

Equality & Health Impact Assessment for
Shaping Our Future Clinical Services
October 2020

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Shaping Our Future Clinical Services programme
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	<p>Executive Director of Strategic Planning Executive Medical Director Deputy Director of Strategy & Planning</p> <p><i>Cardiff and Vale University Health Board Woodland House Maesy Coed Road Cardiff CF14 4HH</i></p>
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The objective of this programme is to identify the core clinical service models and key milestones in terms of service redesign and infrastructure and other enablers required to implement the vision articulated in Shaping Our Future Wellbeing. It is the framework for, and focuses on, proposals for how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital.</p>
4.	Evidence and background information considered. For example	<p>Population Needs Assessment 2017 The needs assessment highlighted:</p> <ul style="list-style-type: none"> ○ Inequalities in health and the life expectancy gap experienced across the UHB area

<ul style="list-style-type: none"> ● population data ● staff and service users data, as applicable ● needs assessment ● engagement and involvement findings ● research ● good practice guidelines ● participant knowledge ● list of stakeholders and how stakeholders have engaged in the development stages ● comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<ul style="list-style-type: none"> ○ The increase in numbers in the older age group and the increasing complexity of conditions experienced ○ Lifestyle choices that increase risk of disease ○ Patterns of service utilisation <p>Cardiff Well-being Assessment 2017 and associated Neighbourhood Well-being Assessments Vale of Glamorgan Well-being Assessment 2017</p> <p>Cardiff and Vale Cluster Development Plans 2017-2020</p> <p>The Shaping our Clinical Services programme is the next iteration of the draft Strategic Clinical Services Plan which was informed by two executive and clinical leadership workshops held in 2018 to agree the approach to the development of the clinical services plan, building on previous strategic clinical planning work. A further corporate workshop with broader clinical representation was held in October 2018. From these events and using the outputs from other programmes of work notably but not exclusively, Shaping Our Future Wellbeing in the Community, Cardiff & Vale of Glamorgan RPB Area Plan, UHB Estates Strategy and the UHB transformation programme, the high level draft UHB clinical services plan document was produced and presented to the UHB Board in December 2018.</p> <p>The early draft was subsequently shared and tested through engagement with key stakeholders in 2019 including the South Glamorgan Community Health Council, UHB statutory advisory groups (Stakeholder Reference Group, Local Partnership Forum and Healthcare Professionals' Forum), the Regional Partnership Board and the Public Services Boards. The draft document has been revised and strengthened as an iterative process, prior to a more focused period of internal engagement commenced in December 2019. An internal engagement pack was produced including a presentation, a 'Plan on a Page' and a questionnaire, and cascaded within the UHB to encourage feedback and provide an opportunity for all staff to influence and shape the plan.</p> <p>The Shaping Our Clinical Services programme draws from the feedback received during internal engagement and learning from the service transformations accelerated in response to the COVID-19 pandemic.</p>
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¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

The equality and human rights implications of the coronavirus pandemic stretch far and wide. It has precipitated a global public health and economic crisis that is significantly impacting all areas of life for everyone throughout Britain.

Early evidence and information from our stakeholders indicates that coronavirus and responses to it may be directly impacting disproportionately on some groups, and causing indirect impacts by exacerbating existing inequalities across all areas of life. Before the outbreak of coronavirus, we knew that persistent disadvantages faced by certain groups were leaving too many people behind. The Equality and Human Rights Commission state of the nation report, 'Is Britain Fairer? 2018', found that progress in some areas was overshadowed by alarming backwards steps in others. Prospects for disabled people, some ethnic minorities and children from poorer backgrounds had worsened in many areas of life. Sexual harassment and domestic violence remained persistent and growing concerns, affecting women and girls disproportionately, and women were more likely than men to be in low-pay occupations. Poverty was found to be particularly prevalent among disabled people and some ethnic minorities.

https://www.equalityhumanrights.com/sites/default/files/equality_and_human_rights_commission_how_coronavirus_has_affected_equality_and_human_rights_2020.pdf

The Equality Act 2010 places a positive duty on public authorities to promote Equality for all protected groups and requires Welsh public bodies to demonstrate how they pay “due regard” to equality when carrying out their functions.

