

## Equality & Health Impact Assessment for

### Safeguarding Allegation/Concerns About Practitioners and those in Positions of Trust Procedure (previously Professional Abuse Procedure)

#### Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required<sup>1</sup>
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Safeguarding Allegation/Concerns About Practitioners and Those in Positions of Trust Procedure ( previously Professional Abuse Procedure)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Workforce and OD - Rachel Pressley, Workforce Governance Manager

<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253.73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407,253_73860411&_dad=portal&_schema=PORTAL)

3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>Cardiff and Vale University Health Board (the UHB) has a duty to protect the individuals in our care. If an allegation of abuse or neglect is made against one of our employees it may be necessary to take action to keep individuals safe from further actual harm or the risk of harm.</p> <p>The objectives of this Procedure are:</p> <ul style="list-style-type: none"> <li>• To ensure that all concerns of this nature are dealt with within the appropriate framework and that appropriate action is taken.</li> <li>• To ensure that the approach adopted is a risk management approach, based on an informed assessment of harm and abuse.</li> <li>• To safeguard children and adults at risk from abuse and avoidable neglect by UHB employees.</li> <li>• To ensure an equitable, fair and consistent response when concerns are raised.</li> <li>• To support members of staff who have made a referral or who have had a referral made against them</li> <li>• To raise awareness of all UHB staff of the possibility of abuse or neglect of children and adults at risk, by professionals and other healthcare workers by encouraging all staff to complete safeguarding training.</li> </ul>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> </ul>	<p><b>Workforce monitoring data</b> (see end of document)</p> <p>A <b>number of EQIAs from other organisations</b> were accessed via a Google search - of those accessed:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mid Essex Hospital Services NHS Trust</a> found that their Managing Allegations Against Staff/Volunteers In Relation To Safeguarding Children, Young People And Adults Policy had no impact on the basis of gender, disability, religion, faith &amp; belief, sexual orientation, age, transgender people, social class or carers. With regards to race and ethnicity they stated that it is recognised that cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.</li> <li>• <a href="#">Surrey and Sussex Healthcare NHS Trust</a> found that their Policy For Management Of Allegations Made Against An Employee, Volunteer, Or Any Other Person Contracted To Work With The Trust had a positive impact on the basis of age and disability and that it also had an impact in relation to human rights</li> <li>• <a href="#">East and North Hertfordshire CCG</a> found that their Managing Allegations of Abuse Against Adults Who Work With Children and Young People had no impact on any of the protected characteristics</li> </ul>

<ul style="list-style-type: none"> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p>NHS Digital publication of <a href="#">the findings from the Safeguarding Adults Collection</a> (SAC) for the period 1 April 2018 to 31 March 2019 reports that:</p> <ul style="list-style-type: none"> <li>• 415,050 concerns of abuse were raised during 2018-19, an increase of 5.2% on the previous year</li> <li>• The number of Section 42 enquiries that commenced during the year increased by 8.7% to 143,390 and involved 116,230 individuals</li> <li>• The most common type of risk in Section 42 enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 31.4% of risks, and the most common location of the risk was the person's own home at 44.8%.</li> </ul> <p>The <a href="#">HSCIC Abuse of Vulnerable Adults in England report</a> (2012-13) showed a 4% rise in the number of cases of alleged abuse of vulnerable elderly people in England referred for investigation in 2012-13 (i.e. the number of cases referred for investigation by councils in England rose from 108,000 in 2011/2012, to 112,000 in 2012/2013). Of these, 38% of the alleged abuse took place in the older person's home, while 45% took place in a care home. Physical abuse and neglect were the most common types of abuse reported. In 6% of cases the alleged abuser was the older person's partner, in 16% it was another family member and in 37% a social care worker. More than half of the referrals were for vulnerable adults - those described in the report as people who "are or may be in need of community care services" because they are "elderly or suffer mental illness, a disability or another ailment", aged 65 or over.</p> <p>An <a href="#">AGE UK fact sheet</a> describes the types of abuse which can be experienced and the particular issues faced by older people. It notes that Perpetrators of abuse or neglect are often people who are trusted and relied on by an older person, such as family members or care staff. Official reports show that, compared to other age groups, people aged 85 and above are much more likely to be the subject of a safeguarding enquiry. Action on Elder Abuse has found a prevalence of psychological abuse, usually through intimidation or coercion linked to financial abuse.</p>
--	---

