

Evidencing Due Regard - Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Health Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant. See the Equality Betsi net pages for support.

Step 1 Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to BCUHB Values and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

[Guidance]

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

[Guidance]

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

Part A – Information on assessment work required

Section 1 – General information

Title: Sexual misconduct Policy (Draft at 4/2/2025)
Assessment Lead: Jen Dowell-Mulloy
Who has been involved in undertaking this equality assessment: <i>Jen Dowell-Mulloy (EqIA author), Nick Such, (policy author)</i>

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	What is being assessed? please tick the one which applies ✓	EQIA Required [Part B]	SEIA Required [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions		✓	✓
Health Board Wide Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)		✓	✓
Business Case/Capital Involvement/Options Appraisal required		✓	✓



Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		✓	✓
Changes to and development of public services/Closure of Services		✓	✓
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services		✓	✓
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities		✓	✓
Directorate Financial Planning		✓	✓
Divisional policies and procedures affecting staff		✓	
New policies, procedures or practices that affect service delivery	✓	✓	
Large Scale Public Events		✓	
Major procurement and commissioning decisions		✓	✓
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)		✓	✓
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 12/12/2024 Completed date: 4/2/2024	Start date: DD/MM/YY Completed date: DD/MM/YY
If not undertaking EqIA state reason: (note that EqIA is a requirement of the Health Board to evidence compliance to equality legislation)	If not undertaking SEIA state reason: Decision does not require assessment as not of a strategic nature
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	



This is a new All Wales policy that has developed in order to put in place a framework to take a proactive approach in:

- educating the workforce in expected standards of behaviour and in
- providing advice, guidance and support to staff who experience inappropriate behaviour.

The need for this policy has arisen in response to new legislation: The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace. This will strengthen current protections.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to victims and must not be tolerated and is committed to taking all reasonable steps to prevent staff members or service users becoming victims of sexual harassment.

The aim of this policy is to provide:

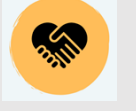
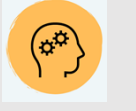
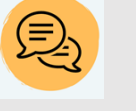
- Information and guidance to deal with cases of sexual misconduct, effectively and sensitively.
- Guidance on the expected standards of behaviour, including information on what are not acceptable behaviours.
- Guidance on safe methods of reporting concerns and incidents and ways of supporting victims of sexual misconduct.

This policy sets out to:

- Raise awareness of what behaviours constitute sexual harassment.
- Help and encourage reporters of harassment of sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Help managers refer reporters of harassment of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

Links to BCUHB values

Indicate any values that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

				
Put patients first	Work together	Value and respect each other	Learn and innovate	Communicate openly and honestly
✓	✓	✓	✓	✓








Links to BCUHB Equality Objectives 2020-2024

The health board published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service **Links to BCUHB Equality Objectives** The health board published the Strategic Equality Plan (SEP) in 2024.

Equality Objectives	Tick if decision relates	Any supporting narrative
Achieving equity by...		
A Working in partnership		
B Providing high quality inclusive services		
C Governance and Accountability	✓	
D Being a kind and compassionate organisation	✓	
E Innovation		

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
		✓	✓			

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

It is important to acknowledge how your policy or proposal may affect, or be affected by other policies or areas of work. If you have already completed an EqlA on a previous version of your policy or proposal, please indicate that here.

WP6 Code of Conduct Policy

WP5 – All Wales Respect and Resolution Policy

WP4A – Procedure for NHS Staff to Raise Concerns

WP9 Disciplinary Policy

All Wales Procedure for Addressing Concerns about Capability, Performance and Conduct of Doctors and Dentists – upholding professional standards

HS02 Protecting Employees from Violence and Aggression v2

WP8 Equality, Diversity and Human Rights Policy

BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees

BCHUB People Strategy and Plan

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

All Wales stages:

First stage: Deputy Directors (Workforce & OD) Directors Peer Group

Subsequent Stages:

All Wales Governance Business Committee

Local stages:

- Local Workforce Policy Groups
- Workforce Leadership/Partnership Group (or equivalent)
- Equality and Human Rights Strategic Forums (or equivalent, for information)
- Exec Policy Oversight Group (EPOG) (or equivalent for approval)

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

For further information and help, please contact the Corporate Public Engagement Team - BCU.GetInvolved@wales.nhs.uk

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design. Consider internal / external engagement, participatory methods and principles of co-design and co-production:

All Wales group established to share insight and feedback from NHS organisations across Wales. This group includes workforce, equality and trades union representatives.