EHIAs on the proposed specific service changes which result from implementation of Shaping Our Clinical Services will identify the potential impact of those proposed changes and actions to mitigate any negative impacts.

As we continue to operate and co-exist with COVID-19, it will be important to draw on the evidence emerging of the differential impacts of the pandemic on different population groups. What is emerging is the disproportionate impact of COVID-19 on older people, men, black and minority ethnic populations, particular occupational groups (such as social care workers), and those with multiple chronic medical conditions. A common feature across many of these groups is socioeconomic deprivation, and

<https://gov.wales/sites/default/files/statistics-and-research/2019-09/internet-use-and-digital-skills-national-survey-wales-april-2018-march-2019-207.pdf>

		<p>underlying the pattern of deprivation are wider structural effects in society, for example, who works where in an organisation and in society as a whole, the shape of the economy and what has happened to wage growth and labour compensation.</p> <p>The Integrated Health and Social Care Partnership oversees the delivery of the Area Plan and its identified priorities are informed by the Population Needs Assessment referenced above. This includes specific client groups as defined under the Social Services & Wellbeing Act 2014 (including older people, people with learning disabilities, children with complex needs and carers). More information about the work of the partnership and its associated workstreams can be found at http://www.cvihsc.co.uk/ .</p> <p>Research into patient experience shows how language choice can be an important facet to receiving treatment and achieving better outcomes. 2020 has been an important year for the UHB as we work to embed the Welsh Language Standards and aim to further embed Welsh culture into the organisation. An Equality Strategy and Welsh Language Group will be established in 2020, chaired by the Deputy CEO with the specific aim of achieving the Welsh Language Standards.</p> <p>https://statswales.gov.wales/Catalogue/Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census</p> <ul style="list-style-type: none"> • Research into patient experience shows how language choice can provide an important choice when it comes receiving effective language which can leads to improved outcomes: • My language, my healthcare (Welsh Language Commissioner investigation of language choice in primary care): http://www.comisiynyddygyymraeg.cymru/English/Publications%20List/Health%20inquiry%20full%20report.pdf • Welsh language speakers of health and social care : https://www.iaith.cymru/uploads/general-uploads/welsh_speakers_experiences_of_health_and_social_care.pdf <p>• More than Just Words Strategy – Welsh Language in Healthcare Strategic framework</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Individuals across Cardiff and Vale of Glamorgan accessing primary, community, secondary and tertiary care services would be affected by the programme. UHB staff would also be affected by the planned changes to service delivery. The UHB has been working with the Consultation Institute to design a robust external engagement plan to support and inform the ongoing development of the programme. This will build on engagement already undertaken with key stakeholders and the internal engagement

work with UHB staff and will seek to provide opportunities for communities across Cardiff and the Vale of Glamorgan to influence the content of the programme.

