and reconsidered by the committee, forum or group who originally approved the document. Subsequent approval will need to be notified via the author to Corporate Services (non-clinical documents) to the COIN team (clinical documents). Urgent approvals can be sought from the Executive Board/Senior Leadership Team as necessary.
- 7.9 If a document has come to the end of its three year life and the necessary amendments are not felt significant it will not require further consultation and can be sent to approval to the relevant body providing a summary of the changes on its front cover.
- 7.10 Corporate Services will maintain records of all organisation-wide documents reported to the Executive Board (or its successor) which sets out whether the item was approved or otherwise.
- 7.11 Service Delivery Units are responsible for publishing and maintaining an up-to-date record of any local documents that have been approved and for ensuring that documents are appropriately archived when they are overtaken and that documents are reviewed within a three-year timescale.
- 7.12 A mechanism to involve patients and members of the public in consultation (also known as citizen engagement) will be used where this is appropriate, demonstrating the organisation's commitment to working with the local community. Further information on this process can be accessed from the Planning Directorate. All consultation will be led by the author and must be completed prior to the document approval process.

8. PUBLICATION / DISSEMINATION OF ORGANISATION WIDE DOCUMENTS

- 8.1 The Corporate Services Department are responsible for:
- Publishing email notices to operational management teams regarding newly approved organisation-wide non-clinical documents.
 - Publishing the approved organisation-wide non-clinical document on the Intranet Document Database.
- 8.2 The COIN team are responsible for:
- Publishing email notices to operational management teams regarding newly approved organisation-wide clinical documents.

- Publishing the approved organisation-wide clinical document on their Document Database
- 8.3 Operational Management Teams are responsible for:
- Notifying staff of the publication of the document and ensuring they have a means of accessing such documents so that they can be implemented as necessary by staff in their day-to-day role.

9. REVIEW PROCESS

- 9.1 A small number of documents need to be reviewed annually (and this requirement will be identified in individual documents by their authors), with the majority requiring review and re-approval in three years. Sometimes however a document which was subject to a three-year cycle will also need to be reviewed earlier in the light of changing practice or Welsh Government guidance/ policy changes etc. The author of the individual document is responsible for ensuring this takes place.
- 9.2 Any documents beyond their three-year lifespan will be archived so that out-of-date documents are not in use. Authors must therefore ensure that they take steps to ensure that they either arrange for a document to be reviewed and reapproved prior to the three year anniversary or for it to be identified for archive.
- 9.4 Organisational change can lead to more than one version of a document on a given subject area existing. In such instances the author will take steps to develop a single version of the document. Should this not be achieved prior to the document reaching three years post approval it will be archived.
- 9.5 To assist Executives to maintaining an oversight of the documents approaching three years post-approval a twice yearly report will be sent to the Executive Team by Corporate Services providing a summary of the position.

10. IMPLEMENTATION AND POLICY COMPLIANCE

- 10.1 Any advice required on implementation of this policy should be obtained via the Corporate Services Team.
- 10.2 Corporate Services will undertake periodic sampling to verify compliance with the requirements of this policy.
- 10.3 Where documents are submitted for publication but do not meet the pre-publication requirements they will be **not be published**. Such documents will be returned to the Executive Sponsor for action.

APPENDIX 1
DOCUMENT APPROVAL FORM/CHECKLIST

This form should be completed and approval obtained before you start producing your document. The Equality Impact Assessment should also have been started and any Welsh Language requirements considered. **To be completed by document author.**

1. Proposed/existing title of document

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2. 'Owning group' - which group/committee will own the document?

Name of group		Chair of group	
Please indicate (further details may be requested if applicable)	Internal Swansea Bay HB group <input type="checkbox"/> Regional Group <input type="checkbox"/>	<input type="checkbox"/> Multi-agency group	<input type="checkbox"/>

3. What type of document are you proposing/adopting/reviewing?

Policy	<input type="checkbox"/>	Procedure	<input type="checkbox"/>	Guideline	<input type="checkbox"/>	Protocol	<input type="checkbox"/>
New	<input type="checkbox"/>	Existing	<input type="checkbox"/>				

4. Which category will it be/is it?

Clinical	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
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If this is a corporate document will/does it impact on patient care?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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5. What is the reason for developing/adopting/reviewing this document? Please tick the box that is most relevant. If there are no relevant boxes please tick other and ensure that you specify the reason in the box

Improve/standardise clinical care/organisational procedures	<input type="checkbox"/>
In response to complaint, incident or claim	<input type="checkbox"/>
In response to alerts, safety notifications, WHCs etc	<input type="checkbox"/>
Re-organisation of service/department	<input type="checkbox"/>
New/amended legislation	<input type="checkbox"/>
All Wales documents / national guidance documents to be adopted for use	<input type="checkbox"/>
Replacing/updating existing written control documents. If so, which ones (Please include policy reference and full name)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

6. What will be/is the aim of the document? What risks are being mitigated?

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7. Which other written control documents will be/are relevant to the document?

