<u> Appendix One – Review Criteria Matrix</u>

	Criteria	Grading: Good(G) Requires Strengthening (S) Inadequate (I)	Comments What's missing? Are there any weaknesses? What's helpful? What's completed well?
1	Section 1: Information about the project, policy, pla	n or proposal	
1.1	 There is a clear description of the project or plan being assessed including: Aims and objectives Organisational relationships (e.g. who "owns" the project? are there any key partnerships?) Where is the funding coming from for the project and the HIA The context in which the project or plan 'sits' (e.g. geographic, population, the physical location) Timeframes (see Explanatory Note) Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts) (see Explanatory Note) The national and/or local policy context 		

2	Section 2: Methodology: Is it an HIA? Has it followed a re	cognised HIA methodology?
2.1	 There is a clear explanation of the HIA methodology used including: Screening Scoping - any geographical, population or other limits, and how and why these were agreed. Assessment/appraisal Recommendations and reporting See Explanatory Note 	
2.2	The HIA is planned and timed to inform the relevant	
2.3	decision making/project management processesThe aims and objectives for the HIA are clear and relevant.See Explanatory Note	
2.4	The HIA has been framed around a definition of health and wellbeing that is holistic (physical and mental) and includes the social (wider) determinants of health	
2.5	The assessment tools/frameworks/checklists used are included in the report and they include physical, mental, and social health and wellbeing along with the wider determinants of health.	
2.6	The screening and scoping process identifies the people and vulnerable groups who may be impacted on by the proposal and how they will be engaged in the HIA process	

2.7	The report identifies all the stakeholder groups who are		
	relevant to making an assessment of health impact for this		
	project and how they were to be engaged in the HIA		
	See Explanatory Note		
2.8	There is a clear explanation of the roles and responsibilities		
	in the HIA and the organisations they represent.		
	See Explanatory Note		
3	Section 3: Evidence: Is the evidence used to identify	and assess impacts robust	?
3.1	The HIA report includes the key types of evidence required.		
	1. Community /population health and socioeconomic		
	data profile		
	2. Literature/evidence review		
	3. Stakeholder opinion and experience		
	4. Technical data (if relevant)i.e. air quality statistics or		
	health outcome projections		

3.2	 Community /population health profile (quantitative and qualitative). This should provide sufficient information on the physical and mental health and wellbeing and social determinants of health for the affected populations and any vulnerable groups identified in order to assess possible impacts. The profile should contain indicators of physical and mental health and wellbeing relevant to the project under assessment. There should be a narrative which interprets the data collected in the context of the HIA. A list of tables and data is not sufficient. 	
	See Explanatory Note	
3.3	 Literature/evidence review. The search strategy is clear The methodology and sources used are relevant to the project and scale of the HIA. The quality and depth of evidence is sufficient to inform the assessment of likely impacts There is some critical assessment of the literature used 	
	See Explanatory Note	

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3.4	Stakeholder knowledge and experience (qualitative).		
	• The methods of engagement were appropriate and		
	their effectiveness evaluated.		
	• The range of stakeholders and how many people		
	from different groups were engaged is recorded.		
	See Explanatory Note		
3.5	Technical data		
	The HIA uses robust data sources on air quality, noise,		
	transport or from other key environmental, economical or		
	technical disciplines where relevant to the proposal and		
	possible impacts.		
3.6	Any limitations of the evidence collected are highlighted and		
	a rationale provided.		
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4	Section 4: Appraisal, Assessment and the identificat	ion of impacts	
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4.1	Any positive impacts or opportunities to maximise health		
	and wellbeing outcomes are identified and how they were		
	identified is presented clearly.		
	See Explanatory Note		
4.2	Any negative impacts, gaps or unintended consequences		
	are identified and how they were identified is presented		
	clearly.		
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	See Explanatory Note		
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4.3	There is a balanced approach to the understanding and reporting of impacts i.e. no under-reporting of negative impacts or overstating of positive impacts	
	See Explanatory Note	
4.4	Possible cumulative impacts of related policies or projects in the vicinity are considered.	
	See Explanatory Note	
4.5	All sources of evidence are triangulated and used to inform the assessment and identifications of impacts.	
	See Explanatory Note	
4.6	It is made clear how each impact identified is supported by the evidence gathered. The strength and sources of evidence for each impact is clearly communicated.	
	See Explanatory Note	
4.7	It is clear who will be impacted and any potential inequalities in the distribution of impacts are identified.	
	See Explanatory Note	
4.8	The degree of likelihood and severity of specific impacts is distinguished	
	See Explanatory Note	

4.9	Has the scope of the HIA been fulfilled?	
	See Explanatory Note	
4.10	A summary of the appraisal/assessment is provided.	
5	Section 5: Recommendations, Conclusions and Moni	toring
5.1	There is a clear link between the evidence gathered, assessment and recommendations.	
5.2	There should be an explanation of how the findings will be used to inform the decision making processes within the project/ programme.	
5.3	 Recommendations should: Be specific, measurable, appropriate, realistic and time bound Be clearly linked to the impacts identified Prevent or mitigate potential negative impacts or unintended consequences. Maximise the benefits and opportunities of positive impacts. Be clear on who is expected to take action 	

5.4	If recommendations are prioritised the rationale for this	
	should be clearly stated	
5.5	Best practice: a process is in place for monitoring the	
	implementation of recommendations and indicators have	
	been identified to monitor key health and wellbeing impacts	
5.6	Plans for dissemination of the report and communication of	
	findings are specified.	
5.7	The intended audience for the report is clear and the language, information and tone of the report are suitable for this audience.	
5.8	The structure of the report is clear and there are relevant and logical sections.	
	See Explanatory Note	
5.9	All appendices or additional documents containing data, evidence, records and details of methodology are signposted /cross referenced and easy to locate and access.	
5.10	All sources are clearly and accurately referenced.	
5.11	Any technical terms used in the HIA are explained in the document or a glossary.	

5.12	Best practice: An executive summary or non technical summary is provided summarising the key messages , recommendations and the supporting evidence See Explanatory Note Additional criteria for capital/ construction/development type projects: Is there a proposed plan for monitoring the implementation of the recommendations and a clear line of accountability for reporting ongoing outcomes? This could include: • Identifying indicators for the ongoing measurement of health and wellbeing impacts. i.e emissions and noise levels • A Health Management Plan	
6	Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and values of HIA?	
6.1	Equity – A focus on contributing to achieving equity and reducing inequalities is considered throughout the HIA See Explanatory Note	

6.2	Transverse 0 areas. The accompany of the UIA is also	
6.2	Transparent & open – The governance of the HIA is clear	
	and appropriate to ensure that the HIA was carried out in an	
	effective and balanced way.	
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	See Explanatory Note	
6.3	Democratic – This emphasises the rights of people to	
	participate in major decisions that affect their lives.	
	The stakeholders engaged reflect the diversity of all those	
	who are likely to be affected by the proposal, involved in the	
	development of the proposal or involved in the	
	implementation of the proposal.	
	See Explanatory Note	
6.4	Sustainable – The HIA set out to maximise health and	
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	wellbeing benefits/impacts and minimise unintended	
	consequences by considering both short and long-term	
	impacts	
	See Explanatory Note	
6.5	Participatory - The HIA used appropriate, effective and	
	accessible methods of engagement for the stakeholders	
	who were relevant for this assessment.	
	See Explanatory Note	

Review Summary of the HIA:

Reviewed by:

Date assessed: