

## Adroddiad Blynyddol Cynllun Iaith Gymraeg Bwrdd Iechyd Caerdydd a'r Fro 2017-2018

Categori	
Asesiad Effaith Polisi	<p>Cafodd 22 o polisïau wedi cael ei cymeradwyo gan y BIP rhwng Ebrill 2017 – Mawrth 2018. Roedd 100% wedi cael eu hasesu ar eu effaith ar yr iaith Gymraeg.</p> <p>Atodiad 1 yn cynnig esiampl o polisi sydd wedi ei asesu ar sail eu effaith ar yr iaith Gymraeg. Roedd y asesiad effaith</p> <p>Mae <b>Atodiad 1</b> yn enghraifft o bolisi a asesir yn seiliedig ar yr effaith ar yr iaith Gymraeg. Dangosodd yr asesiad effaith cydraddoldeb ac iechyd yr effaith ar ddefnyddwyr a oedd yn well ganddynt ddefnyddio'r Gymraeg. Fel ymateb, byddai'r polisi yn sicrhau y byddai defnyddwyr y gwasanaeth yn gallu derbyn gwasanaeth Cymraeg gan y tim awdioleg.</p>
Gwasanaethau a ddarperir gan eraill	<p>Mae 95 a 100% o gytundebau trydydd parti wedi cael eu monitro i sicrhau eu bod cydymffurfio â gofynion perthnasol y cynllun iaith Gymraeg.</p> <p>Cafwyd pryder ynglŷn â diffyg gwasanaeth Cymraeg gan Parking Eye, y rheolaeth cyfleusterau parcio dan gontract yn Ysbyty Prifysgol Llandochau. Fel ymateb, gofynnodd y cwmni eu bod yn ufuddhau ein cynllun iaith Gymraeg. Yn ogystal, bydd y contract yn cael ei adnewyddu cyn bo hir gyda gofyniad cytundebol eu bod yn darparu gwasanaeth Cymraeg.</p>
Cynllunio Gweithlu	<p>Mae BIP Caerdydd a'r Fro yn datblygu'n raddol ar brif ffrydio'r iaith Gymraeg yn y broses recriwtio. Mae'n cydnabod fod cyflwyno sgiliau iaith Gymraeg fel rhan hanfodol o recriwtio yn broses raddol. Fodd bynnag, mae dangosyddion cynnar yn dangos canlyniadau positif. Pan wnaeth Bwrdd Clinigol Arbennigol cynnwys sgiliau iaith Gymraeg penodol yn y disgrifiad swydd ar gyfer staff nyrsio Gradd 5, dangoswyd bod gan hanner yr ymgeiswyr gyda sgiliau iaith Gymraeg.</p> <p>Gweler <b>Atodiad 2</b> am ddata. Nodyn ar gyfer eleni, mae nifer y staff sydd wedi cofrestru eu sgiliau iaith Gymraeg wedi gostwng. Mae hyn oherwydd y newid sut mae data sgiliau iaith Gymraeg yn cael ei chadw o'r hen 3 lefel wahanol o sgiliau i 5 lefel fwy manwl. Bydd Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn cydweithio gyda'r Byrddau Clinigol i atgoffa staff i ailgofrestru eu lefelau sgiliau iaith trwy eu cyfrif Cofnodion Staff Cyflogaeth.</p>
Training to improve Welsh language skills	<p>Mae 43 o bobl (0.3% o'r gweithlu cyfan) wedi mynychu neu gofrestru'r cyrsiau Cymraeg sydd ar gael gan Ganolfan Genedlaethol Dysgu Cymraeg.</p>