Document Number	Document Name
	List all document names and numbers that are relevant to this document

8. **What will be/is the scope of this document?** What service area is covered by the document? Who does it affect? What patient groups? What professional groups or individuals does it affect? What competence is required by staff to use this procedure, eg completion of specific training, e-learning, formal qualification, competency framework, is required from users of the procedure?

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9. **Collaboration with Key stakeholders - What staff groups/professional groups/clinical specialities/services will be/are responsible for implementing/complying with this document?** These key stakeholders' will need to be involved in the development/adoption/review of the document to eliminate any barriers to its implementation prior to approval (see policy for guidance)

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10. Collaboration with others

Involvement is an essential component of developing/adopting/reviewing the document. Please indicate which of the following need to be considered when developing/reviewing this document

Compliance with legislation/regulation/alert	Please tick ✓
Consent	
Deprivation of Liberty Safeguards (DOLS)	
Mental Capacity Act (MCA)	
Mental Health Act	
Safeguarding	
Data Protection/Records Management and Information Governance	
Welsh Language	
Counter Fraud	
Equality & Diversity	
National Safety Standards for Invasive Procedures (NatSSIPs)	
Alert/NCEPOD	
Interested parties	
NICE Guidance	
Patient Information	
Training/Learning & Development	
Legal	
Financial	
Workforce	
Medicines Management	
Medical Devices	
Maternity	
Infection Prevention & Control	
Business Continuity/Emergency Planning/Major Incident	

11. **Policy documents only:** Who will be/is the sponsoring Executive Lead and date they agreed to own this document?

Name:	Date:
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- 12. Who will be/is the lead author/main contact for this document?** An individual's name and details will need to be provided as a contact for this document for any queries arise both during development and after approval.

Name	
Job Title	
Email Address	

Date of completion		Name of person completing this form:	
Chair of the owning group		Signature of the Chair of the owning Group:	

Please send completed form to the Corporate Services Department.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



APPENDIX 2

POLICY/ WRITTEN CONTROL DOCUMENT – SUMMARY APPROVAL REPORT

Name of Committee/Group

DATE OF MEETING:	
TITLE OF POLICY/ WRITTEN CONTROL DOCUMENT:	
EXECUTIVE LEAD (POLICY ONLY)	
REPORTING OFFICER: (CHAIR OF OWNING GROUP)	

REPORT

Situation

The insert name of group/committee is asked to approve insert name and number of the policy/written control document

This report provides the required assurance that the Policy on Policies has been adhered to in the adoption of the written control document (WCD) and that therefore the WCD is in line with legislation/regulations, available evidence base and can be implemented within the health board.

Background

1. Brief summary of the WCD:

Copy from front page of WCD

2. Reason for developing/adopting/reviewing (delete as appropriate) the WCD:

Copy from Document Approval Form

Assurance

1. Equality Impact Assessment:

Explain whether a screening or full assessment was undertaken and the issues identified. Comment on how the identified issues have been addressed within the WCD or will be addressed.

2. Compliance with Legislation/Regulations/alerts

Confirmation that the document is compliant with the identified legislation, regulation or alert.

3. Interested Parties: A record of involvement of all interested parties:

Include for each interested party:

- Who or which committee/group has been contacted and whether they have given explicit approval of the relevant sections of the WCD which they are affected by or responsible for.
- Whether any barriers for implementation/adherence which were identified have been resolved.

6. Patient Information:

Confirmation that if the document requires patient information whether it is available on the patient information library

8. Dissemination:

To be published on the intranet and will be notified to delivery units and corporate departments by email from Corporate Services.

9. Implementation:

Comment on how, and by who and by when the WCD will be implemented. If a specific dissemination plan is required, attach to the report.

10 Monitoring:

Comment on how, by who and when the compliance with the WCD will be monitored, including how any identified issues of non-compliance will be addressed.

Recommendation

For the insert name of committee/group to approve the name of WCD.