<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>3</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

Key findings from the [NSPCC report 'How Safe are our Children \(2020\)](#) include:

- rates of police recorded physical, sexual and online abuse offences against adolescents are higher than rates against younger children
- rates of adolescents in care are higher than rates for younger children, with the exception in some nations of infants under the age of one
- rates of adolescents subject to a child protection plan or on a child protection register are lower than rates for younger children
- many of the risk factors associated with abuse and neglect have been exacerbated by the coronavirus pandemic, while the support services that would traditionally identify and respond to these concerns have been unable to see many of the children and families they work with face-to-face.

The NSPCC [How Safe are Our Children report from 2017](#) includes the following data set for Wales:

- There were no homicides of children under 18 years recorded in Wales in 2015/16. The five-year average rate of child homicides is 4.4 per million. This has decreased by 38 per cent over the last five years. It decreased from a five-year average rate of 7.2 per million children in 2010/11 to 4.4 per million children in 2015/16.
- There were three deaths by assault, neglect or undetermined intent of children aged 28 days to 14 years recorded in 2015. The five-year average rate was 8.5 per million. Deaths due to assault, neglect or undetermined intent have remained fairly constant in Wales, between a low of 6.4 per million in 2006 and a high of 10.7 per million in 1998.
- There were eight suicides where death was recorded as by intentional self-harm, and a further two deaths by undetermined intent of 15 to 19 year olds in 2015, a five-year average combined rate of 60.4 per million 15 to 19 year olds. The five-year combined average rate among 15 to 19 year olds peaked in 2001 at 85.5 per million, and since then has been on a downward trend, reaching a low of 43.7 suicides per million in 2010. However since then there has been an increase, up 38 per cent to 60.4 per million 15 to 19 year olds. It should be noted that the numbers involved for Wales are small, meaning that a small change in the number of deaths has a significant impact.
- All UK nations saw an increase in the number of recorded sexual offences against children in 2015/16. • It is likely that improved recording of sexual offences by the police and an increased willingness of victims to come forward have contributed to this rise. In Wales, there were 2,329 recorded sexual offences

against under 16 year olds in 2015/16. This is a rate of 41.9 sexual offences per 10,000 children aged under 16 a 25 per cent increase on the previous year. Similar to the trend seen in other nations, sexual offences against under 16 year olds in Wales have increased significantly over the past five years. The rate of recorded offences per 10,000 under 16 year olds has tripled over the past decade from 13.7 in 2005/06 to 41.9 offences in 2015/16. There has been an increase in the offence category 'Abuse of position of trust of a sexual nature (includes u18s)' with 5 in 2014/15 but 12 in 2015/16

- The last five years has seen an increasing trend in recorded offences of cruelty and neglect of children under 16 by a parent or carer in England, Wales and Northern Ireland. This is believed to be associated with increased reporting and changes in recording practices. In Wales there were 585 recorded offences in 2015/16, a rate of 10.5 offences per 10,000 children aged under 16.
- There were 66,218 contacts made to the NSPCC helpline in 2016/17. This is a 21 per cent increase since 2015/16. Contacts about abuse had risen by 56 per cent over the previous five years. Of these contacts, the largest increase in concerns was about neglect and emotional abuse.
- In 2015/16, almost 6 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime. Of these offences, 76 per cent resulted in an injury to the victim. An estimated 418,000 violent offences were experienced by children aged 10 to 15 in 2015/16.

(n.b. although this is an annual report the last few years have focused on online abuse so have not been studied for this EHIA)

According to the [World Health Organisation \(dated 15 June 2020\)](#) key facts on Elder Abuse:

- Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.
- Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.
- Elder abuse can lead to serious physical injuries and long-term psychological consequences.
- Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations.
- The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050.

