NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA) template

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

1. Name of the proposal (policy, proposition, programme, proposal or initiative)[1]: EHIA for NHS Chaplaincy Guidelines 2022

2. Brief summary of the proposal in a few sentences

NHS organisations are expected to provide pastoral, spiritual and religious (PSR) care and support (chaplaincy services) to meet the needs of patients, their families and carers, and NHS staff.

In doing so, NHS organisations must comply with the Public Sector Equality Duty in the same way as when providing any service.

NHS England has previously published comprehensive guidance on the provision of chaplaincy services to support NHS organisations in England to recognise and deliver high quality PSR care and support for the benefit of patients and service users, whatever their religion or belief. This guidance is contained in the NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual and Religious Care. NHS England now intends to update these guidelines to promote good, person-centered chaplaincy services and support organisations to comply with the Public Sector Equality Duty when providing services through the establishment and operation of chaplaincy services which are available to all, without discrimination and irrespective of religion or belief.

The **Long Term plan** drives the requirement that people will be given more control over their own health, and more personalised care when they need it. This is never more needed when it comes to adequate chaplaincy support no matter an individual's religion or belief. The previously published guidelines were reviewed in 2019 and it was concluded that they did not adequately cover the provision of chaplaincy services to those from minority faith backgrounds or to those with no religion or belief.

[1] Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

The **NHS People Plan** places great focus on supporting the health and wellbeing of the NHS workforce and NHS volunteers as the Covid-19 pandemic continues and we look to recover. Chaplains have proven to be an important part of the NHS workforce, by not only providing patient support but support for families, carers and NHS staff.

The new guidelines make clear that the expectation is that NHS organisations provide chaplaincy services which are available to all, irrespective of religion or belief, and provided in such a way that they are non-discriminatory.

NHS England formed a Steering Group with an independent Chair in the Autumn of 2021to steer the development of the NHS Chaplaincy Guidelines 2022 and ensure that engagement with different groups with an interest in chaplaincy was undertaken as part of the process. The Steering Group included representatives from chaplaincy networks, organisations with an interest (such as CQC, NHS Employers and Health Education England) and those responsible for managing chaplaincy services in their NHS organisations. Two patient partner representatives were also part of the Steering Group.

The project team at NHS England completed an Equality and Health Inequalities Impact Assessment template for the chaplaincy guidelines re-write process, and then have completed this one based on the updated Chaplaincy Guidelines themselves.

The first draft of the guidelines was sent out to those on the Steering Group and others who may wish to comment. All responses to the engagement opportunity were considered in the next re-write. Further input was sought on specific areas that needed further work.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is used to be inclusive of all religions and beliefs, including non-beliefs.	We recognise that Chaplaincy is a service that should be available for all, without discrimination and irrespective of religion or belief (including non-belief). Throughout the Chaplaincy guidelines document, we set out guidance on how to establish and manage a chaplaincy service which is available and accessible to all. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. The guidelines contain sections on raising awareness and understanding of the service, taking into account the different needs of the individuals to whom the services may be provided. For example, providing information in different languages or formats. The guidelines also contain sections on the provision of chaplaincy facilities, taking into account that the services and facilities should be accessible to all. There are sections in the guidelines providing guidance on the provision of chaplaincy services in various settings, such as end of life care,

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		mental health services, and paediatric settings, so that guidance is provided on how chaplaincy services can be accessible to those receiving care in those settings and their patients and carers and to NHS staff working in those settings. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs.	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. The guidelines also specifically outline that special consideration should be given to the provision of information about chaplaincy in different languages/formats and easy-read or

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		pictorial information for people with a learning disability. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Gender Reassignment and/or people who identify as Transgender	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs. Through our engagement on the Chaplaincy guidelines we are aware that this is a group that can potentially have adverse experiences of chaplaincy services, and therefore we have included the recommendation that all chaplains sign up to the UK Board of Healthcare Chaplains (UKBHC) Code of Conduct for Chaplains. This	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	includes treating those within your care 'with equal respect and dignity[2]'.	
Marriage & Civil Partnership: people married or in a civil partnership.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs.	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles

[2] Microsoft Word - UKBHC Code of Conduct 2010 Revised 2014.docx

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs.	should be followed to establish an accessible chaplaincy service. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Race and ethnicity[3]	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs.	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. The guidelines also specifically outline that special consideration should be given to the provision of information about chaplaincy in different languages/formats and easy-read or

