



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local Policies
- All Wales Policies
- Policies not yet presented for approval

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks. In addition, All Wales documents, which require adoption and or action on the part of individual Health Boards are brought to the People, Organisational Development and Culture Committee (PODCC) for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:-

- Local Policies - for approval

133 – Equality, Diversity & Inclusion Policy

- The Executive Director with responsibility for this policy has changed from Public Health to Workforce & Organisational Development and this has been reflected in the governance arrangements for the policy.

- Introduction, policy statement and aims have been re-written to be more concise but remain substantively unchanged.
- Roles and responsibilities have been updated for Board and Workforce Teams.
- A new accountability section has been added to the policy.
- References, related guidance and information sections have been updated to ensure only relevant content is included as some details were no longer relevant.
- Appendix A has been formatted to include links under the protected characteristic headings for ease of reference.
- Flowchart has been updated to reflect changes outlined above.
- Global staff consultation has been undertaken.
- A summary EQIA has also been updated.

863 - Translation & Interpretation Policy

- The Executive Director with responsibility for this policy has changed from Public Health to Workforce & Organisational Development and this has been reflected in the governance arrangements for the policy.
 - All references to carers have been updated to become unpaid carers.
 - Reference to Primary Care has been updated to Community & Primary Care.
 - The Strategic Partnerships, Diversity and Inclusion Team has recently changed their name to Business, Partnerships and Inclusion. Correct contact details and a summary of what the team can provide information on has been added under the Accessing Interpretation and Translation Services section.
 - Global staff consultation has been undertaken.
 - A summary EQIA has also been updated.
- All Wales Policies and updates
There are no All Wales policies for consideration however a copy of the updated quarterly schedule is attached.
 - Policies yet to be presented for consideration

The Committee has requested an update to each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of two local policies together with the rationale is outlined below. In addition, the table includes a further policy that was extended via Chair's Action since the last meeting to ensure ongoing compliance with the policy review date.

Medicines Management	558 - Medication Errors	Policy has been to Quality, Safety and Experience Committee (QSEC) and to the local and Health Board Staff Partnership Forums and Local Negotiating Committee (LNC). It also required approval by the Medicines Management Operational Group (MMOG) prior to submission to PODCC. MMOG requested	31/08/25
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		some further actions be taken at its last meeting and is due to re-consider this policy at its May 2025 meeting.	
Workforce	002 – Underpayment and Overpayment of Salary Policy	Local policy has been reviewed in light of the All-Wales Overpayment Policy which is currently held at Health Board Staff Partnership Forum stage. This is to ensure we retain information to support staff on underpayments.	31/08/2025
Business, Partnerships and Inclusion	863 - Translation & Interpretation Policy	Chair's Action taken to extend the policy review date to 31 May 2025. Local policy now included in this paper for approval.	31/05/2025

Asesiad / Assessment

Following approval of the recommendation below, all documents will be uploaded/updated on our SharePoint site and replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- RECEIVE ASSURANCE that the above documents have been reviewed in line with Policy 190.
- APPROVE the amendments made to the following policies:-
 - 133 - Equality, Diversity & Inclusion Policy
 - 863 - Translation & Interpretation Policy
- Extend the review date of the Medication Errors and Underpayment and Overpayment of Salary Policies to 31 August 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau: Glossary of Terms:	Included within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.

Gweithlu: Workforce:	The policies apply to all staff unless stated otherwise in each policy.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	Updated EQIA are attached for both revised local policies.

Equality Diversity and Inclusion Policy

FINAL DRAFT 2025

Policy information

Policy number: 133

Classification: Corporate

Supersedes: 133 V1, V2, V3 & V4

Version number: V5

Date of Equality Impact Assessment: 02/12/2024

Approval information

Approved by: PODCC

Date of approval: Enter approval date

Date made active: Enter date made active (completed by policy team)

Review date: Enter review date (normally three years from approval date)

Summary of document:

This document states Hywel Dda University Health Board's (HDdUHB) commitment to eliminating any inequalities that may exist in the context of employment, service delivery, partnership working, contractors and outside agencies. It reflects HDdUHB's values and aims to ensure that all staff and service users are treated in accordance with those values, creating an inclusive environment where everyone is treated fairly and equitably.

Scope:

This Policy applies to everybody who works for, or on behalf of, the HDdUHB.

To be read in conjunction with:

- [HDdUHB Strategic Equality Plan and Objectives](#) (opens in a new tab)
- [995 – All Wales respect and resolution policy](#) (opens in a new tab)
- [435 – All Wales Staff to Raise Concerns Procedure](#) (opens in a new tab)
- [768 – Managing Attendance at Work Policy](#) (opens in a new tab)
- [1085 - Leave and Pay for New and Existing Parents Policy](#) (opens in a new tab)
- [894 – Putting Things Right Management and Resolution of Concerns Policy](#) (opens in a new tab)
- [982 – Incidents, Near Miss and Hazard Reporting Policy](#) (opens in a new tab)
- [153 - Equality Impact Assessment Policy](#) (opens in a new tab)
- [201 - All Wales Disciplinary Policy and Procedure](#) (opens in a new tab)

Owning group:

Business, Partnerships and Inclusion Team

04/12/2024

Executive Director job title:

Director of Workforce and Organisational Development

Reviews and updates:

Version 1 – New Policy – 28.06.2011.

Version 2 – Revised – 05.06.2014.

Version 3 – Refresh and Update – 19.12.2017.

revised objectives to adopt a pro-active approach to equality and diversity.

More details around responsibilities. Employment Policy Review Group 02.06.2017

CPRG– 06.09.17.

W&OD – September 2017.

Staff Partnership – September 2017.

Improving Experience Sub Committee – October 2017.

Business Planning and Performance Assurance Committee – December 2017.

Version 4 – Updated reference to Data Protection Act 2018 / General Protection Regulations 2016 (GDPR2016) - 25.03.2022.

Version 5 – Full review undertaken and updated policy presented to People, Organisational Development and Culture Committee - January 2025 – final date **TBC**.

Keywords

Equality, diversity

Glossary of terms

PADR – Performance Appraisal and Development Reviews

Direct discrimination - treating someone with a protected characteristic less favourably than others.

Indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.

Discrimination by association – when someone is treated unfairly because either someone they know or someone they are associated with has a certain protected characteristic.

Harassment - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them.

Victimisation - treating someone unfairly because they've complained about discrimination or harassment.

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DRAFT

Introduction

Hywel Dda University Health Board (HDdUHB) operates under the Equality Act 2010, which prohibits discrimination based on protected characteristics such as age, gender reassignment, marital status, pregnancy, disability, race, religion, sex, and sexual orientation. Discrimination can take various forms, including direct, indirect, associative, harassment, and victimisation. We are committed to proactively meet our equality obligations, focusing on the needs of those at risk of inequality.

In addition, all public sector bodies in Wales must also consider the impact their decisions could have on people facing socio-economic disadvantage, the Armed Forces Community and those who speak Welsh. As a major employer and healthcare provider, we aim to reduce inequality, discrimination, and harassment in our services and communities.

Policy Statement

HDdUHB opposes all forms of unlawful discrimination and acknowledges that certain groups and individuals are at greater risk of unfair treatment. We are committed to complying with equality and human rights legislation and actively address issues such as exclusion, discrimination, harassment, victimisation, marginalisation, and exploitation.

We aim to promote equality, foster good relations between individuals with protected characteristics and those without, and ensure inclusivity in both employment and service delivery. We prioritise embedding equality, diversity, and human rights principles across all our operations, and recognise that this requires accountability and ownership among board members, staff, and service providers.

By attracting and retaining a diverse workforce and listening to service users, we strive to become an employer of choice and deliver equitable, person-centered services that utilise the best available skills and expertise.

Scope

This Policy applies to everybody who works within HDdUHB and to everyone who provides goods and services on its behalf. Everyone is expected to conduct their business in a way that reflects the Policy aims and objectives. This Policy also applies to all functions undertaken and to policies developed or adopted by HDdUHB.

Aim

The aims of the Policy are:

- to encourage staff to:
 - implement a values-based approach when carrying out their duties
 - be proactive in creating an inclusive environment where everyone is treated fairly and equitably; and
- to ensure that equality and diversity considerations underpin:
 - the recruitment, employment and development of staff
 - the development and delivery of healthcare services.

Objectives

The aims will be achieved by:

- Promoting, embedding and implementing the health boards values.
- Achieving a representative leadership body and workforce that reflects our local communities.

- Attracting, recruiting, developing and retaining a diverse workforce that can deliver high quality, person-centred services that are fair, accessible, appropriate and responsive to individual needs.
- Supporting all members of our local communities in applying for employment within HDdUHB.
- Monitoring recruitment practices to ensure that systems are open, accountable and fair and that protected groups are not disadvantaged.
- Ensuring that learning and development environments are non-discriminatory and that all staff have the opportunity of career development.
- Encouraging staff to report incidents of discrimination, victimisation or harassment and ensuring there are procedures in place that provide assurance for staff that complaints will be dealt with appropriately, efficiently and effectively.
- Ensuring that accessible mechanisms are in place to support dialogue with and feedback from staff, patients, service users, carers, partner organisations and the general public.
- Ensuring that all HDdUHB policies and practices comply with equality and human rights legislation and Codes of Practice.

Roles and Responsibilities

The Board is responsible for:

- Shaping organisational culture: setting strategic direction, reviewing performance, and ensuring good governance.
- Promoting equality and diversity: Ensuring a coordinated approach is taken to promoting equality, diversity and inclusion.
- Establishing effective practices: Implementing policies and procedures that promote effective working practices related to equality, diversity, and human rights.
- Ensuring compliance with equality duties: Using the equality lens when carrying out Board business ensuring due regard to the General and Wales specific Public Sector Equality Duties.
- Reporting on equality issues: Scrutiny of equality-related statutory reports in accordance with equality legislation and statutory duties.

The Director of Workforce and Organisational Development will ensure that:

- Equality considerations are built into employment policies and procedures to promote a positive, supportive and inclusive working environment.
- Staff have access to appropriate training to support their personal development needs, and training is accessible to all.
- Workforce and Organisational Development Teams analyse workforce equality information periodically to identify any positive actions which need to be taken to address any issues which emerge.
- Reports on equality issues relating to employment are prepared and are scrutinised by relevant Committees and the Board before publication. This will include the Strategic Equality Plan Annual Report, annual Pay Gap Reports, and the annual Workforce Equality Report.
- Information gathered is appropriately analysed including the use of inter-sectional approaches.
- All complaints and concerns from staff and alleged breaches of this policy are dealt with seriously, sensitively, confidentially and in a timely manner.
- Workforce and Organisational Development Teams adopt a pro-active approach to eliminating discrimination, advancing equality and celebrating diversity across HDdUHB.
- Workforce and Organisational Development teams engage effectively with staff, including Staff Networks, in order to ensure the needs of protected groups are being met.

The Recruitment Team will:

- Offer advice and support to appointing managers on inclusive recruitment initiatives. This includes guaranteed interview schemes, support with application and interview procedures and reasonable adjustments.
- Develop and deliver targeted recruitment campaigns for persons with a protected characteristic.
- Produce resources that provide guidance and support on inclusive recruitment.
- Actively encourage and promote inclusive recruitment procedures to staff across HDdUHB.

The Equality, Diversity and Inclusion Team will:

- Promote and support staff to embed equality, diversity and inclusion principles across all functions and services.
- Provide appropriate specialist advice, support and guidance to managers and staff on equality, diversity and inclusion matters.
- Develop, implement, monitor and review the Strategic Equality Plan and Objectives.
- Produce regular update reports for relevant Committees and the Board to provide assurance, escalate any identified risks and recommend solutions.
- Advise, assist and provide positive support to all staff in the development and implementation of policies, procedures and working arrangements to meet the aims and objectives of this policy and those of the Equality Impact Assessment Policy.
- Assist HDdUHB to create and maintain an inclusive environment across all sites and departments.
- Facilitate a range of staff networks for those with a protected characteristic to offer them a supported space to discuss concerns, promote good practice and provide an opportunity to comment on policies and plans to ensure these promote inclusivity and eliminate discrimination.
- Source, develop and deliver specialised equality, diversity and inclusion training to increase knowledge and awareness, in order to better support staff and service users.

Trade Unions and Staff Side Representatives will:

- Offer support to staff in situations where concerns have been expressed and encourage staff to report their concerns through the appropriate channels and procedures where necessary.
- Work in partnership with managers to tackle discrimination, prejudice and harassment at work.

Public and Patient Engagement / Patient Experience Team will:

- Engage with patients and service users and provide accessible mechanisms for dialogue and feedback.
- Identify and escalate any equality, diversity and inclusion issues identified as a result of public or staff engagement via the appropriate channels.

The Communications Team will:

- Ensure accessible, bilingual communication in Welsh and English, as well as the provision of information in other formats and community languages.
- Include images that reflect the full diversity of the population in printed or digital materials.
- Use language that is appropriate for the communities we serve.
- Provide guidance to staff and ensure that all communications are produced in line with accessibility regulations.

Procurement and Commissioning Staff will:

- Build equality considerations into the organisation's relationships with suppliers and ensure equal opportunity is given to tenders from a diverse range of suppliers.
- Ensure that due regard is given to the General and Wales specific Public Sector Equality Duties through each stage of the procurement process and in monitoring our contracts with third parties.
- Ensure that all suppliers of goods and services on behalf of HDdUHB show a commitment to eliminating discrimination, advancing equality and fostering good relations between diverse groups.

Senior Managers will:

- Lead by example by promoting and implementing HDdUHB's values and principles to ensure equality of opportunity, promoting respect and dignity as everyone's right, whether staff, patient, service user, carer or member of the public.
- Adopt a pro-active approach to eliminating discrimination, advancing equality and celebrating diversity in their working environment.
- Ensure that staff are appropriately trained to carry out their responsibilities under this Policy as identified via the PADR process and Professional Codes of Conduct.
- Ensure that staff who raise concerns relating to unfair treatment, discrimination, harassment or bullying are supported and that appropriate action is taken to address their concerns with sensitivity and in a timely manner.
- Undertake equality impact assessments to support service development and change and to demonstrate due regard to the General and Wales specific Public Sector Equality Duties.