Although it is now 13 years old, the key findings of a UK [Study of Abuse and Neglect of Older People](#)

carried out by the National Centre for Social Research and King's College London in 2007, and commissioned by Comic Relief and the Department of Health, are still worth noting:

- During the previous year 2.6% of people aged 66 and over living in private households reported that they had experienced mistreatment involving a family member, close friend or care worker (i.e. those in a traditional expectation of trust relationship) - this equated to about 227,000 people. When the one year prevalence of mistreatment was broadened to include incidents involving neighbours and acquaintances, the overall prevalence increased from 2.6% to 4.0% (i.e. approximately 342,400 older people subject to some form of mistreatment). Using this broader definition, mistreatment by neighbours and acquaintances was reported in 33% of cases, which is comparable with mistreatment by partners (35%) and other family members (33%)
- Prevalence rates for the individual types of mistreatment were: neglect (1.1% or 11 people in 1000), financial (0.7% or 7 people in 1000), psychological (0.4% or 4 people in 1000), physical (0.4% or 4 people in 1000) and sexual (0.2% or 2 people in 1000). 6% of those who had experienced mistreatment in the past year reported two different types of mistreatment.
- Mistreatment by sex and age
  - Women were more likely to say that they had experienced mistreatment than men (3.8% of women vs. 1.1% of men).
  - Men aged 85 and over were more likely to have experienced financial abuse than men in the younger age groups, whereas women aged 85 and over were more likely to have been neglected.
  - Looking at the prevalence of abuse excluding neglect, it increased with age for men, but decreased with age for women.
- Mistreatment by socio-economic position and tenure
  - Mistreatment varied by socio-economic position (from 4.3% of those who last worked in semiroutine and routine occupations to 0.1% of small employers and own account workers). Overall, and among both sexes, those who lived in rented housing (social or private) tended to have higher prevalence rates than owner-occupiers.
- Mistreatment by marital status and living arrangements
  - Mistreatment varied by marital status (from 9.4% of those who were separated or divorced to 1.4% of those who were widowed).
  - People living alone were more likely than those living with others to have experienced financial abuse in the past year.

- Mistreatment by health status
  - Prevalence of mistreatment increased with declining health status. The level of mistreatment was higher for people with: a self-reported health status of bad or very bad, a limiting long-term illness, a lower quality of life, and for those suffering from depression.
  - Overall, there was a higher prevalence of mistreatment among people who reported feeling lonely in the past week compared with those who had not felt lonely.
- Perpetrators of mistreatment
  - Overall, 51% of mistreatment in the previous year involved a partner / spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)
  - 80% of interpersonal abuse (i.e. physical, psychological and sexual abuse combined) perpetrators were men and 20% were women. The split for financial abuse was more equal (56% men, 44% women).
  - The age profile of perpetrators tended to be younger for those carrying out financial abuse than for those carrying out interpersonal abuse.
  - Overall, 53% of perpetrators were living in the respondent's household at the time of the abuse - this included 25% of financial abuse perpetrators and 65% of interpersonal abuse perpetrators.

According to the [ONS 2018](#) the highest rates of domestic abuse recorded by the police was those aged between 25-29 for women and 75 and over for men.

[SafeLives \(2015-16\)](#) states that victims aged 61+ are much more likely to experience abuse from an adult family member or current intimate partner than those under 60 and older victims are less likely to attempt to leave in the year before accessing help.

The [ONS 2017](#) figures show that women (7.5%) experience more domestic abuse than men (4.5%). However, with regards to family abuse the gap between men and women was a lot smaller.

Women experience higher rates of repeated victimisation and are more likely to have experienced sustained physical, psychological and emotional abuse, or violence that results in death or injury according to [Women's Aid](#). Women are also more likely to be subjected to coercive and controlling behaviors (Dobash & Dobash, 2004; Hester, 2013; Myhill, 2015; Myhill, 2017 found in [Women's Aid](#)).

		<p>According to The Domestic Abuse Report 2020 by <a href="#">Women's Aid</a>, a fifth of all survivors in their sample had at least one disability that they disclosed. Service users in refuge services were more likely to be disabled. Women with physical disabilities make up a small percentage of women using domestic abuse services although we know that disabled women are more likely to experience domestic abuse (13.8% of disabled women experienced domestic abuse in the last year compared to 6.4% of women who were not disabled (ONS, 2019)).</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"><li>• Children and adults at risk in our care</li><li>• Children and adults at risk in the care of our employees</li><li>• Our employees who have an allegation of abuse made against them</li><li>• Other staff (e.g. colleagues)</li><li>• Managers</li><li>• Safeguarding team</li><li>• Workforce and OD</li><li>• The public</li></ul>