Within BCUHB, engagement has taken place with:

- Equality Champions
- Staff Equality Networks – including Gender Equality Network
- Workforce and OD meetings
- Betsi internal policy consultation pages
- Trade Unions

b. Give a summary on how the decision / service / policy / function / change will be shared? (E.g. dissemination of new policy)

Published on organisations intranet policy pages
 Linked to workforce, equality and Health and Safety (Violence and Aggression) pages
 Weekly NHS organisations briefings
 Any other relevant regular briefings (e.g. Workforce/Equality monthly briefings)
 Via people and culture meetings, safeguarding meetings etc.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

Ongoing feedback on its implementation via the above groups, and via the all Wales consultation process.

d. Summarise any emerging themes from the engagement work carried out:

- Very much needed – to give improved protections to staff experiencing harassment

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

- Policy needs to include themes from sexual harassment from patients as well as staff and visitors
- Clear and consistent message on what action to take
- Need to have increased confidence in reporting
- Links to other policies need to be reflected and review – such as respect and resolution and code of conduct
- Greater awareness of issues arising from misogyny and sexual misconduct needed in NHS organisations, and indeed in NHS organisations – significant issues arising from the need for culture change in male-dominated 'traditional/long standing' staff groups

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Yes – ongoing discussion and meeting with All Wales group (see above) has co-produced the policy.

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

Additional evidence may include both quantitative and qualitative information, for example evidenced based research relating to protected characteristics, government research and reports, census and nationally recognised public accessible data sets. BCUHB data such as performance data and employment data may also be appropriate to include. All data and information should be disaggregated by protected characteristics where possible. Please include the source for any information used. Further info on Betsinet: [EqlAs - Equality Impact Assessments \(sharepoint.com\)](https://sharepoint.com)

At March 2022, the NHS workforce across Wales was 91,492 people.
Over the last six years, “Anxiety / Stress” have been the one of the top most common known reasons for sickness.

Key equality monitoring information: Source: heiw.nhs.wales/files/nhs-wales-workforce-trends-as-at-31-march-2022/

- Overall, within NHS Wales, 76% of the workforce is female. Every staff group has a higher percentage of females in the workforce than males, except for Medical and Dental where males account for 55%. The staff group with the largest percentage of females is the Nursing and Midwifery workforce where females account for 91%.
- Staff of Black / Asian / Mixed and Other ethnic groups make up 7% of the overall workforce, however, this figure may vary as 12% of staff have not stated or not entered in the ethnic details into their Electronic Staff Record and some entries may have incorrect details.
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown

Research: A [2021 survey from the BMA](#) reported 56% of women respondents had received unwanted verbal conduct relating to their gender, as did 28% of men respondents. The report also revealed that 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of respondents who were men. Key findings include:

- 91% of women respondents had experienced sexism at work within the past two years
- 84% of all respondents said there was an issue of sexism in the medical profession
- 28% of men respondents said that they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents
- 74% of all respondents think that sexism acts as a barrier to career progression
- 42% of all respondents who witnessed or experienced an issue relating to sexism in the past two years chose not to raise it with anyone
- 61% of women felt they were discouraged to work in a particular specialty because of their gender, with 39% going on to not work in that specialty –
- 70% of women respondents felt that their clinical ability had been doubted or undervalued because of their gender, in comparison to 12% of men –
- 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of men respondents
- 56% of women respondents had received unwanted verbal conduct relating to their gender as did 28% of men respondents

Surviving in Scrubs¹ note from research that 42.3% of incidents included sexual harassment and 36.8% included sexism, 20.6% of incidents involved sexual assault, 1.9% rape. 50% of incidents occurred in patient facing environments including hospital wards, theatre, and clinics. Survivors reporting to Surviving in Scrubs have said they want to feel safe to work in a healthcare environment free from sexist discrimination and sexual violence. Prevention of these behaviours is our definitive aim. However, whilst these behaviours still occur, survivors wish to be listened to and to be believed. They urgently need access to a sensitive and safe pathway to report sexual violence that can be anonymous if they wish, to continue to work without the risk of losing their job or future career, and to receive specialist accessible support.