Governance and Assurance

Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>

Long Term Implications (including the impact of the Well-being of Future

Generations (Wales) Act 2015)

Briefly identify how the policy will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Further Information:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Name
***(of Policy/Procedure/Guideline/
Strategy/ Protocol)***

For policies – add the outcome of the EIA

Document Author: e.g. Director of Corporate Governance

Approved by: e.g. Quality & Safety Committee

Approval Date: this information can only be added once a document has received approval

Review Date: Enter a date (1- 3years – 3 years being the norm)

Document No: (this will be allocated by the document custodian i.e. Corporate Services or COIN Team)

COMPONENTS OF A POLICY

A policy must contain the following components:

1. **Policy Statement**

A concise statement of the rationale for the policy, including where necessary reference to external regulations or other relevant guidance.

2. **Scope of Policy**

Exactly who the policy applies to and the consequences for non-compliance where appropriate.

3. **Aims and Objectives**

This should be a statement of the desired outcome the organisation is seeking to achieve through the policy and how this aligns with corporate objectives.

4. **Responsibilities**

Describes the responsibilities and duties of both management and employees. It should include any particular functions that a particular post or department may have, relevant to the policy or its implementation

5. **Definitions**

Definition of terms where required

6. **Implementation/Policy Compliance**

Reference to how the policy is to be implemented. This will be the main part of the policy, generally divided into sections and describe in detail what has to be done in order to comply with the policy, and achieve the policy statement. The document needs to set out how compliance with the policy is to be measured and reported.

7. **Equality Impact Assessment Statement**

Policies require these. A summary of the outcome of the EIA must be present on the front cover of the document.:

Either

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

Or

This policy has been subject to a full equality impact assessment and some issues have been identified and highlighted to ensure that due regard and weight is given to them in carrying out this policy (see attached action plan).

8. References

Policies must be based on sound evidence and be appropriately referenced.

9. Getting Help

Details of the specific office or department to contact for interpretations, resolution of problems and other special situations

A policy may also need to contain the following additional components:

10. Related Policies

Where other policies are relevant these should be listed.

11. Information, Instruction and Training

This section is relevant where instruction, training and supervision is necessary for to meet the policy requirements. It should detail when, how often and by whom the action will be taken and any requirement for keeping training records should be indicated.

12. Main Relevant Legislation

A list of the relevant statutory provisions which influence the organisation's operation in relation to the policy.

SUPPLEMENTARY GUIDANCE

Document should be formatted in line with the Corporate Style as follows:

Electronic format	Microsoft Word
Front Cover	Corporate Template
Body Text	Arial 12
Headings	Arial 12 UPPER CASE
Use of Bold	Headings only
Alignment	Left aligned
Line spacing	Body text single
Paragraph spacing	One line between paragraphs. Two lines between main sections
Underlining	None
Staff names	Use titles rather than names
Logo	Use Health Board Logo
Headers and Footers	Arial 9
Document Title	To be included in the header on every page
Page numbering	To be included in the footer
Bullets	<ul style="list-style-type: none"> • Use standard bullets only
Abbreviations	State in full in first useage with abbreviation in brackets
Referencing	All reference material should be listed in full at the end of every document

Equality Impact Assessments (EqIA)
Screening Tool to decide if an EqIA is needed

1. What is your Service Area and Directorate?

Service area:

Name

of

Initiative:

Directorate:

2. What initiative are you screening for relevance to equality?

New Service ☐

Service Review ☐

Service change ☐

Strategy ☐

Policy ☐

Project ☐

Care pathway ☐

Financial decision/

Efficiency saving ☐

Other

Please write in:

3. Please give a brief description of the initiative including the aims, objectives, who will be affected and what you are trying to achieve

Please write in

4. What does the initiative mainly relate to?

Direct frontline service delivery e.g. face to face contact with service users ☐

Please explain why

Indirect front line service delivery e.g. support service provided at a distance ☐

Please explain why

Indirect back room service delivery e.g. support service with no patient contact ☐

Please explain why

5. Would this initiative be delivered in partnership with other public sector partner organisations or contractors?

Yes ☐

No ☐

6. What is the potential impact on the following groups of people including patients or the wider community?

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Different age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<i>Please describe what existing evidence you have for your assessment</i>					
Men, women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different religions or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Welsh language speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Pregnant women/women who have recently given birth to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Marital or civil partnership status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different socio-economic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

7. What is the potential impact on staff?

Staff Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

8. What is the potential impact on the Human Rights of individuals and in particular to the principles of:

Principle	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please describe what existing evidence you have for your assessment</i>						

9. How visible is this initiative to the general public?

High visibility to general public ☐

Medium visibility to general public ☐

Low visibility to general public ☐

10. Does this proposal identify potential negative impacts?

Yes ☐ No ☐ Unable to decide ☐

If yes

Please explain why. Have you fully mitigated these in your plans? If there are residual issues, you will need to proceed to a full EqIA

If no

*Please explain why and attach an action plan, **if necessary**, indicating how you will ensure that you will have enough information to review this decision in the future.*

If unable to decide

Please explain why and indicate what steps you are going to take to be able to reach a conclusion either way.

11. Decision

Full EqIA required ☐ Full EqIA not required ☐

12. Sign off

Assessment team

- a.
- b.
- c.
- d.

Lead for the initiative:

Signature:

Date:

Equality Impact Assessments (EqIA) Guidance

Equality Impact Assessments (EqIAs)

What are they?

A systematic way of examining the things we are doing as a public authority to ensure that there we are considering the needs of all members of our community. These include

- A new Service
- Service Review
- Service change
- Strategy
- Policy
- Project
- Care pathway
- Financial decision
- Efficiency saving etc.

The term initiative is used in this guidance to cover all these.

The aim is to promote equality and ensure that there are no negative effects on particular communities or groups by our decisions.

Why do we need to do them?

What the law requires

Under equality legislation, public authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regards to:

- 1 Disability
- 2 Race
- 3 Gender
- 4 Gender reassignment
- 5 Sexual orientation
- 6 Pregnancy and Maternity
- 7 Religion and belief
- 8 Age
- 9 Marriage and civil partnership

The law requires that this duty to pay 'due regard' be demonstrated in the decision-making process. Carrying out an EqIA is the best way of demonstrating that we have considered the implications of our actions on the different groups. Where there is evidence that particular groups will be negatively affected by a decision, action should be taken to address this. We must either not carry on with the proposal, or mitigate this by considering supplementary measures and making changes to the proposal where possible.

As a public authority, we are also required to carry out our work in accordance with the Human Rights Act. We should therefore consider the potential impact of our decisions on the human rights of individuals.

If we do not properly assess the impact of relevant decisions, we risk leaving ourselves open to legal challenges.

Service Improvement

EqlAs will help the service improvement agenda by:

- Changing the culture of public decision making
- Ensuring involvement and participation of people to be affected by what we do
- Ensuring that the needs and views of all members of society are taken into account
- Delivering better outcomes for patients and staff

Advisory Note from Equality and Human Rights Commission

It is even more important now that this is done where the reason for making changes is financial as the Equality Regulator has issued an advisory note to Chief Executives that they should be mindful of the possibility of some of their decisions having a disproportionately unfair effect on different groups of people.

Who does EqlAs?

The lead is the person responsible for the initiative. However EqlA's are not a one-person job and the lead should identify who else will need to be involved. If the initiative is to be developed or carried in partnership with other public authorities or other agencies, they should be involved in the assessment.

When do we need to consider whether an EqlA should be done?

- Whenever we are developing or revising an initiative.
- Examples include when a policy, strategy or service is being developed, reviewed or changed or when care pathways, efficiency savings, procurement or other projects are planned.

How do we decide whether an Initiative requires an EqlA? (Screening Stage)

Public bodies need to ensure that all their initiatives have given proper consideration to equality. This does not mean that an EqlA is always needed as there is little benefit from carrying out EqlAs of initiatives which are clearly not relevant for equality. It does mean that all initiatives must be checked or 'screened' for their relevance to equality very early in their development and assessed if appropriate.

In order to test if an initiative needs to be impact assessed, you should complete the ABMU EqlA Screening tool. This will document the reasons for your decision and record the equality considerations you have taken into account.

When should we start the EqlA Screening?

The most appropriate time is:

- Prior to development of the initiative
- At the design stages of the review.

EqlA Screening Tool

Guidance

An initiative should go through a screening process very early on in its development. The purpose of screening would be to decide whether:

- 1 We are satisfied that there is no potential for a negative impact on one or more of the equality groups in which case you do not need to do a full EqlA
- 2 There could potentially be a negative impact on one or more of the groups, but we are able to make some adjustment to the initiative. In this case we may decide not to do a full EqlA but should put in place a process to keep checking that there is no negative impact.
- 3 We need to explore impact on the different groups in more detail and therefore would need to do a full EqlA.

Before you start the screening process ensure that you have identified and involved other people who could usefully assist in the process.

Example - if car parking is being reviewed, it would be helpful to involve disabled people as it could have a bigger impact on them than on other groups.

Example – if a procedure is being developed to provide interpretation service to non-English speakers, users of the service could be involved.

Example – if a care pathway is being developed that affects several operational management areas and patient groups it might be a good idea to get adequate representation from those affected

Please read the following guidance to help you complete the Screening Template.

What is your Service Area?

Please indicate what Department and Service area has lead responsibility for the development or revision of this initiative.

What initiative are you screening for relevance to equality?

The list given in the template is not exhaustive. If the type of initiative you are screening is not listed, please complete the box labelled 'other'.

Please give a brief description of the initiative including the aims, objectives, who will be affected and what you are trying to achieve

Clearly set out the title of the initiative.

Describe clearly its aims and what the expected outcomes are.

Give some background on the strategic, national and local context if applicable and the reason for the initiative.

Give some indication as to the range of people or groups of people who are likely to be affected by the initiative.

What does the initiative mainly relate to?

Direct frontline service delivery e.g. face to face contact with service users

Ultimately, everything we do as an organisation will have an impact on our service users. However, this question is trying to work out whether the initiative will have a major impact on face to face service delivery e.g. direct patient care, frontline reception services etc. A closure of a service would be covered by this if the main service users were patients. The more front-facing a service is, the higher the likelihood that there will be an impact on different groups and the greater the possibility that a full EqlA may be needed if the impact is potentially negative.

Indirect front line service delivery e.g. support service provided at a distance

Some services we provide are at arms length and do not involve hands on service to our customers. An example would be hotel services, catering services etc. The fact that they are not hands-on does not automatically mean that they may not have a high impact on our service users. A decision on what that impact could be has to be subjective.

Indirect back room service delivery e.g. support service with no patient contact

Some initiatives relate to technical issues which could have an impact on service users but in themselves are merely procedural or remote from them e.g. a protocol for checking the temperature of medicine storage facilities, some of our IT functions, our information sharing protocols. Screening of these initiatives would perhaps indicate that a full EqlA may be unnecessary. However the reasons for reaching this conclusion must be clear.

Would this initiative be delivered in partnership with other public sector partner organisations or contractors?

Where we are leading on the development or delivery of an initiative in partnership with other organisations, it is important that we involve them at the earliest opportunity in carrying out the screening and an EqlA if that is the outcome of the screening.

What is the potential impact on the following groups of people including patients or the wider community?

At this stage, we are assessing for possible impact on different groups of people (including patients, staff and the wider community). Before making this assessment, it is important to involve and engage people who are most likely to be affected by the initiative under consideration. This will help you to understand whether there is any potential for discrimination or inequality in relation to the initiative.

You should gather any available equality evidence and research on the subject and use the information to determine whether a full EqIA is required.

Sources of information

There are several sources of information on the different equality groups. You may already have local information on your service and your service users or access the information from the Health Board's Information department information.requests@wales.nhs.uk. For example, if you are changing the location of a service you may want to find out where the patients live.

You may also wish to get more detailed equality data across a wide range of topics including population, equality, health, housing, education, training, agriculture, industry, the economy, local government, transport, the environment and the Welsh language

The Welsh Assembly Government's Statistical Directorate's website is a handy tool to source a lot of this information:

<http://www.statswales.wales.gov.uk/> and
<http://wales.gov.uk/topics/statistics/theme/equality/?lang=en>

You could seek assistance from the Stats directorate by e-mailing
stats.popcensus@Wales.gsi.gov.uk

Record the evidence gathered for each of the equality strands and use the information to assess the relevance of the initiative to each equality and other groups listed on the form. Please tick one box for each strand to indicate whether you have decided that the level of relevance is high negative, medium negative, low negative, neutral, positive or unknown.

Equality and other groups

Different Racial Groups

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. It is important to note that everyone belongs to a racial group and this category does not refer only to people of a Black and Minority Ethnic (BME) background.

Different Age groups

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). One age group could when compared to another age group suffer more disadvantage e.g. older people.

Men and Women

Defined by reference to their sex

People with Disabilities

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Different Religions and beliefs

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect one's life choices or the way one lives for it to be included in the definition.