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

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

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b>                      For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>This procedure has a positive impact for the following reasons:</p> <ul style="list-style-type: none"> <li>• It details how to manage staff who have been accused of abusing children (i.e. individuals under the age of 18) or adults (i.e. individuals over 18) at risk</li> <li>• It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</li> </ul>		

<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b>  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>This procedure has a positive impact for the following reasons:</p> <ul style="list-style-type: none"> <li>• Evidence suggests that individuals (or at least women) with a disability are more likely to suffer abuse</li> <li>• It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</li> </ul>		
<p><b>6.3 People of different genders:</b>  Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical</p>	<p>No specific evidence was found to suggest that this procedure impacts on people because of gender or gender reassignment. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff</p>		

<p>procedures. Sometimes referred to as Trans or Transgender</p>	<p>accessing the Procedure will be treated in the same way</p>		
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>No specific evidence was found to suggest that this procedure impacts on people because of marital status. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p>		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>No specific evidence was found to suggest that this procedure impacts on people because of pregnancy or just having had a baby. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way. In addition, the procedure states that support will be offered to those who find themselves</p>		

	overstretched in their caring responsibilities.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<p>No specific evidence was found to suggest that this procedure impacts on people because of race. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p> <p>However, it is recognized that protected characteristics might potentially influence the perception of safeguarding concerns (and anecdotally vulnerability to vexatious allegations) and we undertake to ensure through appropriate training that decision-making is as objective as possible.</p>		
<b>6.7 People with a religion or belief or with no religion or belief.</b>	No specific evidence was found to suggest that this policy and accompanying procedure impacts		

<p>The term 'religion' includes a religious or philosophical belief</p>	<p>on people because of religion, belief or non-belief. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p>		
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>No specific evidence was found to suggest that this procedure impacts on people because of sexual orientation. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p>		
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p>	<p>There is no evidence to suggest that the procedure impacts on people because of their Welsh Language skills</p>		

Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>No specific evidence was found to suggest that this procedure impacts on people because of their income group. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the it will be treated in the same way</p>		
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>No specific evidence was found to suggest that this procedure impacts on people because of where they live. It prevents discrimination by setting out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p>		
<p><b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>	<p>the procedure states that support will be offered to those who find themselves overstretched in their caring responsibilities.</p>		

<b>6.13 People who identify themselves as Black, Asian and Minority Ethnic groups</b>	<ul style="list-style-type: none"><li>the procedure states there will be no discrimination towards gender, disability, religion, faith &amp; belief, sexual orientation, age, transgender people, social class or carers. With regards to race and ethnicity it is recognised and acknowledged that cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.</li></ul>		

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

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

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>No specific evidence was found to suggest that this procedure impacts on people being able to access the service offered. It sets out the processes to be followed when an employee is accused of abusing children or adults at risk, thereby ensuring that all staff accessing the procedure will be treated in the same way</p>		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and</p>	<p>No specific evidence was found to suggest that this procedure impacts on people being able to improve/maintain health lifestyles though the procedure ensures that further actual or potential harm is prevented when an allegation is made</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b>            Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>No specific evidence was found to suggest that this procedure impacts on people in terms of their income and employment status, though if an allegation is found to be true disciplinary processes will be followed and could lead to dismissal.</p>		
<p><b>7.4 People in terms of their use of the physical environment:</b>            Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on</p>	<p>No specific evidence was found to suggest that this procedure impacts on people in terms of their use of the physical environment .</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b>            Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>No specific evidence was found to suggest that this procedure impacts on people in terms of social and community influences on their health.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>No specific evidence was found to suggest that this procedure impacts on people in terms of macro – economic, environmental and sustainability factors</p>		

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

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>A thorough analysis of the implications and impact of the Professional Abuse Procedure has been undertaken and a number of Equality Impact Assessments have been examined from other large public sector organisations.</p> <p>The Procedure has the potential for positive impact across all the protected characteristics by ensuring a robust and consistent approach in responding to allegations of actual or potential abuse when raised in respect of children and/or adults at risk.</p> <p>There does not appear to be any potential for a negative impact.</p>
--	---