All Staff must:

- Act in ways that are in accordance with this Policy and HDdUHB values.
- Not harass, abuse, or intimidate other employees, patients, service users, or any other member of the public they meet, whether on or off HDdUHB premises.
- Take responsibility for their own professional and personal behaviour and conduct themselves in a manner that does not cause offence to another person or bring the organisation into disrepute, intended or otherwise.
- Act fairly and compassionately in all interactions with colleagues, service users, families, carers and members of the public.
- Undertake mandatory equality and diversity training and any additional equality and diversity training as identified by their line manager or within their PADR.
- Inform their line manager if they become aware of any behaviour that undermines equality and diversity.

Accountability

Any employee who does not observe the provisions of this Policy or who discriminates against or harasses another employee, applicant for employment, patient/service user or member of the public will be subject to disciplinary action which could result in dismissal.

This policy requires a collective effort by all of us, to create a supportive, fair, and inclusive environment for staff, patients, and the broader community.

Complaints

The organisation takes all complaints of discrimination or harassment seriously, regardless of whether the complaint is made by employees, managers, service users, or third parties. Employees who believe they have been treated unfairly can use the All Wales Wales [995 Respect and Resolution Policy](#) (opens in a new tab) without fear of victimisation. Proven acts of discrimination will be treated as disciplinary offences and dealt with in accordance with HDdUHB's [All Wales Disciplinary Policy and Procedure](#) (opens in a new tab).

Staff may also confidentially seek support from the Staff Psychological Wellbeing Service.

Prospective employees, non-directly employed workers, service users, and the public wishing to make a complaint in relation to equality, diversity and inclusion should do so in line with [894 - Putting Things Right Policy and procedures](#) (opens in a new tab).

Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.

Monitoring Compliance

Implementation of this Policy will be monitored by the Equality, Diversity and Inclusion Team and others who are responsible for reviewing the development and implementation of Workforce and Organisational Development policies which relate to the protected characteristics in line with the requirements of equality and human rights legislation.

Service delivery and employment policies and practices will be continuously reviewed against the aims of this Policy and must undergo Equality Impact Assessment.

References and Related Guidance

- Human Rights Act 1998
- Gender Recognition Act 2004 Equality Act 2010
- Welsh Language Measure 2011
- Socio-economic Duty (Wales)
- Wellbeing of Future Generations (Wales) Act 2015
- The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018
- [Armed Forces Covenant Duty 2022](#)

Find out more

For further information please contact the Equality, Diversity and Inclusion Team on 01554 899055 or email Inclusion.HDD@wales.nhs.uk

Appendix A - Useful Websites and Links to Further Information

Age

[Age Cymru | We are the national charity for older people in Wales. \(ageuk.org.uk\)](http://ageuk.org.uk)

[Home - Children's Commissioner for Wales \(childcomwales.org.uk\)](http://childcomwales.org.uk)

[The Older People's Commissioner for Wales \(olderpeoplewales.com\)](http://olderpeoplewales.com)

Disability

[Home. - Disability WalesRNID in Wales - RNID](#)

[Wales Council for Deaf People - Supporting People with Hearing Loss \(wcdeaf.org.uk\)](http://wcdeaf.org.uk)

[Wales / Cymru - RNIB - See differently](#)

Gender Reassignment

[Stonewall Cymru](#)

Race

[Race Council Cymru \(RCC\) | Promotion of equality Community Cohesion, and diversity by the elimination of discrimination on the grounds of race, gender, disability, sexual orientation or religion.](#)

Sex

[We are the Women's Equality Network Wales - Womens Equality Network Wales \(wenwales.org.uk\)](http://wenwales.org.uk)

Sexual Orientation

[Stonewall Cymru](#)

Armed Forces

[Home - Armed Forces Covenant](#)

Socio economic

[The Socio-economic Duty: guidance and resources for public bodies | GOV.WALES](#)

Welsh Language

[Welsh Language Commissioner](#)

General Resources

[Home Page | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

[Diverse Cymru Homepage | Diverse Cymru](#)

[We're here to make life better for carers - Carers UK](#)

Have you witnessed any form of discrimination, been the victim of discrimination or suspect discrimination in the workplace aimed towards yourself, a colleague or a service user?
Please consider the following options;

Discuss the incident with you line manager in the first instance if appropriate to do so

or

Report the incident to a member of the Human Resources Team:
Human.Resources.HDD@wales.nhs.uk

or

Seek further information from the Speak Up Safely Homepage - Hywel Dda University Health Board | Speak up safely (wales.nhs.uk)

or

Discuss the incident with a member of the Culture and Workforce experience Team

note

This option is only available for Staff and not available for services users

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Workforce and Organisational Development
Service Area	Strategic Partnerships, Diversity and Inclusion

Title of Procedure, Project, Proposal, Policy being screened:	133 - Equality, Diversity and Inclusion Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy reinforces the Health Board's commitment to eliminating any inequalities that may exist in the context of employment, service delivery, partnership working, contractors and outside agencies. It reflects Hywel Dda University Health Board's values and aims to ensure that all staff and service users are treated in accordance with those values, creating an inclusive environment where everyone is treated fairly and equitably. This policy applies to everybody who works for, or on behalf of, the Health Board.