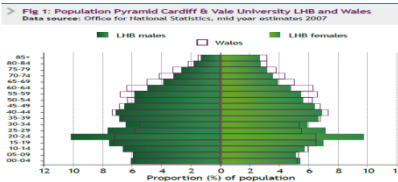
Recriwtio	<p>Hysbysebwyd un rôl yn hanfodol</p> <p>Hysbysebwyd 1805 a 100% o rolau gyda sgiliau iaith Gymraeg yn ddymunol</p> <p>Ni hysbysebwyd unrhyw swyddi lle nad oedd angen sgiliau iaith Gymraeg.</p>
Hyfforddiant Ymwyddiaeth iaith Gymraeg	<p>Mynychodd 916 a 50% o aelodau newydd o staff ymwybyddiaeth iaith Gymraeg rhwng Ebrill 2018. Cyfrifwyd y canran yn seiliedig ar gymhariaeth nifer y sesiynau ymwybyddiaeth a faint o staff gafodd eu recriwtio yn gyffredinol yn ystod y flwyddyn.</p> <p>Mae 6459 aelodau o staff (46% of total staff) wedi derbyn sesiynau ymwybyddiaeth iaith Gymraeg ers dechrau'r cyfnod sefydlu corfforaethol.</p> <p>Mae Bwrdd Clinigol Gwasanaeth Arbenigol wedi peilota integreiddio'r iaith Gymraeg yn raddol yn y prosesau recriwtio.</p> <p>Decrheuon a nhw â rhoi sgiliau Cymraeg perthnasol yn ddymunol fel rhan o fanyleb y swydd ei hun. Derbyniodd ymateb cadarnhaol. Er enghraifft, roedd gan hanner yr ymgeiswyr a oedd ar y rhestr ar gyfer cyfweiliad ar gyfer un swydd nyrsio gradd 5 gyda sgiliau iaith Cymraeg da.</p>
Wefan	<p>Mewn cymhariaeth i wefan saesneg, mae 3.6% o'r wefan ar gael yn Gymraeg.</p> <p>Mae'r sefydliad wedi canfod y dasg o gyfieithu cyfanswm o 2580 o dudalenni y wefan yn heriol iawn. Fel ffordd arall o gynyddu yr adnoddau sydd ar gael, mae'r Bwrdd wedi ffocysu ar ddatblygu a chynnal y tudalennau mwyaf poblogaidd ar y wefan.</p>
Gwasanaethau Cymraeg a ddarperir	<p>Mewn cydweithrediad â'r bartneriaeth Gymraeg leol (Menter iaith Caerdydd), mae'r Gyfarwyddiaeth Bydwreigiaeth wedi cynnal dosbarthiadau cyn-geni Cymraeg ar gyfer rhieni Cymraeg / dwyieithog sy'n disgwyl. Maent hefyd yn dosbarthu ffolder nodiadau beichiogrwydd dwyieithog, gan hyrwyddo Menter Twf. Mae Ysbytai Deintyddol wedi dosbarthu cerdyn prydlon gyda'r cyfarchion perthnasol yn Gymraeg ar gyfer eu holl weithredwyr ffôn a derbynfydd i'w helpu i groesawu defnyddwyr gwasanaeth yn ddwyieithog.</p> <p>Mae gwisgo bathodyn iaith y gwaith gan staff sydd â sgiliau iaith Gymraeg yn dod yn fwyfwy poblogaidd. Gellir gwnïo bathodyn ar wisgiau grŵpiau staff gwahanol. Mae cyfarwyddiaethau lleol hefyd wedi codi</p>