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'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Potential Positive impact All ages</p> <ul style="list-style-type: none"> • more healthcare provided away from hospitals and nearer to people's homes, delivering outcomes that are important to the patient • high quality, standardised treatment delivered efficiently • Accessible local primary and community care services delivered from fit for purpose facilities • Improved access to multi-disciplinary primary care teams • patients, from our local population and the wider regional and national population, to receive the specialist hospital care they 	<p>Shaping Our Future Wellbeing: In Our Community – Health & Wellbeing Centres and Wellbeing Hubs in each locality – developed and operational as per programme schedule.</p> <p>Tertiary Services Strategic Plan outlining services available and model of provision.</p> <p>Programme for proposed reprovision and redevelopment of UHW2 which would result in:</p> <ul style="list-style-type: none"> • Better patient outcomes • Better patient satisfaction • Better staff satisfaction • Sustainable services and facilities • Better value 	<p>Action to be taken by:</p> <ul style="list-style-type: none"> • Strategic & Service Planning Team • Capital & Estates Planning Team • All Clinical Boards • All cross-cutting Corporate Teams • Local Public Health Team • Integrated Health & Social Care Team • Third Sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>need in the most appropriate setting</p> <ul style="list-style-type: none"> • fit for purpose facilities meeting best practice standards on accessibility • facilities designed to support patient, visitor and staff wellbeing • Children’s Hospital for Wales will remain on the UHW site and will form a key element of the redevelopment of UHW2 • Use of technology should support more care delivered in the home, with potentially less need to travel to UHB sites <p>Potential negatives impact All ages</p> <ul style="list-style-type: none"> • proposed change in role of UHW and UHL may result in some patients and staff travelling to a different hospital site within Cardiff and the Vale with consequent concerns about access 	<ul style="list-style-type: none"> • Wider macro benefits <ul style="list-style-type: none"> ○ Patients ○ Staff ○ Facilities/open space ○ Technology <p>Overarching Risk Assessment for Clinical Services Plan – minimise and manage risk.</p> <p>Shaping Our Clinical Services - Engagement plan.</p> <p>IM&T infrastructure programme.</p> <p>Specific local engagement/consultation for each proposed substantial service change</p> <p>Reviewed and updated UHB Sustainable Travel Plan being developed to support improved access to and on UHB sites. Work with the local authorities to influence transport and travel plans</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> • greater reliance on IT infrastructure to access or deliver services • Ability to provide appropriate interpreter service within the community • Time required for people to understand the proposed changed service model and where services are provided • Changes required in staff working patterns, work base 	<p>which will facilitate access to services across the region.</p> <p>Adherence to Organisational Change Policy for staff affected, as required.</p> <p>Lone Working Policy to be followed to support staff moving into community roles which may change risk re working in isolation.</p>	
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>As above</p> <p>The COVI-19 pandemic and the necessity for many healthcare staff to wear face masks has made communication more difficult, especially for those Deaf or Hard of Hearing patients who use lip-reading to assist with communication. Some patients will use British Sign Language (BSL) and others who have become deafened and are hard of hearing may be fluent in English but do not use BSL. This vulnerable group are likely</p>	<p>As above</p> <p>Accessible premises – DDA compliant and appropriate technology for inclusivity</p> <p>Third Sector relationships – utilise expertise of relevant Third Sector Organisations</p> <p>Utilise expertise of UHB Champions e.g. Learning Disability, Sensory Loss</p>	<p>As above</p>

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	to be a majority of this cohort of patients, and while some will be using technology such as hearing aids, many will not be using any assistive technology. Good communication between health professionals and patients is critical for high quality and safe healthcare. – so as an organisation we are trying to address this through the following principles	Importance of ensuring access to Mental Health expertise on key sites Set of principles agreed for supporting good communication in the context of COVID-19	
<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>	<p>As above</p> <p>Note: Some services would not be provided nearer to home e.g. Welsh Gender services – but would be viewed as part of Tertiary Services Strategic Plan</p>	<p>As above</p> <p>Tertiary level service</p>	<p>As above</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.4 People who are married or who have a civil partner.	As above	As above	As above
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	As above	As above	As above
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	As above	As above	As above
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	As above	As above	As above
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); 	As above	As above	As above

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<ul style="list-style-type: none"> the same sex (lesbian or gay); both sexes (bisexual) 			
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>As above</p> <p>Access to services/signage through medium of Welsh</p>	<p>An Equality Strategy and Welsh Language Group will be established in 2020, chaired by the Deputy CEO with the specific aim of achieving the Welsh Language Standards.</p> <ul style="list-style-type: none"> Utilise departmental/ service area Welsh Language Champions Translation services to be available All public documents available in Welsh Develop IT support /social media programmes in Welsh Employ Welsh speaking staff Develop local patient engagement programmes in Welsh Promote the availability of Welsh speaking staff 	<p>As above</p>