Aim

The aims of the Policy are:

- to encourage staff to implement a values-based approach when carrying out their duties and to be proactive in creating an inclusive environment where everyone is treated fairly and equitably; and
- to ensure that equality and diversity considerations underpin both the recruitment, employment and development of staff and the development and delivery of healthcare services.

Objectives

The aims will be achieved by:

- Promoting, embedding and implementing the health boards values and principles.
- Achieving a representative leadership reflecting the wider society.
- Attracting, recruiting, developing and retaining a diverse workforce that can deliver high quality, person-centred services that are fair, accessible, appropriate and responsive to individual needs.
- Supporting all members of our local communities in applying for employment within HDdUHB.
- Monitoring recruitment practices to ensure that systems are open, accountable and fair and that protected groups are not potentially disadvantaged.
- Ensuring that learning and development environments are non-discriminatory and that all staff have the opportunity of career development.
- Ensuring that procedures and the working environment encourage staff to report incidents of discrimination, victimisation or harassment and that there is assurance for staff that complaints will be dealt with appropriately, efficiently and effectively.
- Ensuring that accessible mechanisms are in place to facilitate dialogue with and feedback from staff, patients, service users, carers, partner organisations and the general public.

- Ensuring that all HDdUHB policies and practices comply with equality and human rights legislation and Codes of Practice.

Other related policies/areas of work:

- Strategic Equality Plan
- 128 – Maternity, Adoption and Paternity Leave Policy
- 130 - All Wales Dignity at Work Policy
- 153 - Equality Impact Assessment Policy and Procedure
- 435 – All Wales Staff to Raise Concerns Procedure
- 768 – Managing Attendance at Work Policy
- 894 – Putting Things Right Management and Resolution of Concerns Policy
- 982 – Incidents, Near Miss and Hazard Reporting Policy
- 995 – All Wales Respect and Resolution Policy

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

[Home Page | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)
[Stonewall Cymru](#)
[Race Council Cymru \(RCC\) | Promotion of equality Community Cohesion, and diversity by the elimination of discrimination on the grounds of race, gender, disability, sexual orientation or religion.](#)
[Age Cymru | We are the national charity for older people in Wales. \(ageuk.org.uk\)](#)
[Home. - Disability Wales](#)
[RNID in Wales - RNID](#)
[Wales Council for Deaf People - Supporting People with Hearing Loss \(wcdeaf.org.uk\)](#)
[Wales / Cymru - RNIB - See differently](#)
[Diverse Cymru Homepage | Diverse Cymru](#)
[We are the Women's Equality Network Wales - Womens Equality Network Wales \(wenwales.org.uk\)](#)
[Welsh Language Commissioner](#)
[The Socio-economic Duty: guidance and resources for public bodies | GOV.WALES](#)
[Home - Armed Forces Covenant](#)
[We're here to make life better for carers - Carers UK](#)
[Home - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)
[The Older People's Commissioner for Wales \(olderpeoplewales.com\)](#)
[Census - Office for National Statistics](#)
[Equality, diversity and inclusion - Hywel Dda University Health Board](#)

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Age			
Is it likely to affect older and younger people in different ways or affect one age group and not another?			
Positive Impact	✓	Negative Impact	No Impact

Justification of impact identified: The policy aims to eliminate discrimination against people due to their age				
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their disability				
Gender Reassignment Is it likely to affect those who either:				
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their gender				
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their marital or civil partnership status				
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their pregnancy or maternity status				
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
Justification of impact identified: The policy aims to eliminate discrimination against people due to their race, ethnicity or nationality				
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact

Justification of impact identified: The policy aims to eliminate discrimination against people due to their religion or beliefs			
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: The policy aims to eliminate discrimination against people due to the sex			
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: The policy aims to eliminate discrimination against people due to their sexual orientation			
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: The policy aims to eliminate discrimination against people due to their veteran/armed forces status			
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: This policy also requires staff to eliminate discrimination against those who may be disadvantaged due to their socioeconomic status.			
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>

Justification of impact identified:
 This policy also requires staff to eliminate discrimination against those who speak Welsh and wish to use Welsh in their day to day lives.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Eiddan Harries
	Title	Diversity and Inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	17.12.2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnership, Diversity & Inclusion
	Contact details	helen.sullivan@wales.nhs.uk
	Date	19/02/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	20/02/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Interpretation and Translation Policy

Policy information

Policy number: 863

Classification: Corporate

Supersedes: Previous versions

Version number: 5

Date of Equality Impact Assessment: 02/12/2021

Approval information

Approved by: PODCC

Date of approval: TBC

Date made active: TBC

Review date: TBC

Summary of document:

The health board is committed to ensuring that all patients (or their unpaid carers if required to do so on behalf of the patient) can make informed choices about their healthcare in a dignified manner. The health board will therefore provide high quality interpretation and translation services for, and on behalf of, patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The aim of this policy is to ensure that all patients and their unpaid carers receive timely, equitable, patient-focused care and do not come to avoidable harm.