	<p>ymwybyddiaeth am y bathodynnau 'iaith gwaith' trwy fyrddau posterï a gwybodaeth.</p> <p>Nodwyd arfer da o ran gwella'r cyfleoedd i gleifion siarad Cymraeg gan gynnwys grwpio cleifion mewnol sy'n siarad Cymraeg gyda'i gilydd ar wardiau.</p> <p>Mae rhai wardiau wedi bod yn gofyn i gleifion am eu dewis iaith ac maent wedi bod yn annog aelodau staff i ddefnyddio eu Cymraeg gyda chleifion.</p> <p>Mae'r gwobrau cydnabyddiaeth staff blynyddol yn hybu a dathlu gofal Cymraeg ardderchog i ddefnyddwyr gwasanaeth.</p> <p>Mae BIP Caerdydd a'r Fro yn defnyddio dulliau amrywiol i archwilio ac asesu'r iaith Gymraeg o fewn gwasanaethau. Y'r arolwg mwyaf poblogaidd yw "Munud o'ch Amser " a roddir i gleifion eu llenwi yn ystod eu harhosiad / triniaeth. Mae'r arolwg yn cynnwys cwestiynau ar wasanaethau Cymraeg.</p>
Cwynion	Derbyniodd y sefydliad cyfanswm o 5 cwyn yn ystod 2017/2018.
Ymchwiliad Statudol	<p><b>Rheoli Cyfleusterau Parcio (Parking Eye &amp; Indigo)</b></p> <p>Cydnabu'r tîm Cyfalaf ac Ystadau nad oedd Parking Eye ac Indigo (<i>sy'n gyfrifol am reoli cyfleusterau parcio ar gyfer BIP Caerdydd a'r Fro</i>) yn ymateb yn gadarnhaol i ohebiaeth Gymraeg. Bydd proses dendro contract newydd ar gyfer y cyfleusterau rheoli parcio yn cynnwys asesu a all y contractwr ddarparu gwasanaeth Cymraeg.</p> <p><b>Taflenni dwyieithog ar frechlynnau fflw</b></p> <p>Bydd Bwrdd Clinigol Gofal Sylfaenol a Gofal Canolraddol yn gweithio gyda'u darparwyr gofal sylfaenol (a oedd yn rhedeg sesiwn y brechlynnau fflw) i sicrhau bod y sesiynau hyn yn y dyfodol yn cydymffurfio â pholisi iaith Gymraeg y BIP. Byddant yn annog yr arferion lleol i ddarparu ffurflenni a phosterï dwyieithog.</p> <p><b>Gweithredwyr Ffôn Llandochau</b></p> <p>Fel ymateb i'r diffyg argaeledd ar gyfer gwasanaeth Cymraeg, mae'r tîm gweithredol wedi bod yn ceisio recriwtio gweithredwyr ffôn â sgiliau iaith Gymraeg ond wedi ei chael hi'n anodd iawn. Fel dewis arall, maent yn gweithio ar opsiynau ar wella'r gwasanaethau Cymraeg</p>

	<p>a gynigir gan y tîm yn eu cyfeirio at siaradwyr Cymraeg mewn timau cyfagos.</p> <p><b>System Cyhoeddi Cleifion mewn meddygfa</b></p> <p>Roedd y system a ddefnyddiwyd i alw'r claf nesaf yn eiddo'n gyfan gwbl gan yr ymarfer, gan ei gwneud hi'n anodd i'r sefydliad sicrhau bod y system yn gallu dweud enwau Cymraeg eu cleifion. Fodd bynnag, mae Gofal Cychwynnol, Canolradd a Chymunedol yn gweithio gyda darparwyr gofal sylfaenol i wella lefel y gofal a gynigir gan y sector yn gyffredinol.</p>
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## Equality & Health Impact Assessment for

### *Charges for Replacement of Lost Hearing Aids Policy*

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Charges for Replacement of Lost Hearing Aids Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Surgical Services Clinical Board Wendy Rabaiotti, Director of Audiology, Ext 43011
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To amend the existing 'Charges for Replacement of Lost Hearing Aids Policy' for adult patients (2016) due to the author becoming aware of an error in the policy. A charge <i>is</i> levied at the first loss (in error, the policy states that there is <i>no</i> charge for a first loss). This formally corrects the written policy.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the</li> </ul>	<p>Cardiff &amp; Vale University Local Health Board (LHB) area is the smallest and most densely populated LHB area in Wales, primarily due to Wales' capital city: Cardiff. 72.1 and 27.9 percent of the LHB area population live within Cardiff and the more rural Vale of Glamorgan respectively</p>  <p>The figure is a population pyramid titled 'Fig 1: Population Pyramid Cardiff &amp; Vale University LHB and Wales'. The x-axis represents the 'Proportion (%) of population' ranging from 0 to 12 on both sides. The y-axis represents age groups from 0-4 to 85+. The legend indicates three categories: LHB males (dark green bars extending left), Wales (light green bars extending left), and LHB females (dark green bars extending right). The pyramid shows a relatively stable population distribution across age groups, with a slight tapering at the top. The LHB population is concentrated in the Cardiff and Vale of Glamorgan areas.</p> <p>The Adult Audiology Department has over 23,000 contacts per year.</p>

