

Template
Equality & Health Impact Assessment for
(Adoption of an All Wales Consent to Examination or Treatment Policy)

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Public Health Wales Policy on Consent to examination or treatment which is based on the All Wales Policy on Consent to examination or treatment.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Angela Cook: Assistant Director of Quality Nursing and Allied Health Care Professionals Angela.cook3@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To put in place a single point of reference for staff members when considering and seeking consent for clinical activities in Public Health Wales.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research 	A procedure and policy are required on Consent to examination and treatment which sets out the standards and procedures to enable staff who work within Public Health Wales (PHW) to be compliant with the legal requirements/guidance on consent.

<ul style="list-style-type: none"> • 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 <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	
<p>5. Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The Policy applies to PHW staff members.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Potential positive impact through the provision of age appropriate consent forms	All Wales Consent eLearning available on ESR for all staff to who this policy applies	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Positive impact for those who lack capacity or learning disabilities by strengthening the process for providing information and gaining informed consent	Explicit information within the policy for these groups and Screening division have a standard operation procedure to support mental capacity assessment	N/A

medical conditions such as diabetes			
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	Positive Impact by ensuring informed consent for specific procedures	Chapter 11 of the policy	N/A
6.4 People who are married or who have a civil partner.	No impact	N/A	N/A
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	Positive a chapter of the policy is dedicated to obtaining consent firm pregnant women	Chapter 17 of the policy	NA

<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Positive impact by providing further guidance on obtaining consent when English is not the first language</p>	<p>Chapter 4 of the policy</p>	<p>N/A</p>
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Positive impact by providing further guidance on informed consent and the provision of information. In addition, guidance where those refuse treatment on religious ground</p>	<p>Chapters 1 and 6 of the policy cover this area</p>	<p>N/A</p>
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>Positive impact by providing further guidance on informed consent and the provision of information.</p>	<p>Chapters 1 -4 in the policy</p>	<p>N/A</p>
<p>6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,</p>	<p>Positive impact by providing further guidance on informed consent and the provision of information</p>	<p>Chapters 1 -4 in the policy</p>	<p>N/A</p>

people who are unable to work due to ill-health			
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Positive impact by providing further guidance on informed consent and the provision of information	N/A	N/A
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Positive impact for those requiring clinical photography and for the storage of human tissue as strengthens the guidance for consent and management	Chapter 9-10	N/A
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	This document can be translated into Welsh for all Welsh speaking members of staff. The consent policy specifically references the	Chapter 4 of the policy	

	Welsh language in the provision of information for informed consent		
Treating the Welsh language no less favourably than the English language	A Welsh version of this document will be made available and it is not therefore anticipated that Welsh language will be treated any less favourably		

Part 3 – Health

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

The part of the assessment identifies;

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

7. Identification of specific population groups

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

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as

more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

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

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

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles <ul style="list-style-type: none"> • 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 	Positive impact by providing standardized information for informed consent and providing guidance on person centred	None identified	All groups	The policy and associated eLearning module provide further guidance to achieve informed consent

	care and decision making			
7.3 Social and community influences on health <ul style="list-style-type: none"> • 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 capital/support/networks • Third sector & volunteering 	Positive impact by providing further age related consent forms and obtaining consent in children and young people . Guidance on language, cultural and religious management of informed consent in these groups	None identified	All groups	The policy and associated eLearning module provide further guidance to achieve informed consent with regards to these social and community influences
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	Yes by providing guidance to achieve person centred informed consent	Non-Identified	All Groups	The policy strengthens patient /person involvement and the need for informed decision making
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • 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 	N/A	N/A	N/A	N/A

<ul style="list-style-type: none"> • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 				
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	N/A	N/A	N/A	N/A
7.7 Access and quality of services <ul style="list-style-type: none"> • 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 	Yes Positive impact by providing guidance to informed consent in health care	None identified	All groups	N/A
7.8 Macro-economic, environmental and sustainability factors <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade 	N/A	N/A	N/A	N/A

<ul style="list-style-type: none"> • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 				
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Stage 3

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

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
<p>This provides an opportunity to strengthen the guidance for staff when obtaining consent to examination and treatment in PHW. It also provides guidance on the use and storage of clinical photography for medical purposes taking into account consent and GDPR regulations.</p>	<p>This policy will be made available to PHW staff and staff will be directed/reminded of the All-Wales ESR eLearning module to support this policy It will be shared with clinical and professional leads within PHW upon approval</p>	<p>Angela Cook</p>		

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Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).