[3] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		pictorial information for people with a learning disability. We also recommend reviews by those managing the Chaplaincy service and the Board Champion to regularly assess the accessibility of the service and who is using it. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Religion and belief: people with different religions/faiths or beliefs, or none.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs. We specify in the guidelines that where reference is made to 'all religions and beliefs', this encompasses non-religious beliefs and the absence of a belief.	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. The terms 'chaplaincy' and 'chaplain' are used in the guidelines to reflect the profession, which is known as Healthcare Chaplaincy, and the existing main healthcare chaplaincy bodies in England, which are listed in Appendix 2 of the guidelines. The term 'chaplaincy' is used to refer to the pastoral, spiritual and/or religious care and

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		support that the NHS is expected to offer to all its users. For some, this has the connotation of the Christian tradition on which it was at one time based: however, the guidelines make clear that by using the term 'chaplaincy', it is intended to encompass care and support available to individuals of all religions and beliefs, including those who hold non-religious beliefs or have no specific beliefs. The guidelines state that NHS organisations should use the terminology that they feel will best be understood in their local contexts, provided that due consideration is given to inclusivity and equality. The guidelines state that chaplains should not be expected to perform rituals or ceremonies from traditions which are not their own or to give advice counter to their own beliefs. However, they make clear that chaplaincy services should be managed and run in such a way so as to ensure that the service can be offered and provided to all, irrespective of individual chaplains' religions or beliefs. We also recommend reviews by those managing the Chaplaincy service and the Board Champion

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		to regularly assess the accessibility of the service and who is using it. This includes those with different faith and belief backgrounds, the service should be accessible to all those with faith/belief and none. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Sex: men; women	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs.	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles should be followed to establish an accessible chaplaincy service. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	The Chaplaincy guidelines 2022 set out in the introduction that chaplaincy care is recognised as relevant for everyone – without discrimination on grounds of age, disability, race, sex, sexual	We recognise that Chaplaincy is a service that should be available for all, without any discrimination. Throughout the Chaplaincy guidelines document, we set out what principles

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	orientation, gender identity, or any other protected characteristic – and the term (chaplaincy) is understood to be inclusive of all faiths and beliefs. Through our engagement on the Chaplaincy guidelines we are aware that this is a group that can potentially have adverse experiences of chaplaincy services, and therefore we have included the recommendation that all chaplains sign up to the UK Board of Healthcare Chaplains (UKBHC) Code of Conduct for Chaplains. This includes treating those within your care 'with equal respect and dignity[4]'.	should be followed to establish an accessible chaplaincy service. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices.

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

[4] Microsoft Word - UKBHC Code of Conduct 2010 Revised 2014.docx

Groups who face health inequalities[5]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment.
Carers of patients: unpaid, family members.	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all. We have specifically mentioned Carers of patients in the guidelines as a specific group who may benefit from talking to someone in the chaplaincy service.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruiting.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The chaplaincy guidelines 2022 sets out that Chaplaincy services should be available for all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in

[5] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[5]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding advertising, recruiting etc.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment.
People with addictions and/or substance misuse issues	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be

Groups who face health inequalities[5]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		used to inform decisions going forward regarding access, experience, advertising and recruitment.
People or families on a low income	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. The guidelines specifically outline that special consideration should be given to the provision of information about chaplaincy in different languages/formats and easy-read or pictorial information for people with poor literacy or a learning disability.

Groups who face health inequalities[5]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment.
People living in deprived areas	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that equality monitoring of recruitment data of chaplaincy workforce is also collated and reviewed as usual HR and recruitment practices. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, outcomes, advertising and recruitment.
People living in remote, rural and island locations	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in

Groups who face health inequalities[5]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment.
Refugees, asylum seekers or those experiencing modern slavery	The chaplaincy guidelines 2022 make clear that Chaplaincy services should be available to all.	The guidelines make clear that chaplaincy services should be available to all. It is the responsibility of the local provider to ensure that information about the service is communicated in the right way, at the right time and in the right place to those who may benefit. We also recommend that data is kept about who is using the service and how, and that this be used to inform decisions going forward regarding access, experience, advertising and recruitment.
Other groups experiencing health inequalities (please describe)		

5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X	No	Do Not Know

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

<table>
<tr><th colspan="2">Name of engagement and consultative activities undertaken</th><th>Summary note of the engagement or consultative activity undertaken</th><th>Month/Year</th></tr>
<tr><td>1</td><td>Individual engagement conducted by an external provider</td><td>The provider appointed through commercial processes engaged with several individuals and organisations to generate the first draft of the guidelines. This engagement ranged from guided interviews, to case studies and e-mail correspondence to shape the guidance on establishing and providing chaplaincy services available to all.