Sexual misconduct is traumatic for the victim, and causes long lasting detrimental impacts that manifest in a range of different ways. Victims report professional, financial and emotion effects of sexual misconduct. Victims often report threats that their careers could be damaged as a result of reporting sexual misconduct. Victims have also reported being blamed for being harassed, or feel that they were punished by being moved to another department or role because they raised a complaint.

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace.

Other information has been looked at in the development of this policy which has included:

[ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

[Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

[Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#) provides information, specialist support and therapy to anyone aged 3 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

¹ [Surviving Healthcare Report](#)

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence.

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[A list of support services on the Government's website](#): for victims of sexual violence and abuse.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

[Equality and Human Rights Commission Technical Guidance](#)

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This policy should help to provide improved protections for staff of all ages across the organisation. Surviving in scrubs report notes:

- that the youngest age band was more likely to report unwanted physical conduct from senior doctors (19% versus 12% overall) and from patients/relatives (28% versus 18% overall)
- The extent to which respondents feel able to raise issues varies by age, with younger doctors (age 26-35) experiencing or witnessing an issue but not reporting it being much higher at 54% compared with 42% overall. Junior doctors were more likely to not report an issue they experienced or witnessed (FY 68%, higher grades 49% versus 42% overall)².

Research indicates that victims of sexual harassment can occur with any age and perpetrators can be of any age.

The policy should have a positive impact for protecting staff from harassment.

Mitigation action if adverse impact found:

² [sexism-in-medicine-bma-report.pdf](#) Page 11

Although no adverse impact is currently identified, further considerations may be required in its implementation for encouraging and creating a culture where younger staff feel able to report an incident they have witnessed. This may link to Active Bystander Programmes and Culture Change work across NHS Wales.

Disability (including long term conditions, mental health, neurodivergence and invisible impairments)	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

There is currently limited information about sexual harassment and disabled NHS staff in Wales, however it is generally accepted that sexual harassment can have an adverse impact on staff mental health and general wellbeing.

A 2015 study in the EU found that 61 per cent of disabled women experiences sexual harassment at work and in education since the age of 15 compared to 54 per cent of non-disabled women.

A survey by the TUC published in 2021 found that nearly 7 in 10 (68 per cent) of disabled women have experienced some form of sexual harassment at work. This compares to around half (52 per cent) of women in general. Younger disabled women³ are even more likely to have experienced sexual harassment with almost four out of five (78 per cent) reporting being sexually harassed at work.

Data from NHS Employers (England) via the Workforce Disability Equality Standard highlights that disabled staff are more likely to experience harassment, bullying and abuse at work.

We have not currently found any adverse impact of this policy in regards to disabled people. Due to the intersectional nature of harassment of disabled staff, this policy should provide improved protections against sexual harassment.

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation with information to meet the communication needs of people with sensory loss / impairments.

Sexual Orientation	Positive effect	Negative effect	Neutral
<p>Evidence / supporting narrative:</p> <p>There is currently limited information about sexual harassment and sexual orientation across NHS staff in Wales. ESR systems which record staff sexual orientation has a high percentage of non disclosure which makes it difficult to draw any links with reporting and sexual orientation.</p> <p>Stonewall³ note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination.</p> <p>It is difficult to draw conclusions if staff deciding not to disclose their sexual orientation is due fear of sexual harassment. There is some international studies that suggest that LGBTQ+ people at high school are more likely to experience sexual harassment compared to heterosexual counterparts and were more likely to report incidences. ⁴</p> <p>Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.</p> <p>*2020 Sexual Harassment Survey (publishing.service.gov.uk)</p> <p>The policy should have a positive impact for sexual orientation groups. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.</p> <p>Mitigation action if adverse impact found:</p>	✓		

³ [SHW0020 - Evidence on Sexual harassment in the workplace](#)

⁴ [Do Sexual Minorities Face Greater Risk for Sexual Harassment, Ever and at School, in Adolescence?: Findings From a 2019 Cross-Sectional Study of U.S. Adults - Davey M. Smith, Nicole E. Johns, Anita Raj, 2022](#)

Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging LGBTQ+ staff to report incidents.

Gender Reassignment / Gender identity
(including non-binary, gender fluid and intersex)

Positive effect	Negative effect	Neutral
✓		

Evidence / supporting narrative:

There is currently limited information about sexual harassment and gender identity NHS staff in Wales. ESR systems which record staff equality information does not currently record gender identity.

