

Equality & Health Impact Assessment for Health and Safety Policy – Version 5

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Health and Safety Policy – Version 5 (PHW10)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance – Estates and Health & Safety Neil Desmond, Head of Estates and Health and Safety Email: Neil.Desmond@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The Health and Safety Policy sets out how Public Health Wales will discharge its statutory duties under the Health and Safety at Work etc. Act 1974 and associated regulations to:</p> <ul style="list-style-type: none"> • Provide a safe and healthy working environment for staff, service users, visitors and contractors • Establish clear governance and accountability arrangements for health and safety • Implement effective risk management systems • Reduce occupational accidents, incidents and work-related ill health • Promote a positive safety culture based on co-operation, communication, competency and control • Ensure staff receive appropriate information, instruction, training and supervision

<p>4. Evidence and background information considered. For example</p> <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 Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • HSE Managing for Health and Safety (HSG65) • HSE Plan, Do, Check, Act (INDG275) • PHW Risk Management Policy and Procedure • PHW Workforce Profile • Incident reporting data (Datix Cymru) • Sickness absence and occupational health data • Staff engagement via Health and Safety Group and Trade Union Safety Representatives • Input from Health and Safety Managers • Internal audit findings • Good practice guidance from HSE and NHS Wales
<p>5. Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>This policy applies to:</p> <ul style="list-style-type: none"> • All Public Health Wales employees (permanent, temporary, agency, bank, honorary contracts) • Contractors and volunteers • Service users and visitors • Partner organisations working on PHW premises <p>Including staff working in:</p> <ul style="list-style-type: none"> • Offices • Laboratories

	<ul style="list-style-type: none"> • Screening services • Community and field settings • Remote and home working • Lone working environments
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Part 2- Equality and Welsh language

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Positive impact through safer working environments, reduced accident risk, improved training and supervision. Older workers benefit from improved ergonomic controls and risk management. Young workers benefit from	Mandatory induction, role-specific training, supervision and competency frameworks.	No recommendations for improvement or mitigation required

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	structured training and supervision.		
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	Positive impact through reasonable adjustments, risk assessments, safe equipment, accessible workplaces and DSE assessments.	Occupational Health referrals, workplace assessments, reasonable adjustment processes.	Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for. Examples include potential protected disability characteristics through the mental wellbeing policy and safe access/egress through normal and emergency situations in the fire safety policy and procedure. Copies of the policy can be made available in alternative formats (e.g. large print) on request.

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6.3 People of different genders: Consider men, women, people undergoing gender reassignment 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	No impact. This policy applies to all employees, service users, visitors and contractors and organisational when undertaking services for, or on behalf of PHW, irrespective of gender and supports dignity, safety and inclusion.	Inclusive facilities, flexible working arrangements, appropriate PPE.	Facilities and PPE must meet diverse needs.
6.4 People who are married or who have a civil partner.	No Impact. This policy applies irrespective of whether individuals are married, in a civil partnership or not.		No recommendations for improvement or mitigation required
6.5 Women who are expecting a baby, who	Positive impact through risk assessments,		This is covered in the Trusts Family Leave Policy and

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are on a break from work after having a baby, or who are breastfeeding.	adjustments, manual handling controls and fatigue management.		Procedure which requires managers to complete a Risk Assessment for New and Expectant Mothers
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive impact through inclusive safety culture and training.	Accessible communications, translated materials where required.	Language barriers may affect understanding of safety information.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Positive impact through inclusive working arrangements.	Flexible working, wellbeing support.	Fatigue during fasting periods.

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6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	This policy applies irrespective of sexual orientation.	Policy promotes dignity, respect and inclusion.	No recommendations for improvement or mitigation required
6.9 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	Positive impact through improved safety, reduced injury and sickness absence.	Equal access to training, reporting and support.	No recommendations for improvement or mitigation required
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people	Positive impact through safe workplaces and hybrid working.	Travel and lone working risk assessments.	Travel risks for rural staff.

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unable to access services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this policy have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		No recommendations for improvement or mitigation required
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Policy will be available bilingually and staff may communicate in Welsh.		

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Treating the Welsh language no less favourably than the English language	Welsh language standards will be met in all communications, training and engagement.		