Different Sexual orientation

Where a person's sexual attraction is towards their own sex, the opposite sex or to both sexes this would define their sexual orientation. One could be heterosexual, gay, lesbian or bi-sexual.

Gender reassignment – This refers to the process of transitioning from one gender to another.

Welsh language speakers

This is particularly important since the Welsh language Act requires public authorities to treat the Welsh and English languages on the basis of equality in the performance of their public functions.

Pregnant women and women who have recently given birth

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Marriage and civil partnership

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.¹

Carers

A carer is a person who provides unpaid care by looking after an ill, frail or disabled family member, friend or partner.

Different socio-economic groups

Some groups could suffer extra disadvantage because of their socio-economic circumstances. For instance they may have inequalities in health, education, housing, crime rate, lack of car ownership, unemployment, or other matters associated with socio-economic disadvantage.

The following guidance will help you make the assessment of relevance to the above groups:

An assessment of **High negative relevance** is appropriate when:

- there is **strong credible evidence** that people from different equality strands or communities are (or could be) adversely or negatively affected by the initiative;
Note – this is not just about numbers. **A potential to affect a small number of**

¹ EHRC website <http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/>

people in a significant way is as important as a potential to affect many people.

- there is evidence of **substantial** relevant public concern, or concerns have been raised by stakeholders about any potential adverse or negative impact of the initiative;
- the initiative makes a **significant** contribution which would have a negative effect towards meeting the statutory duty to promote equality for all people mindful of the strands of age, disability, gender and gender reassignment, race, religion and belief and non-belief and sexual orientation and consideration of human rights, or to meeting one or more of the specific or general duties;
- There is evidence that the impact on good relations between people from equality strands and the wider community will be **substantially adverse** or negative.

An assessment of **Medium negative relevance** is appropriate when:

- there is **satisfactorily credible** evidence that people from different equality strands or communities are (or could be) adversely or negatively affected by the initiative
- there is evidence of **some** public concern about potential adverse or negative impact of the initiative;
- the makes **some** contribution which would have a negative effect towards meeting parts of the statutory duty to promote equality for all people mindful of the strands of age, disability, gender and gender reassignment, race, religion and belief and non-belief and sexual orientation and promoting human rights, or to meeting one or more of the specific or general duties;
- there is **some** evidence that the impact on good relations between people from equality strands and the wider community will be **adverse** or negative.

An assessment of **Low negative relevance** is appropriate when:

- there is **less credible** evidence that people from different equality strands or communities are (or could be) adversely or negatively affected by the initiative;
- there is evidence from consultation that there is **low** public concern about any potential adverse or negative impact of the initiative;
- The initiative does **not** appear to make a contribution to meeting the statutory duty to promote equality for all people mindful of the strands of age, disability, gender and gender reassignment , race, religion and belief and non-belief and sexual orientation and promoting human rights, or to meeting one or more of the specific or general duties set out at Annexe A;
- there is evidence that the impact on good relations between people from equality strands and the wider community will be **low**.²

An assessment of **neutral relevance** is appropriate when:

² Categorisation adapted from Inclusive Policy Making Guidance, 2nd edition, Welsh Assembly Government

<http://wales.gov.uk/topics/equality/publications/ipmguide2/?lang=en>

- there is credible evidence that different strands will **not** be affected;
- there is evidence from consultation that there is **no** public concern about any potential adverse or negative impact of the initiative;
- the initiative does **not** make a contribution to meeting the statutory duty to promote equality for all people mindful of the strands of age, disability, gender and gender reassignment, race, religion and belief and non-belief and sexual orientation and promoting human rights, or to meeting one or more of the specific or general duties set out at Annexe A;
- there is evidence that the impact on good relations between people from equality strands and the wider community will be **nil**.

An assessment of **Positive relevance** is appropriate when:

- there is **satisfactorily credible** evidence that people from different equality strands or communities are (or could be) positively affected by the initiative
- there is evidence of **some** public support for the initiative by affected groups.
- the initiative **positively** contributes to meeting parts of the statutory duty to promote equality for all people mindful of the strands of age, disability, gender and gender reassignment, race, religion and belief and non-belief and sexual orientation and promoting human rights, or to meeting one or more of the specific or general duties;
- there is **some** evidence that the impact on good relations between people from equality strands and the wider community will be **positive**.

An assessment of **Unknown relevance** is appropriate when:

- there is **no available** evidence that people from different equality strands or communities are (or could be) positively or negatively affected by the initiative

What is the potential impact on staff?

