# Template Equality & Health Impact Assessment for

## (Requests from the Coroner Protocol)

# Part 1 Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Requests from the Coroner Protocol
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Stefanie Harvey-Powell Stefanie.Harvey-Powell@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To put in place a single point of reference for staff members when requests are received from the Coroner for witness evidence.
4.	Evidence and background information considered. For example	It has become apparent that requests are regularly received across the Directorates for witness evidence which does not ordinarily form the day to day role of most Clinicians. This requires sufficient support from the Claims Manager to ensure that all Court dates are complied with and that Clinicians are able to manage their diaries around the requirements of the Coroner.

	<ul> <li>participant knowledge</li> <li>list of stakeholders and how stakeholders have engaged in the development stages</li> <li>comments from those involved in the designing and development stages</li> <li>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</li> </ul>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service  Consider staff as well as the population that the project/change may affect to different degrees.	It is anticipated that only Clinicians who are staff members of Public Health Wales will be affected by this Protocol.

#### Part 2- Equality and Welsh language

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate.  Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
<ul> <li>6.1 Age</li> <li>For most purposes, the main categories are: <ul> <li>under 18;</li> <li>between 18 and 65;</li> <li>and</li> <li>over 65</li> </ul> </li> </ul>	E.g. Age related pay	N/A	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	E.g. Attendance Management Policy not factoring in that an individual with a long term medical condition or disability may take more sick leave	N/A	N/A

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

baby, or who are breastfeeding.	not they are on Maternity Leave. One of the biggest issues is ensuring access to information		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers		N/A	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Important areas to consider are things such as Ramadan – individuals may be fasting and therefore get tired more easily Dress codes which ban headwear – an important religious symbol for some religions	N/A	N/A
<ul> <li>6.8 People who are attracted to other people of:</li> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>		N/A	N/A

6.9 People according to their income related	N/A	N/A	
group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health			
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	N/A	N/A	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	
6.12 Welsh Language			

There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:

(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)

Opportunities for	This document can be
persons to use the	translated into Welsh for
Welsh language	

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

### Part 3 - Health

# 7. Identification of specific population groups

7.1 Groups identified	Rational/explanation

#### **Assessment**

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<ul><li>7.2 Lifestyles</li><li>Diet/nutrition/breastfeeding</li><li>Physical activity</li></ul>	N/A	N/A	N/A	N/A

<ul> <li>Use of alcohol, cigarettes, e-cigarettes</li> <li>Use of substances, non-prescribed drugs, abuse of prescription medication</li> <li>Social media use</li> <li>Sexual activity</li> </ul>				
<ul> <li>Risk-taking activity i.e. gambling, addictive behaviour</li> </ul>				
7.3 Social and community influences	N/A	N/A	N/A	N/A
on health	,,,	1,7,7	1.47.	1.7,7
Adverse childhood experiences				
Citizen power and influence				
Community cohesion, identity, local pride				
Community resilience				
Domestic violence				
Family relationships				
<ul><li>Language, cultural and spirituality</li><li>Neighbourliness</li></ul>				
<ul> <li>Neighbourliness</li> <li>Social exclusion i.e. homelessness</li> </ul>				
<ul> <li>Parenting and infant attachment</li> </ul>				
Peer pressure				
Racism				
Sense of belonging				
<ul> <li>Social isolation/loneliness</li> </ul>				
<ul> <li>Social capitol/support/networks</li> </ul>				
Third sector & volunteering				
7.4 Mental Wellbeing	N/A	N/A	N/A	N/A
<ul> <li>Does this proposal support sense of control?</li> </ul>				
<ul> <li>Does it enable participation in community and economic life?</li> </ul>				
<ul> <li>Does it impact on emotional wellbeing and resilience?</li> </ul>				
7.5 Living/ environmental conditions	N/A	N/A	N/A	N/A
affecting health		•	,	,
Air quality				

• Att	ractiveness/access/availability/quality				
of a	area, green and blue space, natural				
spa	ace.				
• Hea	alth & safety, community, individual,				
	olic/private space				
	using, quality/tenure/indoor				
	vironment				
• Ligi	ht/noise/odours, pollution				
	ality & safety of play areas				
	rmal/informal)				
• Roa	ad safety				
• Urb	pan/rural built & natural environment				
	ste and recycling				
• Wa	iter quality				
7.6 Ec	conomic conditions affecting	N/A	N/A	N/A	N/A
health	1				
• Un	employment				
	come, poverty (incl. food and fuel)				
	onomic inactivity				
• Per	rsonal and household debt				
• Tvr	pe of employment i.e.				
	rmanent/temp, full/part time				
-	orkplace conditions i.e. environment				
	lture, H&S				
	cess and quality of services	N/A	N/A	N/A	N/A
	reers advice	.,,	,	,	1,7,1
• Edu	ucation and training				
<ul><li>Inf</li></ul>	formation technology, internet access,				
	gital services				
• Lei	sure services				
<ul> <li>Me</li> </ul>	edical and health services				
	her caring services i.e. social care;				
	ird Sector, youth services, child care				
	blic amenities i.e. village halls,				
	raries, community hub				
	ops and commercial services				
	ansport including parking, public				
tra	nsport, active travel				

7.8 Macro-economic, environmental	N/A	N/A	N/A	N/A
and sustainability factors				
Biodiversity				
Climate change/carbon				
reduction/flooding/heatwave				
Cost of living i.e. food, rent, transport and				
house prices				
Economic development including trade				
<ul> <li>Government policies i.e. Sustainable</li> </ul>				
Development principle (integration;				
collaboration; involvement; long term thinking;				
and prevention)				
Gross Domestic Product				
Regeneration				

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead	
N/A	N/A		

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