Scope:

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their unpaid carers, or those acting on behalf of the patient who are Limited English Proficient, regardless of the clinical setting.

This policy also applies to all staff who work within both Community and Primary Care within the Hywel Dda Health Board area.

For the purpose of this policy, the term child refers to an individual up to the age of 18.

For the purpose of this policy the term unpaid carer is defined as someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

To be read in conjunction with:

Hywel Dda UHB Strategic Equality Plan and Objectives

[133 - Equality and Diversity Policy](#) (opens in a new tab)

[153 - Equality Impact Assessment Policy and Procedure](#) (opens in a new tab)

[894 – Putting Things Right PTR Management and Resolution of Concerns Policy](#) (opens in a new tab)

[312 - Chaperone Policy](#) (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group: Business, Partnerships and Inclusion Team

Executive Director job title:

Director of Workforce and Organisational Development [Date signed off by owning group](#)

Reviews and updates:

1 – new policy

2 – review 0/05/2022 (V3)

3 – amendment to paragraph 13.01.2024 (V4)

4 – three yearly review (V5)

Keyword

Interpretation, translation, British Sign Language, BSL

Glossary of terms

Approved interpreter	An Interpreter provided by a professional interpretation service commissioned by the Health Board.
Interpreter	A person who interprets a spoken or signed (British Sign Language) message from one language to another. This can be either face-to-face or by telephone and can include web-based services.
Translation	Translation is the transmittal of written text from one language into another, including Braille. Translation does not strictly have to be into written text – it can also mean translation into audio, CD, or PDF for a website.
Unpaid carer	A person who is responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves. The care they provide is unpaid.
Limited English Proficient	If English is not your primary language and you have difficulty communicating effectively in English.

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Introduction

Equality and Fairness is at the heart of everything that we do. This means doing our best to ensure that service users are able to understand healthcare information presented to them. This applies to information presented in written form, for example, patient leaflets, letters, and key communications. It also applies to information presented verbally, for example, during clinical consultations.

The Health Board has a process to ensure that people have easy access across the organisation to accredited interpretation and translation services for Welsh, community languages, Braille and British Sign Language, and that best use is then made of the services provided.

Poor communication can be a patient safety risk and presents a major barrier to accessing health care for people who require communication support due to disability or impairment, or because their first language is not English.

It is the Health Board's position that only under exceptional circumstances can family members, friends, unpaid carers or members of staff be asked to provide interpretation (see section 'Emergency situations'). The Health Board commissions independent interpretation and translation services for the patient at no charge to the individual.

The Health Board is committed to ensuring that all patients make informed choices about their healthcare in a dignified manner. The Health Board will provide high quality interpretation and translation services for service users accessing its services through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The Health Board commissions face-to-face, telephone and online interpretation and translation services.

Any communication requirements should be documented as part of the patient referral process. It is essential that the individual communication needs of our service users are met in order to enhance the patient experience and for the organisation to comply with Welsh language legislation, equality legislation, the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and other statutory requirements.

Scope

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their unpaid carers, or those acting on behalf of the patient who is Limited English Proficient, this also includes those who use British Sign Language, regardless of the clinical setting.

Aim

The aim of this document is to ensure that all patients and their unpaid carers who require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

Objectives

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation.
- Indicating on the patient's health care records where there is a need for them and/or their unpaid carers to have communication support such as having an interpreter present or using telephone/online interpretation.
- Organising interpreters via interpretation services commissioned by the Health Board.
- Organising translation services as required.

Procedure

Interpretation Service

When should an Interpreter be used?

When interacting for simple care and comfort situations (for example when taking blood) alternative aids may be used, such as the Hospital Communication Guide, or with the aid of flash cards, symbols or gestures. [Please follow this link to the Hospital Communications book \(http://online.anyflip.com/kbnnnc/igzw/mobile/index.html\)](http://online.anyflip.com/kbnnnc/igzw/mobile/index.html) (opens in a new tab).

An approved interpreter must be used where effective communication is critical to patient care outcomes and patient experience such as, but not limited to:

- admission/initial assessment.
- history taking and care planning.
- consent for treatments and research.
- high risk / life threatening situations.
- pre-operative procedures including patient identification and identification of operation site.
- Mental Health Tribunals.
- if the patient is considered to be a "vulnerable person" – this includes, children, individuals with learning difficulties and patients who have been subjected to or potentially at risk of harm, domestic abuse, coercive control and violence.
- explanation of medication or treatments.

- when providing care to or interacting with a Limited English Speaking patient or their unpaid carer.

Methods of interpreting

Generally, using telephone interpreting should be regarded as the first option except in the following circumstances where face-to-face or video interpretation should be considered:

- Interpreting session lasts more than 30 minutes.
- Patient/unpaid carer uses non-verbal communication such as British Sign Language.
- Patient/unpaid carer has a communication, cognitive or learning disability which would make telephone interpreting difficult.
- Where conversation needs to be recorded for legal reasons (Interpretation via MS Teams has a record function).
- Bereavement and breaking bad news (life threatening diagnosis).
- Ethically difficult or challenging situations.