Remember that staff reflect the diversity of the local population. An initiative could have an impact, positive, negative or neutral on different staff groups. It is important therefore that initiative be screened using the same categorisation as in Q 6 above.

What is the potential impact on the Human Rights of individuals and in particular to the principles of Dignity, Respect, Fairness and Independence:

Since the introduction of the Human Rights Act individuals can take cases about breaches of the act to UK courts. Public authorities must respect these rights.

Not all decisions made by us are relevant to human rights but we are more likely to meet the needs of our service users if we always take account of the Human Rights principles namely

- Dignity
- Fairness
- Respect
- Equality
- Independence

There are 16 basic Human Rights but 7 of them are particularly relevant to the health service namely:

- a. The right to life
- b. The right not to be tortured or treated in an inhuman or degrading way.
- c. The right to respect for private and family life, home and correspondence:
- d. The right to liberty.
- e. The right to a fair trial
- f. The right not to be discriminated against on the basis of several characteristics.
- g. The right to freedom of thought, conscience and religion.

For more detail on these rights see Appendix 1A

For further information see also:

Human Rights in Health care – A framework for local action (Department of Health)
<http://www.bih.org.uk/sites/default/files/Human%20rights%20in%20healthcare%202nd%20edition.pdf>

How visible is this initiative to the general public?

High visibility to general public – Examples of initiatives that fall under this category would include the closure of a hospital or modernisation of a service which could result in a geographical movement of a service, New build capital projects etc. Such an initiative could have a very high impact on the reputation of the Health Board or attract negative media coverage or cause disruption to services or to patients if due attention is not paid to it.

Medium visibility to general public – Examples include closures of wards, services which could be subject to external reviews and audits, new strategies or plans. Such initiatives could attract low media attention or have a medium impact on the reputation of the Health Board.

Low visibility to general public – this would include back office functions such as IT support, changes to procedures and practices, introduction of care pathways which are not in the full view of the public.

Does this initiative identify potential negative impacts?

The answer to this question should have been apparent from Questions 6, 7, 8. Question 10 gives the assessors the opportunity to relook at the negative impacts and consider ways to mitigate or address them.

If the answer to Q 10 is **yes**, and the evidence of negative impact is clear and adequate mitigation is in place which has removed the negative impact, you may not need to do a full EqlA. It is important that you record the issues you have considered and put in place a plan to further monitor the initiative in future **if necessary**.

If further exploration of the impacts and how to address them is required, perhaps through further research, data gathering, or consultation with affected groups you will need to proceed to a full EqlA.

If the answer to Q 10 is **no**, please explain why you have reached that decision and put in place a plan to further monitor the initiative in future **if necessary**.

If you are unable to decide whether or not there are negative impacts, please explain why. It could be because there is no available information on certain issues or that the issues are very complex and require detailed exploration. You could either decide to go to a full EqIA, or take more time to gather enough information to better assist you in screening the initiative.

Decision

Please tick the relevant box if you have reached a firm decision either way. If you are unable to decide whether there has been negative impact and cannot decide whether or not to go to full EqIA leave the boxes blank.

Sign off

Please record the names of the assessment team and the date of the assessment.

Please forward a copy of the completed assessment to the HR Equality Leads (Ext. 7623 Oldway Centre / 01792 601836) or Service Planning Manager (Ext. 3754 Morriston Hospital).

The completed Assessment may be forwarded to the Equality Impact Assessment Quality Assurance panel. The panel may contact the lead assessor with any comments, suggestions or further advice. More information is available on Equality Impact Assessments via HR Equality Leads (Ext. 7623 Oldway Centre / 01792 601836) or Service Planning Manager (Ext. 3754 Morriston Hospital).

a. The Right to Life.

Public authorities have an obligation to protect life.

Attention should be paid to issues relating to the protection and promotion of the safety and welfare of patients and staff.

This Right may not be relevant in all cases. Examples of areas covered in healthcare include

- policies on whether or not to resuscitate a patient, criteria for the refusal of life saving medical treatment,
- issues relating to active or passive euthanasia,
- advance directives given by patients on their health care when they are no longer able to take these decisions themselves,
- complaints of deaths through negligence,
- investigations including inquests where a death is suspicious etc.

b. The right not to be tortured or treated in an inhuman or degrading way.

Torture refers to the deliberate infliction of severe pain and suffering. It is particular relevant to situations involving the care of patients.