	<p>designing and development stages</p> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>Around 2,500 patients are fitted with hearing aids for the first time, and another 4,000 patients attend for a reassessment of their hearing each year, at Cardiff and the Vale UHB. Other contacts are made via drop-in repair sessions and hearing assessments.</p> <p>An 'All Wales' policy for replacing lost hearing aids was developed by the Heads of Audiology Services, with the input of Action on Hearing Loss, and was approved by Welsh Government in 2009. In light of the error identified in the policy by the Cardiff and Vale Audiology Team, this document has recently been withdrawn.</p> <p>Action on Hearing Loss have no national policy statement on charges being made for the replacement of lost hearing aids. The National Deaf Children's Society position statement on 'Audiology Service Provision in the UK' states that hearing aids '....will be replaced or repaired free of charge when lost or damaged during the course of normal family life'. In line with this policy, there is no charge made to individuals under 18 for replacement of lost hearing aids.</p> <p>The Audiology Department at Cardiff and Vale UHB have charged for replacement of lost hearing aids since 2014. Over the past three years, 873 individuals have been charged for replacement of lost hearing aids. Of these, 8 have appealed against the charge and following consideration, none had to pay. Over the past year, 3 individuals have found their hearing aids after paying for a lost aid, and the money has been refunded. All exemptions and exceptional circumstances are considered by the Head of Service. Patients are informed at the time of initial hearing aid fitting that there may be a charge for replacement of lost hearing aids. This information is also documented in the handbook given at issue, and on</p>
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<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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

		<p>posters displayed within the Department.</p> <p>As per Health Board procedure, consultation on the document ran for 4 weeks on the internet.</p> <ul style="list-style-type: none"> <li>• As part of good practice, a recent informal survey of all other Adult Audiology Services in Wales has found that all services are charging for replacement of lost hearing aids on initial loss, but the charge varies from £65-£90.</li> <li>• Stakeholders were not engaged in the EHIA, however, patient satisfaction surveys are carried out biennially and there has never been a comment on charges being made for replacement of lost hearing aids.</li> <li>• The Audiology patient forum was consulted on charges for replacement of lost hearing aids in March 2016 with the following minutes taken: 'The group were very supportive of the charges and suggested that it should be double what is being charged. It was explained that we will only charge in line with other Trusts'.</li> <li>• The Community Health Council were also provided with an opportunity to comment on the policy in March 2017. There was no opposition to the policy, and the following feedback was given '...to reinforce that every patient knows the policy very clearly when aids are issued and replaced, both orally and in writing so there is something to take home and that relatives may be aware of this as well'. Patients are always made aware of potential charge at appointments for issue and replacement of hearing aids. Patient take-home information will be reviewed to ensure that this is fully covered.</li> <li>• Feedback from Keithley Wilkinson, Julia Harper and Susan Toner was taken into account in completing this EHIA, with the views of Reg Cotter and Alun Williams also sought.</li> </ul> <p>The policy sits as part of the Strategic Equality Plan 2016-20 Fair Care</p>
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		(SEP) outcomes/objectives for accessible services and would tie into our work with patients who have a sensory loss.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All adult hearing aid users are affected by this policy

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>Under 18s – no impact (no charges made for lost aids under 18) The policy will have a positive impact on this age group</p> <p>18-65 and over 65s are eligible for being charged for loss of a hearing aid, however, exemptions are made for War Pensioners and for those with cognitive impairment, such as dementia.</p>	<p>All efforts will be made to recognise people's age and all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.</p>	