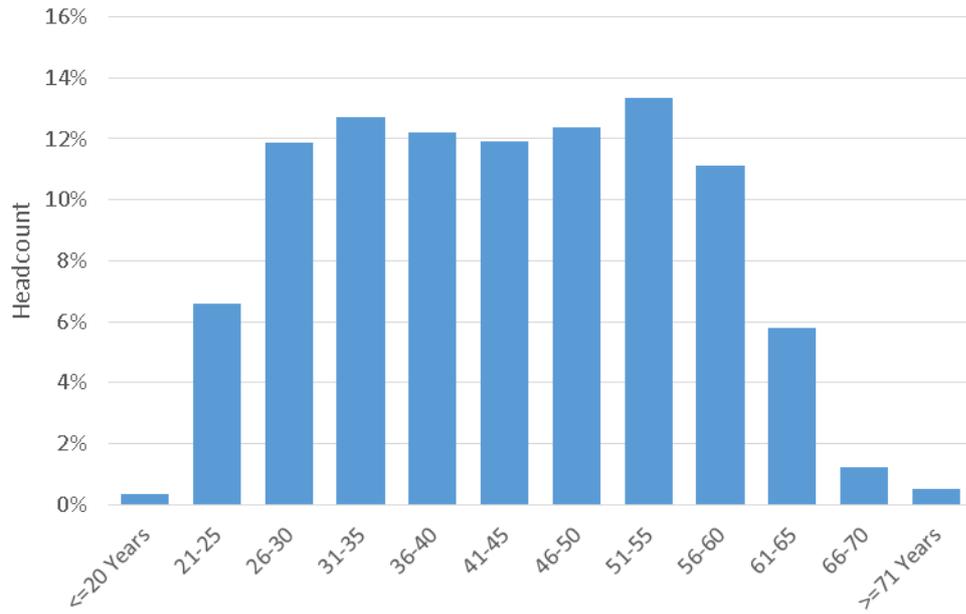
**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>	<p>No changes identified as a result of this EHIA</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>No changes identified as a result of this EHIA. The Employment Policy Sub Group will be asked to approve the Procedure following a period of consultation</p> <p>This EHIA will be published on the UHB internet and intranet sites.</p> <p>This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required</p>			

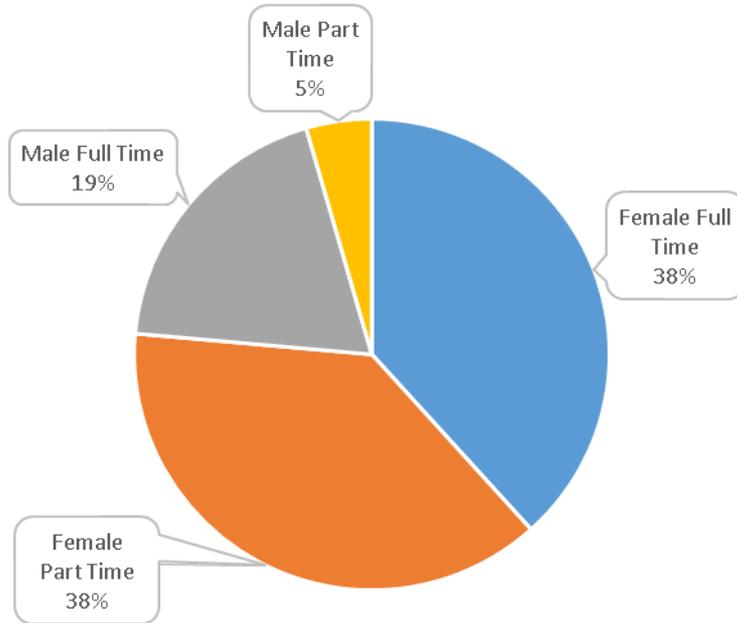
### Cardiff & Vale uHB Age Profile 30-Sep-20