This right applies particularly to issues of dignity, respect and privacy. It also relates to the protection and promotion of the safety and welfare of patients and staff and the treatment of vulnerable groups or groups that may experience social exclusion.

Examples of situations in which this right could be infringed include:

- The use of excessive force to restrain patients
- Physical or mental abuse such as leaving patients in soiled, unchanged sheets, leaving trays of food without helping patients to eat when they are too frail to feed themselves
- Staff not being protected from violent or abusive patients
- Reduction of staffing levels to a point where adequate care cannot be provided to patients etc.

c. The right to respect for private and family life, home and correspondence:

This right covers a wide range of issues including accessing, handling or disclosing personal information, dealing with families or children, provision of medical treatment or care.

It is particularly relevant to issues of dignity, respect, independence and privacy.

Examples of areas covered include

- Denying those detained or in residential care access to family without good reason
- Issues of privacy on wards
- Respect for and acknowledgement of same sex and other relationships
- Confidentiality of personal records– including medical and financial information

This right has been found to be breached in some cases of closure of residential care homes and long stay hospitals where the effect of the closure on the right of individuals

to a home and the ability of family to visit in the setting were not adequately considered.³

d. The right to liberty.

Everyone has the right not to be arrested or detained except in accordance with the law.

In relation to the health service, a person could be deprived of his/her liberty under the Mental Health Act.

This right is particularly relevant to issues of patient choice, control, empowerment and independence; and to issues of patient restraint and control.

It is important that any procedure for detention of an individual builds in the opportunity for the detained person to be informed promptly in a language they understand the reason for their detention.

Examples of breaches of this right would include

- Informal detention of patients who do not have the capacity to decide whether they would like to be admitted into hospital, e.g. those patients with learning disabilities or Alzheimer's disease
- Delays in reviewing whether mental health patients who are detained under the Mental Health Act should still be detained
- Delays in releasing mental health patients once they have been discharged by the Mental Health Review Tribunal
- Failure to appoint a Review Tribunal
- Excessive restraint of patients, e.g. tying them to their beds or chairs for long periods

e. The right to a fair trial

³ In *R v Merton, Sutton and Wandsworth Health Authority ex parte Perry and others* [17], the High Court quashed the health authority's decision to close a long stay hospital for patients with profound learning difficulties. The applicants were all residents at Orchard Hill hospital, which stood on the grounds of the former Queen Mary's Hospital for Children. Many of the 119 residents had spent their childhood at Queen Mary's. Assurances were previously made by the health authority to the patients' families that their home at Queen Mary's would be theirs for life or for as long as they or their parents chose. The applicants alleged that these promises were again made to them on the move from the former to the new hospital. The health authority further said that the hospital would not be closed against the wishes of the residents and nor would the residents be relocated against their will unless it ceased to be financially viable. A consultation document was circulated which proposed the closure of the hospital and provision for alternative arrangements for its residents. The document was flawed as it had made assumptions that one quarter of the residents would require continuing health care from the NHS, whilst the remaining three quarters would be transferred to homes run by the Social Services Department. However, no detailed assessments of the individuals for any of the residents had been carried out prior to its publication.

Where a decision is to be taken which affects the rights of an individual, that person must be given a fair hearing within a reasonable time. This means that the individual should be given an opportunity to present their case and for their matter to be dealt with by an independent panel.

With regard to the Health service this would necessitate ensuring that there is a fair process for dealing with concerns about professional conduct, performance or decision of a healthcare professional.

Examples of situations where this right could be infringed include

- Staff disciplinary proceedings
- Compensation claims
- Decision which could impact on the liberty of an individual
- Independence of tribunals, e.g. the Mental Health Review Tribunal

f. The right not to be discriminated against on the basis of several characteristics.

This right complements the provisions of the Equality Act but is limited to protecting individuals in relation to their exercising their other rights under the Human Rights Act.

Examples of breaches of this right would include:

- Refusal of medical treatment to an older person solely because of their age
- Non-English speaker being presented with health options without the use of an interpreter
- Discrimination against NHS staff on the basis of their caring responsibilities at home

g. The right to freedom of thought, conscience and religion.

Every person is entitled to hold a religious or other belief, and manifestation of that belief should not normally be interfered with unless it is for purposes of public safety, the protection of health or morals, the protection of the rights and freedoms of others.

With regard to the health service, care should be taken that

- Policies and decisions should not interfere with a person's rights to manifest their religion
- Decisions which may conflict with a person's religious beliefs are not implemented e.g. not accommodating time off for religious observances.