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	For persons who are in Hospital, or a Care Home, at the time of the loss, no charge will be made.		
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b></p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Although a charge will be incurred (if exemption criteria are not met), replacement hearing aids are <u>always</u> provided in a timely manner by the Department. Charging, and appeals, are dealt with outside of the Audiology Department, and a replacement hearing aid would <i>not</i> be refused if a patient was unable to pay.</p> <p>For persons with cognitive impairment or terminal illness, no charge will be made.</p> <p>For patients with significant</p>	<p>All efforts will be made to recognise people with disabilities and all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	visual impairment/who are registered Blind, no charge will be made and patients are offered two hearing aids as a matter of course.		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	There is a potential positive impact as the aim of the policy is to be able to provide consistent advice, practice and support to the users of our service regardless of their gender identity.	All efforts will be made to recognise people's gender identity with disabilities and all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.	
<p><b>6.4 People who are married or who have a civil partner.</b></p>	There is a potential positive impact as the aim of the policy		

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	is to be able to provide consistent advice, practice and support to the users of our service regardless of their married or civil partner status.		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There appears to be no specific impact.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	There is a potential positive impact, as staff will always ask if an Interpreter is required, and appointment letters request patients to contact the service for an Interpreter to be arranged, if required. With the patient's permission, a record is made of the need for an Interpreter and one is	All efforts will be made to recognise people's race with all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	automatically arranged for subsequent appointments. Language Line is used if an Interpreter is needed, but has not been booked.	relatives and carers and giving relevant information at the right time and in the right way.	
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	There is a potential positive impact as the aim of the policy is to be able to provide consistent their religious belief.	All efforts will be made to recognise people's beliefs with all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or</li> </ul>	There appears to be no specific impact.		

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gay); • both sexes (bisexual)			
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	A number of the Audiology Team are Welsh Speakers and we are able to ensure that patients are seen by Welsh Speakers if this is their preference.		
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	All patients will be fitted with replacement hearing aids and have the right to appeal, against the charge. These are considered by the Head of Service initially, and an appeals panel will be set-up to hear the case if it is felt appropriate to consider pursuing charging.	All efforts will be made to recognise people's race with all steps taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and	

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		giving relevant information at the right time and in the right way.	
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Patients who feel that they are unable to pay the charge are automatically fitted with replacement device(s) but can appeal against the charge.	All efforts will be made to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.	
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	Where hearing aids are lost as a result of loss in a house fire, or theft/mugging, no charge will be made.	All efforts will be made to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication	

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		needs of relatives and carers and giving relevant information at the right time and in the right way.	

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	Patients who feel that they are unable to pay the charge are automatically fitted with replacement device(s) but can appeal against the charge.	All patients will automatically receive a replacement hearing aid irrespective of their ability to be able to pay.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>As a policy, there will be no impact.</p> <p>All patients will automatically receive a replacement hearing aid and will therefore, be able to continue to communicate with health professionals about their lifestyle (giving up smoking, being more active, changing diet, taking medication appropriately etc).</p>	<p>All patients will automatically receive a replacement hearing aid irrespective of their ability to be able to pay.</p>	
<p><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid</p>	<p>Exemption criteria exist, and an appeals policy is in place.</p>	<p>All patients will automatically receive a replacement hearing aid irrespective of their ability to be able to pay</p>	



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employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales			
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces  Well-being Goal – A resilient Wales	As a policy, there will be no impact.		
<b>7.5 People in terms of social and community influences</b>	As a policy, there will be no	All patients will automatically	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>impact.</p>	<p>receive a replacement hearing aid irrespective of their ability to be able to pay and this will prevent social isolation which could arise if the hearing aid was not replaced.</p>	
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>As a policy, there will be no impact.</p>		

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

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<p>By being made aware of the possibility of a charge, if a hearing aid should be lost, the patient will be more aware of the value of the device and may take better care of it. This policy confirms that patients will be charged following first loss of a hearing aid.</p> <p>A significant number of lost hearing aids are reported to the Audiology Department, and these aids are replaced from the Hearing Aid budget. The costs of replacements then potentially impact on the number of new patients who can be fitted with hearing aids during the course of the year. The charge for replacement of hearing aids means that some of the additional outgoings will be recouped, enabling other patients to be fitted with hearing aids.</p> <p>In collaboration with the Audiology Heads of Service in Wales, a range of exemption criteria have been set to minimise the impact of the charge in cases felt to be particularly vulnerable, and an appeals process exists for those who do not meet exemption criteria.</p> <p>In all cases, a replacement hearing aid(s) will be provided, irrespective of whether or not the patient is willing/able to pay.</p>
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## Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	All efforts will be made to minimise any negative impact on any individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers and giving relevant information at the right time and in the right way.			
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal:               <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>As there appears to be no significant impact and mitigation has been allowed for, it would be expected that the policy will go ahead but will be discussed at the QSE meeting in June, where it will hopefully be approved.</p> <p>Once the policy has been approved the documentation will be placed on the intranet and internet.</p> <p>The EHIA and Policy will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.</p>			