Stonewall⁵ note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination. Stonewall knows that LGBT people continue to face discrimination, abuse and violence in the workplace. YouGov polling of over 2,000 lesbian, gay and bi people for Stonewall's Gay in Britain (2013) found that one in five lesbian, gay and bi employees had experienced verbal abuse from their colleagues. Additionally, YouGov polling of 871 trans and non-binary people (as part of a over 5,000 LGBT people surveyed for the LGBT in Britain series) for Stonewall's LGBT in Britain: Trans Report, found that one in eight trans employees (12 per cent) have been physically attacked by colleagues or customers in the last year. Furthermore, many LGBT people alter their behaviour or appearance in order to hide or disguise the fact that they are LGBT. For example, half of trans and non-binary people have hidden or disguised the fact that they are LGBT at work because they were afraid of discrimination.

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

⁵ [SHW0020 - Evidence on Sexual harassment in the workplace](#)

The policy should have a positive impact in regards to transgender, non binary and gender fluid people as it will provide improved protections to anyone experiencing sexual harassment. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging transgender, non binary and gender fluid staff to report incidents.

Sex / Gender	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This policy should help to provide improved protections for staff for females and males across the organisation.

Surviving in scrubs report was based on mainly female responses (95.9%) and noted that victims and perpetrators can be either sex, however was more likely for a perpetrator to be male and survivors more likely to be female. Stories collated as part of Surviving in Scrubs ⁶work highlight:

- systematic and institutional sexism and sexual violence within healthcare in the healthcare workforce.
- significant power imbalance between powerful senior male staff perpetrating sexual violence to junior female staff members in healthcare, in a normalised culture of sexism, entitlement, and the devaluing of women staff.

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

⁶ [Surviving Healthcare Report](#)

The policy should have a positive impact for sex. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity. There is an acknowledgement in the policy of gender power in-balances.

In reporting incidents, a range of options are given. This may be helpful for those who don't wish to report to someone of the same sex or even wish to report anonymously. There is also an inclusion of wording for staff who witness an incident. Witnesses are encouraged to report.

Mitigation action if adverse impact found:

Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓ overall	✓ Culturally sensitive	

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and race across NHS Wales. Data used by NHS England notes that

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

There are also links of this policy to the Anti Racist Action Plan for Wales, in which aims to improve experiences of diverse ethnic groups.

The policy references cultural considerations; “When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.”

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that ethnically diverse groups feel confident in reporting.

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and religion across NHS Wales.

Beliefs and cultural beliefs may intersect with sexual harassment and link with the cultural sensitivities as documented above.

Mitigation action if adverse impact found:

Refer to Race section.

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are pregnant or recently given birth across NHS Wales, however the BMA⁷ reports that discriminatory behaviours and sexism were reported in terms of pregnancy.

Mitigation action if adverse impact found:

None currently identified.

Marriage and Civil Partnership

Positive effect

Negative effect

Neutral

✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are married or in a civil partnership.

Mitigation action if adverse impact found:

None currently identified.

Other groups at risk of poorer health outcomes:

Unpaid Carers

Positive effect

Negative effect

Neutral

✓

Evidence / supporting narrative:

No impacts currently found with regards to staff who are unpaid carers.

⁷ [sexism-in-medicine-bma-report.pdf](#)

Mitigation action if adverse impact found:			
None currently identified.			
Socio-economically disadvantaged	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative:			
<p>This policy should not have any adverse impact in terms of staff who experience socio economic disadvantage.</p> <p>This assessment acknowledges that staff may feel reluctance to report incidences of sexual harassment (either as the victim or witness) due to the fear of repercussions on their job security and making it difficult to keep working within their team and post. This fear relating to their employment security may be a factor in the confidence to report.</p> <p>Surviving in Scrubs⁸ noted Survivors described feeling fearful, concerned about the risk to their career, humiliation, and repercussions from the perpetrator and their peers. This could be heightened when the perpetrator was in a position of authority or seniority, for example their line manager or supervisor.</p>			
Mitigation action if adverse impact found:			
Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that staff feel confident in reporting and that this will not impact negatively on their employability, and future progression.			
Other groups / communities of interest - please state Students on placement Volunteers	Positive effect	Negative effect	Neutral
			✓

⁸ [Surviving Healthcare Report](#) (page 19)