Participants included:

• Neil Cockling – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
• Prof Wilf McSherry and Prof Linda Ross – Staffordshire University, University of South Wales
• Mark Burleigh – Network for Pastoral Spiritual and Religious Care in Health

As well as individual conversations with those on the Steering Group:

<table>
<tr><th><u>Representation</u></th><th><u>Name</u></th><th><u>Organisation</u></th></tr>
<tr><td>CHAIR of the Chaplaincy Guidelines Steering Group</td><td>Mark Cobb</td><td>Sheffield Teaching Hospitals NHS</td></tr>
</table>
</td><td>January – March 2022</td></tr>
</table>

				Foundation Trust		
		Patient representative	Sheba Joseph	N/A		
		Patient representative	Gideon Schulman	N/A		
		Heads of Patient Experience Network	Lesley Goodburn	NHS England		
		Nursing Director/someone at Trust level with the responsibility of overseeing Chaplaincy services	Richard Chester	Royal Free London NHS Foundation Trust		
		Lead for Patient & Carer Experience	Sharon Manhi	Royal United Hospitals Bath NHS Foundation Trust		
		NHS Employers	Mohamed Jogi	NHS Employers		
		Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health	Mark Newitt	Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health		

		Chaplain	Neil Cockling	Cumbria, Northumberland and Wear NHS Foundation Trust		
		Chaplain	Ricarda Witcombe	South Warwickshire NHS Foundation Trust		
		Chaplain	Mary Porter	East and North Herts NHS Trust		
		Chaplain	Osman Sheikh	Kettering General Hospital and George Eliott Hospital		
		Chaplain	Rabbi Harrie Cedar	Guy's & St Thomas' NHS Foundation Trust		
		Chaplain	Abdullah Shahjan	Manchester University NHS Foundation Trust		
		Clinical and End of life policy	Sherree Fagge	NHS England		

		Health Education England	Oli Coulbourne-Laight	Health Education England	
		National Chaplaincy Body	Rev Simon Betteridge	UKBHC	
		National Chaplaincy Body	Simon Harrison	CHCC	
		National Chaplaincy Body	David Savage	NRPSN	
		National Chaplaincy Body	Clare Elcombe Webber	NETWORK	
		National Chaplaincy Body	Keith Morrison	AHPCC	
		CQC	Fiona Collier	CQC	
		NHS E project staff (Secretariat)	Felicity Smith	NHS England	
			Emma Valentine	NHS England	
		The Steering group which was established for this purpose met monthly – giving advice on the development of the guidelines.			
2	Engagement on first draft of the guidelines	The first draft of the chaplaincy guidelines was circulated to the Steering Group and other relevant contacts involved in Chaplaincy with a survey asking for feedback. The main amendments that were made to the draft guidelines because of this engagement were:			March/April 2022

		- Language used throughout the document - Reference to chaplaincy networks and the support they provide - Specialist sections - Collecting examples of how NHS organisations are providing chaplaincy services We received 40 responses to this engagement exercise, ranging from responses to the survey and letters from networks/groups. Below are some who replied: CHCC Network for Pastoral Spiritual and Religious Care in Health University Hospitals Dorset NHS Foundation Trust Eastbourne District General Hospital University Hospitals of Derby and Burton NHS Foundation trust Hampshire Hospitals NHS Foundation Trust North Middlesex University Hospital NHS Trust & Oxford University Hospitals NHS Foundation Trust North West Ambulance Service NHS Trust Sue Ryder Care Black Country Healthcare NHS Foundation Trust Royal Free London Northumbria Healthcare NHS Foundation Trust Sheffield Teaching Hospitals NHS Foundation Trust Kings College Hospital, NHS Foundation Trust Hertfordshire Partnership University NHS Foundation Trust Patient representative Wrightington, Wigan & Leigh Teaching Hospitals NHS FT Free Churches Group Methodist Homes (MHA)	