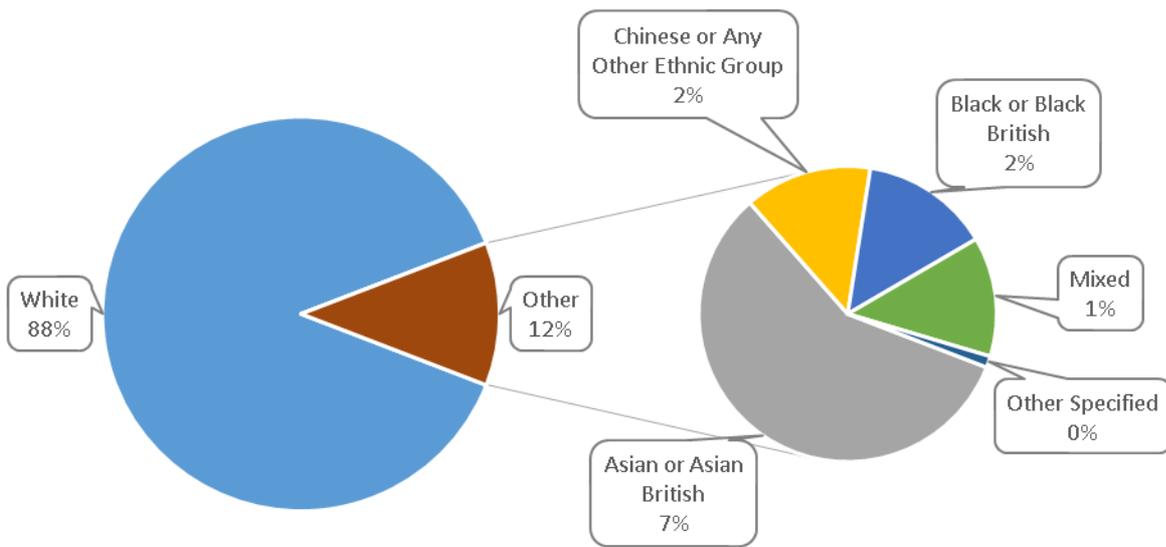
Clinical Board ▾ Directorate ▾ Sub-Directora... ▾ Department ▾ Staff Group ▾ Payband ▾