Situations where it may be more appropriate to use a telephone or video interpreter rather than arrange a face-to-face interpreter would be:

- In an emergency where there is insufficient time to organise a face-to-face interpreter.
- When access to an interpreter is required unexpectedly.
- When anonymity is preferred (the camera can be switched off for video interpreting unless it's a BSL interpreter who will need to see the patient/unpaid carer).
- If the conversation is going to be brief (under 30 minutes).
- If there are geographical limitations.

If the patient/unpaid carer is a child, an approved over the phone, online or face-to-face interpreter must be used. This does not prevent the family from being present to provide support as they would do in any other circumstances.

Interpreting may be provided face-to-face, via telephone or online video. The decision as to which means of interpreting is appropriate to use lies with the professional judgement of the health care professional.

Use of non-approved interpreters

The use of staff, spouses/partners, family members, unpaid carers or friends is not acceptable unless there are exceptional circumstances relating to emergency situations (see section [emergency situations](#)). In most cases, telephone or online based interpretation services should be used.

In suspected safeguarding situations the exceptional circumstances do not apply and an interpreter must be used.

Children and young people, other patients and members of the public must **never** be used as a non-approved interpreter.

The patient/unpaid carer may indicate a preference for the interpretation to be conducted by a non-approved interpreter of their choice. In such circumstances, the patient must be encouraged to use an approved interpreter. However, if the patient /unpaid carer insists on using a non-approved interpreter, the health professional would need to make a judgement whether an approved interpreter is also required to give assurance that the interpretation provided by the non-approved interpreter is reliable.

If the patient/unpaid carer, after being advised of the risks involved, insists on using a non-approved interpreter a member of staff should use the telephone interpretation service to make sure that the points below are discussed and understood:

- That using a non-approved interpreter could lead to a poor outcome for the patient.
- That the patient/unpaid carers understanding may be compromised and any decision making based on informal, untrained interpreters could impact detrimentally on the ongoing or future care of the patient.
- That the Health Board cannot be held accountable for misinterpretation.
- That the use of interpreters accessed through a professional interpretation service provides protection for both the patient and the Health Board.
- That the decision to proceed with a non-approved interpreter will be fully documented in the patient's health care records.

Emergency situations

Use of staff – in an emergency situation, telephone and online based interpretation is available for use. However, it may be necessary in some exceptional cases to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care.

In the event of an emergency where communication is not possible and there is no time to obtain an interpreter, you may provide immediate treatment necessary to save life or prevent a serious deterioration in the patient's health. This decision and the need for immediate treatment must be fully documented in the patient's health care record.

Use of family and unpaid carers

In an emergency situation, it may be necessary to use adult family members to help communicate basic information about care or personal history, but they **should not** be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care.

The role of an interpreter

The role of an interpreter should be respected and they should not be asked to work outside their boundaries. If required health professionals should allow for extended appointment time for patients needing interpreters. Interpreters are responsible for:

- interpreting accurately
- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate

Their role does not include:

- giving their own opinion
- chaperoning
- advocating for the patient, family member or staff member
- undertaking other tasks such as written translation
- Lifting patients, looking after the patient's children etc.

Intimate examinations and procedures

Refer to HDHB [312 - Chaperone Policy](#) (opens in a new tab) for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during an examination or procedure, the patient must be shielded from the interpreter by use of curtains or screens, or by the use of telephone or online interpretation services with the patient camera switched off.

Translation Service

When a written translation service should be used

Translations should be used for care critical communications such as:

- Professional to professional letters
- Health care records
- Letters to or from patients

All documents that are translated by the Health Board's commissioned translation service must adhere to the Health Board's information governance requirements.

If a patient is Limited English Proficient or has a disability, the use of translations should be considered for any leaflets or other information normally issued as part of patient care, including, where required, translation into Braille and Easy Read.

Translation is not a substitute for an interpreter. Simply giving a translated document should not be considered as meeting the obligation to provide communication support. If an interpreter is needed then one must be provided.

As with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. The patient may not be able to

read their language. They may speak one language but read in another. Some spoken languages do not have a written form.

When translated documents are developed, consideration should be given to the cultural appropriateness of the text and any graphics.

Accessing Interpretation and Translation Services

[Please follow this link to the Business, Partnerships & Inclusion Intranet page, where you will find the most up-to-date guidance for accessing Interpretation and Translation services](#) (opens in a new tab)

If you require translation into Braille, Easy Read, DeafBlind Manual, Moon, Makaton etc, or if you would like further information on how to make appointments more accessible for patients needing BSL or other community language interpreters, please contact the Business, Partnerships and Inclusion Team via Phone: 01554 899055 or via email: inclusion.hdd@wales.nhs.uk

Non-compliance with the policy may result in an adverse impact for patients, requiring investigation in line with HDdUHB Policy 514 - Management and Investigation of Incidents.