Nifer a chanran gweithwyr y sefydliad: - y mae eu sgiliau iaith Gymraeg wedi'u hasgildio)

Number and percentage of the organisation's employees:

- whose Welsh language skills have been assessed;
- that has Welsh language skills (per skill level).

**All staff / Holl Staff: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	4332
1 - Entry/ Mynediad	682
2 - Foundation / Sylfaen	143
3 - Intermediate / Canolradd	77
4 - Higher / Uwch	104
5 - Proficiency / Hyfedredd	195
Not Assessed	9297
<b>Grand Total / Cyfanswm</b>	<b>14830</b>

Nifer a chanran o weithwyr yn gweithio sydd yn gweithio mewn gwasanaethau ar ymroddion eu hasesu.

Number and percentage of employees working in the following priority group services

Nifer a chanran y gweithwyr sy'n gweithio yn y gwasanaethau grŵp blaenoriaeth uchod sydd â sgiliau iaith Gymraeg.

Number and percentage of employees working in the following priority group services who have Welsh Language skills

**Paediatreg/Paediatrics: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	282
1 - Entry/ Mynediad	65
2 - Foundation / Sylfaen	9
3 - Intermediate / Canolradd	3
4 - Higher / Uwch	10
5 - Proficiency / Hyfedredd	19
Not Assessed / Dim asesiad	673
<b>Grand Total / Cyfanswm</b>	<b>1061</b>

**Nyrsio Ysgol/ School Nursing: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	17
1 - Entry/ Mynediad	3
2 - Foundation / Sylfaen	

3 - Intermediate / Canolradd	
4 - Higher / Uwch	
5 - Proficiency / Hyfedredd	1
Not Assessed / Dim asesiad	21
<b>Grand Total / Cyfanswm</b>	<b>42</b>

**Ymwelwyr Iechyd/ Health Visiting: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	31
1 - Entry/ Mynediad	5
2 - Foundation / Sylfaen	1
3 - Intermediate / Canolradd	2
4 - Higher / Uwch	3
5 - Proficiency / Hyfedredd	5
Not Assessed / Dim asesiad	133
<b>Grand Total / Cyfanswm</b>	<b>180</b>

**Meddygaeth Gofal Henoed / Elderly Care Medicine: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	25
1 - Entry/ Mynediad	4
2 - Foundation / Sylfaen	
3 - Intermediate / Canolradd	
4 - Higher / Uwch	
5 - Proficiency / Hyfedredd	1
Not Assessed / Dim asesiad	55
<b>Grand Total / Cyfanswm</b>	<b>85</b>

**Gwasanaethau Iechyd Meddwl - Plant a Phobl Ifanc: - /Mental Health Services -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	4332
1 - Entry/ Mynediad	682
2 - Foundation / Sylfaen	143
3 - Intermediate / Canolradd	77
4 - Higher / Uwch	104
5 - Proficiency / Hyfedredd	195
Not Assessed / Dim asesiad	9297
<b>Grand Total / Cyfanswm</b>	<b>14830</b>

**Gwasanaethau Iechyd Meddwl Oedolion/ Mental Health Services - Adult: -**

Welsh Speaking Level / Lefel Siarad Cymraeg	Niferoedd / Headcount
0 - No Skills / Dim Sgiliau	225

1 - Entry/ Mynediad	46
2 - Foundation / Sylfaen	10
3 - Intermediate / Canolradd	
4 - Higher / Uwch	6
5 - Proficiency / Hyfedredd	2
Not Assessed / Dim asesiad	485
<b>Grand Total / Cyfanswm</b>	<b>774</b>