Headcount

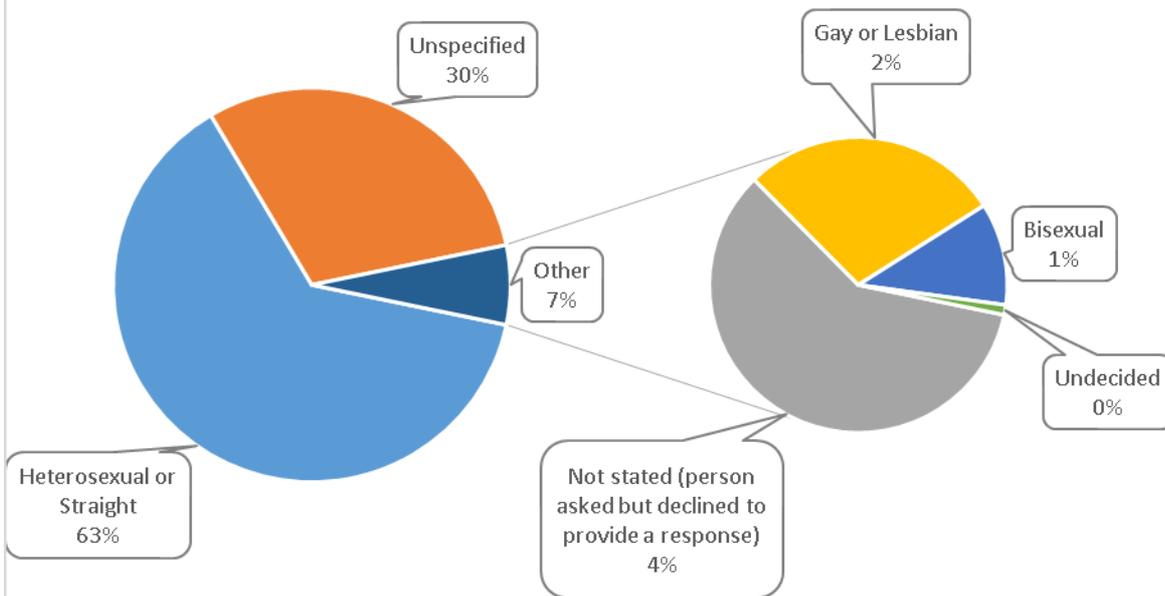
### Gender and Contract



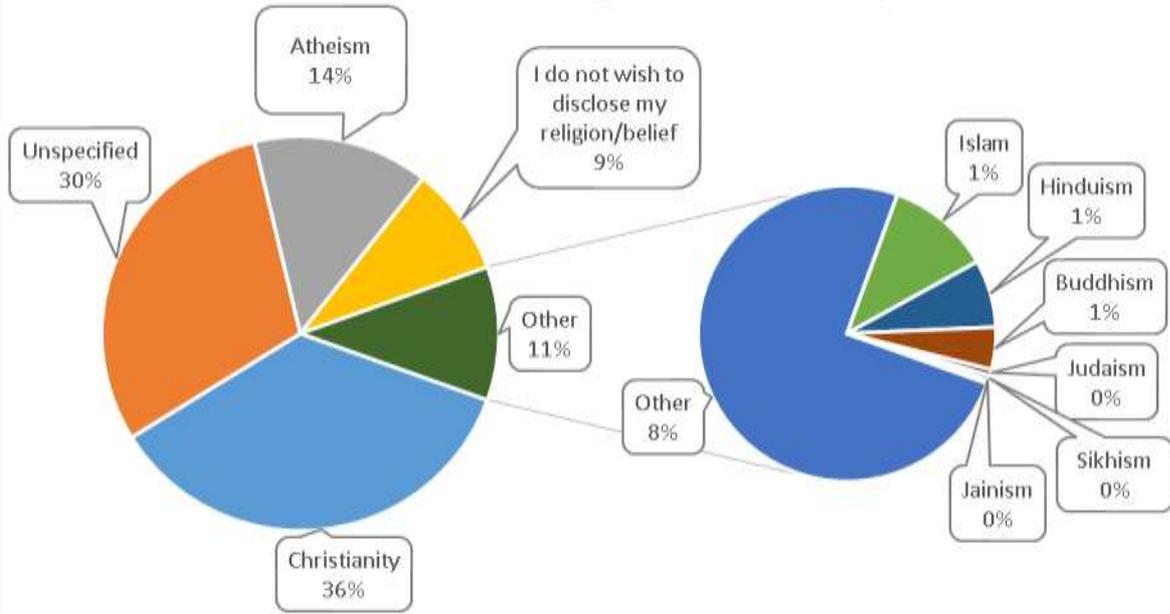
### Cardiff & Vale uHB Ethnicity Breakdown 30-Sep-20



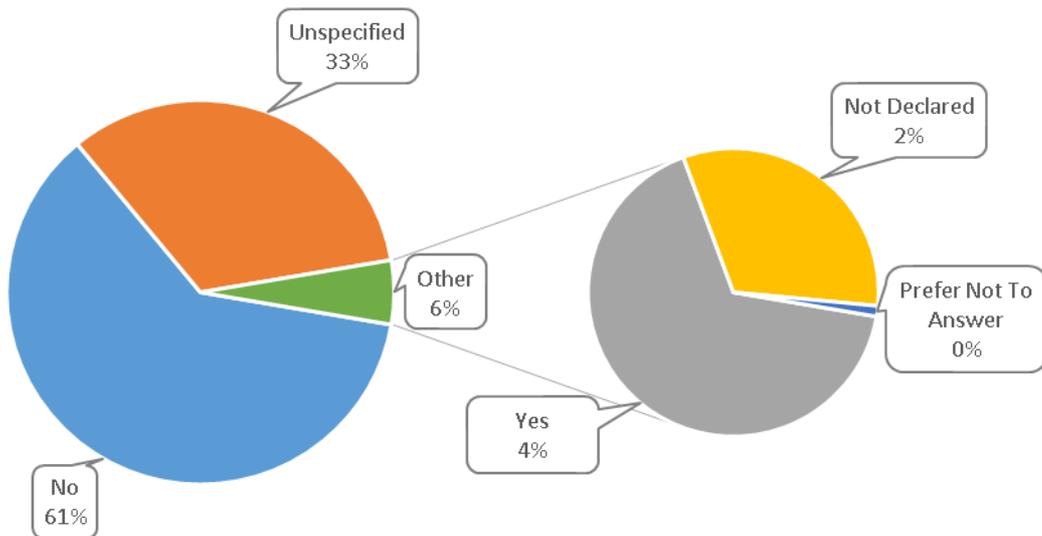
### Cardiff & Vale uHB Sexual Orientation 30-Sep-20



### Cardiff & Vale uHB Religious Belief 30-Sep-20



### Cardiff & Vale uHB Disability 30-Sep-20



### Cardiff & Vale uHB Listening/Speaking Welsh 30-Sep-20