<p>Explanation:</p> <p>Students and volunteers on placement within the organisation are included within the policy.</p>
<p>Mitigation action if adverse impact found:</p> <p>Although no impact is found, consideration will be needed in the implementation of the policy to ensure that students on placement and volunteers working within the organisation are aware of the policy.</p>
<p>Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.</p> <p>The policy should have an overall positive impact for anyone who experiences or witnesses an incident of sexual harassment. For people who share a protected characteristic, there may be wider disadvantages and discrimination faced. This policy should be viewed as one aspect of strengthening support and protections for staff who share protected characteristics.</p> <p>Monitoring and implementation of the policy should consider issues around cultural sensitivities, and intersecting issues that may relate to homophobia, transphobic and sexist / misogynist behaviours. Although individuals may feel that other parts of their background and identity may be a factor of the sexual harassment experienced, they may not always wish to disclose this.</p>

Section 2 – Human Rights Assessment

<p>Assessment – based on human rights based approach in health</p> <p>Do you think that this policy will have a positive or negative impact on people’s human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com</p>	
<p>Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?</p>	Use a tick ✓
Article 2 - Right to life	

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

Article 3 - Prohibition of inhuman or degrading treatment	
Article 5 - Right to liberty and security	
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	
UN Convention on the Rights of Persons with Disabilities	
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	
Other articles – <i>please state:</i>	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
---	------------------------	------------------------	----------------------------

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk



Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
<p>Reasons for your decision (including brief summary that has led you to decide on the level of impact) If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.</p> <p>No impacts have been currently identified in relation to staff who are veterans and/or part of the armed forces community.</p>			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment	You can copy and paste this tick: ✓	
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		
No change to current provisions regarding welsh language. The policy includes a statement regarding Welsh Language.		
Will the proposal have an effect on opportunities for persons to use the Welsh language?	Yes	No
	✓	



<p>Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?</p> <p>e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?</p>		
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>No change to current provisions regarding welsh language.</p>		
<p>Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.</p>	Yes	No
		✓
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.</p>		
<p>Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh?</p> <p><i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i></p>	Yes	No
		✓



<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.</p>		
<p>Will the proposal treat the Welsh language no less favourably than the English language?</p> <p>e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.</p>	Yes	No
		✓
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.</p>		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has BCUHB given due regard and given consideration for this proposal with the following:	
<p>Eliminating unlawful discrimination, harassment, and victimisation? <i>Unlawful discrimination takes place when people are treated ‘less favourably’ as a result of having a protected characteristic</i></p>	Yes
<p>Advancing equality of opportunity between people who share a protected characteristic and those who do not? <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i></p>	Yes
<p>Fostering good relations between people who share a protected characteristic and those who do not? <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i></p>	Yes



Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: <i>This section must be completed</i>	
<p>This assessment has considered the impacts of the policy on those who share protected characteristics. The implementation of this policy should help and guide NHS organisations to embed the new legislation –The Worker Protection Act. Although this assessment has not found any significant adverse impacts, it has raised the issue of cultural competency and wider issues of intersectionality in which certain groups may feel low confidence in reporting. This may require wider system work in regarding to creating an inclusive work culture.</p>	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	Yes
Has this assessment been subject to scrutiny / been reviewed?	Yes

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with BCUHB risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/owner

Considerations for implementation – targeted approaches	Acknowledgement of importance of disseminating policy and raising awareness.	Integrate within comms	2025	Through All Wales working group and organisation equality champions and networks	Nick Such

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you should escalate to risk management procedures .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25



<p>If you have identified an equality risk: What is the consequence? Minor 2 What is the likelihood? Possible 3 Risk score = consequence x likelihood</p>	<p>Risk Score = 6</p>
<p>Any narrative relating to risk score:</p> <p>No current significant risk is identified. There is an increased risk if this policy is not in place to meet the statutory requirements of the new legislation.</p>	

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below):

As per the Health Board’s Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’, to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date:

Review Date:

<p>Project Lead Sign-off I confirm that this Equality Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board’s WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language</p>	<p>Equality Team Sign-off (required when both EQIA and SEIA is required) I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p>	<p>Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
---	---	---

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

<p>requirements and Armed Forces Covenant.</p> <p>Signed: Nick Such (Project Lead)</p>	<p>Signed: Jen Dowell-Mulloy (Equality and Inclusion Manager)</p>	<p>2. Advance equality of opportunity between people who share a protected characteristic and those who do not.</p> <p>3. Foster good relations between people who share a protected characteristic and those who do not.</p> <p>Signed: (Committee Chair)</p>
--	---	--

End of Part B. Part C not required.

End of assessment