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6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	As above	As above	As above
6.11 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	As above	As above Transport Plans as part of Area and Wellbeing Plans: Regional Partnership Boards/Public Services Boards	As above
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	As above	As above	As above

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<p>How will the strategy, policy, plan, procedure and/or service impact on:-</p>	<p>Potential positive and/or negative impacts and any particular groups affected</p>	<p>Recommendations for improvement/ mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate</p>
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Emphasis on services close to home in areas of highest need</p> <p>Ease of onward referral to other preventative services such as stop smoking or social prescribing</p> <p>Sites easily accessible using public transport and active travel considered</p> <p>Some services would only be available at certain locations meaning some patients would need to travel further to access these; others would have to travel less</p> <p>Use of technology in the future for delivery and receipt of health care – pros and cons. Health literacy and digital literacy are</p>	<p>Shaping Our Future Wellbeing: In Our Community – Health & Wellbeing Centres and Wellbeing Hubs in each locality – developed and operational as per programme schedule.</p> <p>Tertiary Services Strategic Plan outlining services available and model of provision.</p> <p>Digital literacy to be considered as new technologies/service models implemented.</p> <p>Programme for reprovision and redevelopment of UHW2 which would result in:</p> <ul style="list-style-type: none"> Better patient outcomes 	<p>Action to be taken by:</p> <ul style="list-style-type: none"> Strategic & Service Planning Team Capital & Estates Planning Team All Clinical Boards All cross-cutting Corporate Teams Local Public Health Team Integrated Health & Social Care Team Third Sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>both issues particularly impacting older people and those with a disability or longstanding health condition.</p> <p>Feedback gathered from Third Sector partners during the pandemic suggests that it has led to many more people learning to use and becoming more confident using technology (including older people and people from BAME communities) and in many ways has been democratising, with people who previously didn't engage face to face now getting involved digitally.</p> <p>Changes to working patterns</p>	<ul style="list-style-type: none"> • Better patient satisfaction • Better staff satisfaction • Sustainable services and facilities • Better value • Wider macro benefits <ul style="list-style-type: none"> ○ Patients ○ Staff ○ Facilities/open space ○ Technology <p>Overarching Risk Assessment for Shaping Our Clinical Services programme – minimise and manage risk.</p> <p>Shaping Our Clinical Services - Engagement plan.</p> <p>IM&T infrastructure programme</p> <p>Specific local engagement/consultation for each proposed substantial service change</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
		Reviewed and updated UHB Sustainable Travel Plan being developed to support improved access to and on UHB sites. Work with the local authorities to influence transport and travel plans which will facilitate access to services across the region.	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p>	<p>Opportunity to embed 'keeping people well'. Focus on prevention and in all areas of service.</p> <p>Availability on site of healthy food options and access to drinking water e.g. restaurant standards</p> <p>Buildings – active travel, green spaces, falls prevention (overarching plan for sites and accessibility/sustainability)</p> <p>Flexible working patterns from new service models – positive impact on working parents,</p>	<p>Staff to be trained in Making Every Contact Count, information and referrals onwards to services such as stop smoking, physical activity, substance misuse etc.</p> <p>Support national and local health promotion campaigns</p> <p>UHW2 Redevelopment Programme</p> <p>Move More, Eat Well Plan supported by PSBs and RPB. Welsh Government funding</p>	As above

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A healthier Wales	carers, older people and those with health conditions.	for prevention targeted at delivery of the Plan.	
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Opportunities for jobs in wide range of disciplines</p> <p>Employment of local people UHB Apprenticeships</p> <p>Volunteering opportunities</p> <p>Negatives potentially around working conditions, job security etc. due to changes in services.</p>	<p>Any mitigations for change management led by Workforce & Organisational Development (WOD).</p> <p>Organisational Change Policy implemented equally and fairly across the organisation.</p> <p>WOD input across all departments/services affected by change.</p> <p>UHB Employee Wellbeing Service provision - available to all staff and promoted particularly to staff directly affected by the proposed changes.</p>	
<p>7.4 People in terms of their use of the physical environment:</p>	Proximity to home (both positive and negative depending on services)	Separate EHIAs for proposed new builds carried out as part of the process - health	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>Healthy food provision and access to drinking water on sites,</p> <p>Health promoting space (e.g. designed to support people keeping active - b block stair well, provision of green spaces on sites such as patient and staff green spaces -The Orchard)</p> <p>Park and ride services, public transport links, Next Bike</p> <p>Active travel. Signed up to Healthy Travel Charters in Cardiff and the Vale of Glamorgan</p>	<p>impacts considered from the beginning.</p>	
<p>7.5 People in terms of social and community influences on their health:</p> <p>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer</p>	<p>Community engagement – feelings of belonging and ‘ownership’ – can influence and identify a range of positives and negatives.</p> <p>Ease of visiting for family/friends – hours, transport etc.</p>	<p>Engagement and Consultation plans - continued engagement – internal to UHB (staff) and externally (wider stakeholders, public). Identified processes for staff engagement.</p>	

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<p>pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Volunteering opportunities</p> <p>Social prescribing opportunities</p> <p>Patient participation groups</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Economic contributions, teaching, research and innovation</p> <p>Biological diversity – Bee Project, The Orchard</p> <p>Sustainability Policies e.g. active travel, Park & Ride, CAV Clean and Green.</p> <p>Board paper January 2020 on Recognising and Responding to the Climate Emergency</p> <p>UHB Sustainability Strategy to be considered by Board in Nov 2020</p>	<p>Explore potential for similar schemes on other sites e.g. increasing tree canopy and green walls in partnership with PSBs</p>	

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The Shaping Our Clinical Services programme is the framework for proposals for how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital.</p> <p>The outcome would be the right services in the right place and able to be accessed at the right time, recognising that this will change where services are available. The impact of each proposed service change would need to be assessed as part of the process and mitigating factors identified and employed.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Individual service changes/reconfiguration proposals resulting from the implementation of Shaping Our Clinical Services would need to be considered on their own merit in relation to the need for engagement/consultation and development of specific EHIAs.</p> <p>The proposed redevelopment of UHW2 would be subject to a full Programme Business Case informed by clinical service models, building regulations etc.</p>			<p>EHIA to be updated as more detail developed.</p> <p>EHIAs to be developed for proposed individual service changes as appropriate.</p>
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>This is an overarching, iterative EHIA.</p> <p>The Shaping Our Clinical Services programme will be subject to engagement</p>			

<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>It is vital that we monitor the actual and ongoing impact on equality strands. It is recommended that we do this by:</p> <ul style="list-style-type: none"> • Monitoring patient profile, experience (e.g. through patient surveys, complaints or positive feedback, take-up of PALS) and health outcomes for patients by protected characteristic. • Monitoring the outcomes from and experiences of the transition for existing staff by protected characteristic – for example: <ul style="list-style-type: none"> ○ Which staff remain in their posts, re-locate, are made redundant and/or choose to leave the trust; ○ Which staff benefit or suffer detriment to grade or pay band as a result of the transition; and ○ How staff experience this new way of working and their new or ongoing roles following the transition (this might be through the national NHS staff survey, though it might be helpful to supplement this with a local survey of the transition). <ul style="list-style-type: none"> • Monitoring recruitment and selection to the UHB or any new facility by protected characteristic, to compare applicants with those shortlisted and those appointed. <p>Arrange publishing of documentation</p>			
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	<p>Identify Committee or Board responsible for monitoring and review as well as approval.</p>			
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