Monitoring

Complaints and concerns received regarding this policy will be noted on Datix and through PALS, and will be considered on an individual basis and appropriate action taken. If health professionals have concerns regarding the quality of the interpretation service, they are able to raise this with the Business, Partnerships and Inclusion team (contact details above).

References

Equality Act 2010

Human Rights Act 1998

Well-being of Future Generations (Wales Act) 2015

Social Services and Well-being (Wales) Act 2014

Welsh Language (Wales) Measure 2011

Health and Care Standards in Wales

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

DRAFT

Appendix 1 - Legal and Ethical Issues and management responsibilities

Hywel Dda University Health Board has legal, ethical and business responsibilities to provide effective communication support.

Legal responsibilities are embedded in the Equality Act 2010, Human Rights Act 1998, Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014, Welsh Language (Wales) Measure 2011, The Welsh Language Standards (No. 7) Regulations 2018, Health and Care Standards in Wales.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Illness and other stressful healthcare situations can have a negative impact on anyone's ability to communicate effectively but especially that of someone whose first language is not English. A person who might usually cope well with English or be able to lip read may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly, older people with dementia may revert to the language they spoke as a child.

People who are Limited English Proficient:

- may not be able to give informed consent.
- may not be able to ask questions or seek assistance.
- may not be aware of what services are available to them.
- may not be able to use medication properly or follow care plans because the information is in English.
- may come from cultures with different understandings of health and illness.
- may come from countries with different healthcare systems and so not understand how to use NHS services or understand their rights and responsibilities within the healthcare system.

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Director and Directorate	Business, Partnerships and Inclusion
Service Area	Workforce and OD

Title of Procedure, Project, Proposal, Policy being screened:	863 - Interpretation and Translation Policy
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to ensure that all patients and their Carers who require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation.
- Indicating on the patient's health care records where there is a need for them and/or their Carers to have communication support such as having an interpreter present or using telephone/online interpretation.
- Organising interpreters via interpretation services commissioned by the HDUHB.
- Organising translation services as required.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Data around the number of uses and locations will continue to be monitored. The location of use data will inform future awareness raising around these services.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Illness and other stressful healthcare situations can have a negative impact on anyone's ability to communicate effectively but especially that of someone whose first language is not English. A person who might usually cope well with English or be able to lip read may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly, older people with dementia may revert to the language they spoke as a child.

References

- Equality Act 2010
- Human Rights Act 1998
- Well-being of Future Generations (Wales Act) 2015
- Social Services and Well-being (Wales) Act 2014
- Welsh Language (Wales) Measure 2011
- Health and Care Standards in Wales
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

We will further analyse locations where there is limited or no service usage and target awareness raising comms as appropriate.

Staff and patient feedback - The new patient feedback system, once fully functional, will allow the sharing of monitoring data around each of the protected characteristics and may also be able to capture interpreter use but we can get that information from WITS/Language Line.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: Access to interpreter and translator services provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services. No impact envisaged at this time for individuals based on the protected characteristic of Age.				
Disability				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input type="checkbox"/>
Justification of impact identified: The impact of not having a BSL interpreter when one is required could be significant. However, it's unclear at present as to whether there is a lack of knowledge around the services available, an unwillingness to use these services or a lack of demand.				

Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

Gender Reassignment

Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on the protected characteristic of Gender Reassignment.

Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓
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Justification of impact identified:

Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on the protected characteristic of Marriage and Civil Partnership.

Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

This Service has already been used specifically for pregnancy and maternity advice, ensuring that parents to be and new parents fully understand the advice given to them and are able to ask any questions and obtain any clarity they feel they need. We will continue to monitor and encourage usage as appropriate.

Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact	✓	Negative Impact		No Impact	
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Justification of impact identified:

The purpose of this policy and provision of these services is to ensure that individual's whose first language isn't English have a fair and equitable opportunity

to access all HDUHB services, understand any medical advice provided to them and be able to ask any questions they may have.
 The service is already well used, with interpretation already having taken place in 13 languages. Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.

Religion or Belief
 Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of Religion and Belief.

Sex
 Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of Sex.

Sexual Orientation
 Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

 No impact envisaged at this time for individuals based on the protected characteristic of Sexual Orientation.

Armed Forces Community
 Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

 For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:
[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on armed forces/veteran status.

Socio Economic Duty
 Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:
[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:
 Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.

No impact envisaged at this time for individuals based on socio economic status.

Welsh Language
 Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:
 More often than not Welsh speaking staff are available to discuss issues with patients in their first language. However, if those in charge of the patient's care are unable to speak Welsh fluently, this service can and will be called upon.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Eiddan Harries
	Title	Diversity and inclusion Manager
	Contact details	Eiddan.harries@wales.nhs.uk
	Date	02/12/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Helen Sullivan
	Title	Head of Partnerships Diversity and Inclusion
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	13/01/2025
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk

	Date	16/1/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.