**Gwasanaethau Iechyd Meddwl Cymuned/ Mental Health Services - Community**

<b>Welsh Speaking Level / Lefel Siarad Cymraeg</b>	<b>Niferoedd / Headcount</b>
0 - No Skills / Dim Sgiliau	22
1 - Entry/ Mynediad	2
2 - Foundation / Sylfaen	1
3 - Intermediate / Canolradd	
4 - Higher / Uwch	
5 - Proficiency / Hyfedredd	1
Not Assessed / Dim asesiad	40
<b>Grand Total / Cyfanswm</b>	<b>66</b>

**Gwasanaethau Iechyd Meddwl - Bob Hyn / Mental Health Services - Older Peop**

<b>Welsh Speaking Level / Lefel Siarad Cymraeg</b>	<b>Niferoedd / Headcount</b>
0 - No Skills / Dim Sgiliau	115
1 - Entry/ Mynediad	23
2 - Foundation / Sylfaen	2
3 - Intermediate / Canolradd	2
4 - Higher / Uwch	2
5 - Proficiency / Hyfedredd	7
Not Assessed / Dim asesiad	254
<b>Grand Total / Cyfanswm</b>	<b>405</b>

**Gwasanaethau Iechyd Meddwl Anableddau/ Mental Health Services - Learning**

<b>Welsh Speaking Level / Lefel Siarad Cymraeg</b>	<b>Niferoedd / Headcount</b>
0 - No Skills / Dim Sgiliau	1
1 - Entry/ Mynediad	
2 - Foundation / Sylfaen	
3 - Intermediate / Canolradd	
4 - Higher / Uwch	
5 - Proficiency / Hyfedredd	
Not Assessed / Dim asesiad	1
<b>Grand Total / Cyfanswm</b>	<b>2</b>

**Therapi Iaith a Llefaru / Speech and Language Therapy: -**

<b>Welsh Speaking Level / Lefel Siarad Cymraeg</b>	<b>Niferoedd / Headcount</b>
0 - No Skills / Dim Sgiliau	26
1 - Entry/ Mynediad	13
2 - Foundation / Sylfaen	3



3 - Intermediate / Canolradd	2
4 - Higher / Uwch	2
5 - Proficiency / Hyfedredd	1
Not Assessed / Dim asesiad	46
<b>Grand Total / Cyfanswm</b>	<b>93</b>

sesu; - mae ganddo sgiliau iaith Gymraeg (fesul lefel

Canran / Percentage
29.21%
4.60%
0.96%
0.52%
0.70%
1.31%
62.69%
<b>100.00%</b>

gyfer grwpiau gyda blaenoriaeth, sydd a'u sgiliau wedi

vices, whose language skills have been assessed.

canlynol, gan weithio yn y gwasanaethau grŵp

vices, working in the above priority group services that

Canran / Percentage
26.58%
6.13%
0.85%
0.28%
0.94%
1.79%
63.43%
<b>100.00%</b>

Canran / Percentage
40.48%
7.14%

2.38%
50.00%
<b>100.00%</b>

<b>Canran / Percentage</b>
17.22%
2.78%
0.56%
1.11%
1.67%
2.78%
73.89%
<b>100.00%</b>

<b>Canran / Percentage</b>
29.41%
4.71%

1.18%
64.71%
<b>100.00%</b>

**Child and Adolescent: -**

<b>Canran / Percentage</b>
29.21%
4.60%
0.96%
0.52%
0.70%
1.31%
62.69%
<b>100.00%</b>

<b>Canran / Percentage</b>
29.07%

5.94%

1.29%

0.78%

0.26%

62.66%

**100.00%**

: -

**Canran / Percentage**

33.33%

3.03%

1.52%

1.52%

60.61%

**100.00%**

le: -

**Canran / Percentage**

28.40%

5.68%

0.49%

0.49%

0.49%

1.73%

62.72%

**100.00%**

Disabilities: -

**Canran / Percentage**

50.00%

50.00%

**100.00%**

**Canran / Percentage**

27.96%

13.98%

3.23%

2.15%

2.15%

1.08%

49.46%

**100.00%**