Part 3 – Health

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

The part of the assessment identifies;

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

7. Identification of specific population groups

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

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
Older workers	Increased likelihood of musculoskeletal conditions, sensory impairment and long-term health conditions, with greater vulnerability to workplace injury and slower recovery.
Young workers and trainees (16–24)	Increased vulnerability due to limited experience, confidence and familiarity with workplace hazards and safety procedures.
Disabled people and people with long-term health conditions	May require reasonable adjustments, accessible environments and tailored risk management.
Pregnant workers and new parents	Increased vulnerability to fatigue, stress, manual handling risks and exposure to hazardous substances.
Ethnic minority staff	Potential language barriers, cultural differences, and increased risk of discrimination or exclusion affecting safety awareness and confidence to raise concerns.
Low-paid and insecure workers (agency, temporary, bank staff)	May feel less able to challenge unsafe practices or raise concerns due to job insecurity.
Lone workers	Increased exposure to risks related to violence, aggression, accidents and psychological wellbeing.
Shift workers and out-of-hours staff	Increased risk of fatigue, stress, reduced access to support services and higher accident risk.
Remote and home workers	Increased risk of musculoskeletal issues, social isolation and poor work-life boundaries.

Assessment

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

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
 2. Record any unintended consequences (negative impacts) and/or gaps identified
 3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
 4. identify and record mitigation/recommendations where appropriate
- Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<ul style="list-style-type: none"> • Supports safe working practices • Reduces risk-taking behaviour • Promotes wellbeing and fatigue management 	No unintended consequences expected	All workers	No recommendations for improvement or mitigation required
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure 	<ul style="list-style-type: none"> • Strong safety culture • Trade Union engagement • Staff empowerment 	Isolation for remote workers	Remote workers, vulnerable staff	Wellbeing check-ins, safeguarding links.

<ul style="list-style-type: none"> • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 				
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<ul style="list-style-type: none"> • Psychological safety • Stress reporting • Participation and empowerment 	Mental wellbeing not embedded in all risk tools	All staff, especially lone workers	No further recommendations for improvement or mitigation required
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<ul style="list-style-type: none"> • Safe, compliant workplaces • Estates governance • DSE and ergonomics 	<ul style="list-style-type: none"> • Travel safety not explicit • Sustainability not embedded 	All staff, especially remote and field workers	Travel and Driving Policy in place; sustainability alignment.
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time 	<ul style="list-style-type: none"> • Reduced injury and sickness absence • Improved job security 	<ul style="list-style-type: none"> • Presenteeism risk • Home working costs 	Low-paid and remote staff	Wellbeing culture, employer-funded equipment.

<ul style="list-style-type: none"> • Workplace conditions i.e. environment culture, H&S 				
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	<ul style="list-style-type: none"> • Occupational Health • Training and development • HR and wellbeing support 	<ul style="list-style-type: none"> • Digital exclusion • Shift access to training 	Older staff, shift workers	Flexible and accessible training delivery.
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<ul style="list-style-type: none"> • Workforce resilience • Prevention agenda • Public sector productivity 	<ul style="list-style-type: none"> • Environmental sustainability not embedded • Cost-of-living pressures 	Low-paid staff	Align with PHW sustainability strategy, wellbeing culture and financial wellbeing support.

Stage 3

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

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead	Timescale	Action taken by Directorate/Division
<ul style="list-style-type: none"> • The policy has a strong positive impact on workforce safety, wellbeing and equality • Vulnerable workforce groups benefit from structured risk management and training • Some opportunities exist to strengthen mental wellbeing, sustainability and digital wellbeing integration 	Look to ensure that the Health and Safety Policy is also available in alternative formats (e.g. large print) on request.	Head of Estates & H&S	Ongoing	Action to be taken as and when Required
	Look to embed mental wellbeing into risk assessment tools	Head of Estates & H&S	12 months	To review Risk assessment tools
	Look to strengthen travel and lone working guidance	Health & Safety Advisor	As per review dates	To be updated as per review dates
	Look to ensure alignment with sustainability strategy	WHO CC	12 months	
	Look to enhance wellbeing and fatigue management guidance	Director of People & OD	12 months	

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