		Greater Manchester Healthcare Chaplaincy Collaborative South London and Maudsley NHS Foundation Trust & Chair of the Professional Advisors Committee University Hospitals Coventry and Warwickshire NHS Trust Baptist Union of Great Britain Kingston Hospital NHS Foundation Trust Nottingham University Hospitals NHS Trust University of South Wales & Staffordshire University Association of Hospice and Palliative Care Chaplains (AHPCC) UK Board for Healthcare Chaplains (UKBHC) Non-Religious Pastoral Support Network	
3	Engagement on second draft of the guidelines	The second draft (drafted taking into consideration the earlier feedback) was sent to NHS Employers, Health Education England and Care Quality Commission for feedback. Feedback focused around the role of Volunteers in Chaplaincy.	June 2022

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	Inclusion and Equality in NHS Chaplaincy Services Report (network-health.org.uk) C Swift. Hospital Chaplaincy in the Twenty-first Century. C Swift, M Cobb, A Todd. A Handbook of Chaplaincy Studies. D Savage. Non-Religious Pastoral Care. J. Bryant, The Integration of Minority Faith, Groups in Acute Healthcare Chaplaincy	Gap in demonstrating examples of how to offer PSR services to all.

Evidence Type	Key sources of available evidence	Key gaps in evidence
Consultation and involvement findings	NHS Employers review (available on sharepoint)	Challenges in recruiting people to deliver PSR/Chaplaincy services Gaps in knowledge of provision made for smaller/minority faiths in PSR care.
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team	The process of writing and engaging on the NHS Chaplaincy Guidelines 2022 was shaped considerably by Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health. However, throughout the process we relied on the expert knowledge of those on our Steering Group which was established in Autumn of 2021.	

7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

8. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	
The proposal may support?		X
Uncertain if the proposal will support?		

9. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

10. Summary assessment of this EHIA findings

This assessment should summarise whether the findings are that this proposal will or will not make a contribution to advancing equality of opportunity and/or reducing health inequalities, if no impact is identified please summarise why below.

The 2022 guidelines should make a contribution to advancing equality of opportunity and/or reducing inequalities. However, as they are simply guidelines for NHS organisations, it will be a matter for individual NHS organisations to determine how their chaplaincy services are operated so as to take account of the guidelines and achieve these objectives.

11. Contact details re this EHIA

Team/Unit name:	Voluntary Partnerships Team
Division name:	Experience, Participation and Equalities
Directorate name:	Nursing
Date EHIA agreed:	
Date EHIA published if appropriate:	

Internal decision-making not for external circulation

12. Do you or your team need any key assistance to finalise this EHIA? Please delete the incorrect responses. If you require assistance please submit this EHIA and the associated proposal to EHIU (england.eandhi@nhs.net).

Yes:	**No:**	**Uncertain:**

13. Assistance sought re the completion of this EHIA:

If you do need assistance to complete this EHIA, please summarise the assistance required below.

14. Responsibility for EHIA and decision-making

Contact officer name and post title:	
Contact officer e: mail address:	
Contact officer mobile number:	

Team/Unit name:	Division name:	Directorate name:
Name of senior manager/ responsible Director:	Post title:	E-mail address:

15. Considered by NHS England or NHS Improvement Panel, Board or Committee[6]

Yes:	No:	Name of the Panel, Board or Committee:	
Name of the proposal (policy, proposition, programme, proposal or initiative):			
Decision of the Panel, Board or Committee	Rejected proposal	Approved proposal unamended	Approved proposal with amendments in relation to equality and/or health inequalities

Proposal gave due regard to the requirements of the PSED?	Yes:	No:	N/A:
Summary comments:			
Proposal gave regard to reducing health inequalities?	Yes:	No:	N/A:
Summary comments:			

16. Key dates

Date draft EHIA completed:	
Date draft EHIA circulated to EHIU:[7]	

[6] Only complete if the proposal is to be considered by a Panel, Board or Committee. If it will not be considered by a Panel, Board or Committee please respond N/A.

[7] If the team producing the proposal has important unresolved issues or questions in relation to equality or health inequalities issues, the advice of the EHIU should be sought. A draft EHIA must also be completed, and attached to the proposal, if the proposal is to be considered through NHS England and NHS Improvement's Gateway process.

Date draft EHIA cleared by EHIU: [8]	
Date final EHIA produced:	
Date signed off by Senior Manager/Director:[9]	
Date considered by Panel, Board or Committee:	
Date EHIA published, if applicable:	
EHIA review date if applicable [10]:	

[8] If the EHIU raises concerns about the proposal, the EHIA should state how these concerns have been addressed in the final proposal.
[9] The Senior Manager or Director responsible for signing off the proposal is also responsible for signing off the EHIA.
[10] This will normally be the review date for the proposal unless a decision has been made to have an earlier review date.