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NHS Wales Anti-Sexual Harassment Policy

Policy Statement

NHS Wales is unwavering in its commitment to protect the physical and psychological safety of every employee, regardless of role, background, or identity. Sexual harassment is unlawful, harmful, and will not be tolerated. Through this policy, NHS Wales reinforces its duty under the Worker Protection (Amendment of the Equality Act 2010) Act 2023 to take reasonable steps to prevent sexual harassment in the workplace.

We are committed to fostering a culture of respect, inclusivity, dignity, and accountability where everyone feels safe to work, speak up, and be heard. The policy ensures that all reports of sexual harassment are treated seriously, investigated promptly, and managed sensitively and fairly.

Policy Commitment

NHS Wales will:

- Take proactive and preventative steps to eradicate sexual harassment and victimisation.
- Provide confidential, accessible, and non-retaliatory reporting mechanisms for all staff.
- Support individuals who experience, witness, or report sexual harassment.
- Train all staff, managers, and leaders in recognising and responding to unwanted, inappropriate, and harmful sexual behaviours.
- Foster an environment that promotes psychological safety, openness, and transparency.
- Hold individuals accountable for breaches of this policy through fair and consistent processes under relevant NHS Wales procedures.
- Regularly monitor, review, and evaluate data on sexual safety to ensure continuous improvement and cultural change.

Scope

This policy applies to:

- **All NHS Wales employees, including officers, consultants, agency workers, contractors, bank and locum staff, apprentices, volunteers, and interns.**
- **Job applicants and former employees, recognising the duty of care owed before, during, and after employment.**
- **Third parties, including patients, service users, suppliers, and visitors interacting with NHS Wales staff.**

It applies to conduct that occurs:

- **At work or in work-related settings, including business trips, training, conferences, social functions, and online or virtual spaces.**

- **Outside of normal working hours or premises, where behaviour impacts workplace safety or dignity.**

Supporting Procedures and Written Control Documents

This policy should be read in conjunction with the following All-Wales and UHB Policies, Procedures and Frameworks:

- *NHS Wales Disciplinary Policy and Procedure*
- *Upholding Professional Standards in Wales (UPSW)*
- *Respect and Resolution Policy*
- *Procedure for NHS Staff to Raise Concerns (Speaking Up Safely Framework)*
- *Managing Safeguarding Allegations Procedure*
- *Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy*
- *Equity, Inclusion and Human Rights Policy*
- *Social Media and Information Governance Policies*

Equality and Health Impact Assessment

An Equality and Health Impact Assessment has been completed for the Policy. 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.

Approved By:

Welsh Partnership Forum

Adopted by People and Culture Committee

Accountable Executive or Clinical Board Director

Executive Director of People and Culture

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1			New procedure based on legislation and good practice
2	14/10/25		All Wales Policy to replace local procedures.

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NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

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This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

1. INTRODUCTION

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 proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.

Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or 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.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters 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.

3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.

These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

INFORMATION – DEFINITIONS AND TERMINOLOGY

5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

5.2 Sexual Harassment

Sexual Harassment refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

5.2.6 Victimization

Victimization includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimization may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.
- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

5.2.7 Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.

Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

5.3 Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

6. CONFIDENTIALITY

6.1 Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve

agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

This is referred to as ‘disclosure’. It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken**. A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?

- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

8.2 Receiving a Disclosure

The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

8.3.2 Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this

was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

8.4 Sexual Harassment by a Patient or Third Party

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where

appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

8.5 If You Witness Sexual Harassment

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

GUIDANCE – HOW TO MANAGE REPORTED CASES

8.6 The Process Following a Report of Sexual Harassment

The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.

See Flowchart (Appendix 2)

8.6.1 Management Review (initial assessment)

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

The person receiving the informal report should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

The manager must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

8.6.5 Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.

- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

8.6.6 Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

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.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

8.6.7 Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

8.7 Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

8.8 Victimisation, including when no further action is taken

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their

concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

9. REPORTING TO STATUTORY REGULATORS

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: [The Equality and Human Rights Commission \(2024\) Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#)

NHS England Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager



Responding to Reports of Sexual Harassment Flowchart

1

DISCLOSURE

An individual discloses that they are a victim of or have witnessed sexual harassment or sexual misconduct

Are there safeguarding issues?
If you believe someone is in danger, dial 999
For guidance, signpost colleagues to your sexual harassment intranet resources.

ENSURE THE PERSON IS SAFE

Remember:
Incidents can be reported at a later date.
There is no time limit to report.
Concerns can be reported anonymously via the Speaking Up Safely platform.
Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.
Ask your Safeguarding team for advice.

Does the person want to report the incident(s)?

Yes

No

Informal Action

Informal Action can take place without an investigation.
The person receiving the informal report should listen to the complainant to understand how best they can help them.
To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 8.6.3 of the policy.
Informal action may not be appropriate or may not work in many cases.

Go to **2**

The individual is supported to formally report the incident(s)

2 REPORT

Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

Incidents can be formally reported to:

- Your manager
- A member of your local HR or Workforce and OD team
- Your Speaking Up Safely contact/guardian
- A member of your Safeguarding team

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

Remember:
Colleagues can also report completely anonymously.

See your local Speaking Up Safely information.

Go to **3**



The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

Management Review (Initial Assessment)

3

NEXT STEPS

No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.
(The result of the management review could be that no further action is taken).

Police Investigation

In some cases, a Police investigation must take place.
Your safeguarding team will provide advice in these cases.

Investigation

If deemed appropriate, a formal investigation is commissioned.

!
The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

COMPLAINT NOT UPHeld

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.
-

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.

- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or

defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

Appendix 4: Further Information and Support

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

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

[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.

Local Occupational Health and Wellbeing Services provide a range of services to help employees stay well both at home and at work

Trade Union representatives

Provide advice and support to their members when they have issues at work.

[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#) provides information, specialist support and therapy to anyone aged 13 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

[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.

[Sexual Assault Referral Centres](#) (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

[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.

[UK Government Sexual Abuse Support](#) for victims of sexual violence and abuse.

[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](#)

[Rights of Women](#): A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

[HCPC Sexual Safety Hub](#): Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

[BMA Sexual Misconduct at Work Resources](#): Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

[Managing discrimination from patients and their guardians and relatives \(BMA\)](#)

[Unison sexual Harassment Guidance](#): Guidance and model policy

[Wales TUC Sexual harassment Toolkit](#): Guidance and toolkit

[National Stalking Helpline](#) Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

[Men's Advice Line](#) The Helpline for male victims of domestic abuse
0808 801 0327

[BAWSO \(Black Association Women Step Out\)](#): Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking
0800 7318 147

[Canopi](#) Free and confidential mental health support for NHS and social care staff across Wales

[NHS Wales Guidance for Victims of Violence and Aggression](#)



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]

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

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



- 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:			
<p>This policy should help to provide improved protections for staff of all ages across the organisation. Surviving in scrubs report notes:</p> <ul style="list-style-type: none"> • 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. <p>Research indicates that victims of sexual harassment can occur with any age and perpetrators can be of any age.</p> <p>The policy should have a positive impact for protecting staff from harassment.</p>			
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
<p>Evidence / supporting narrative:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	✓		
<p>Mitigation action if adverse impact found:</p> <p>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.</p>			

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>✓</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.

<p>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.”</p>			
<p>Mitigation action if adverse impact found:</p> <p>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.</p>			
Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓
<p>Evidence / supporting narrative:</p> <p>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.</p> <p>Beliefs and cultural beliefs may intersect with sexual harassment and link with the cultural sensitivities as documented above.</p>			
<p>Mitigation action if adverse impact found:</p> <p>Refer to Race section.</p>			
Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			✓
<p>Evidence / supporting narrative:</p>			

<p>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.</p>			
<p>Mitigation action if adverse impact found:</p> <p>None currently identified.</p>			
Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
			✓
<p>Evidence / supporting narrative:</p> <p>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.</p>			
<p>Mitigation action if adverse impact found:</p> <p>None currently identified.</p>			
<p>Other groups at risk of poorer health outcomes:</p>			
Unpaid Carers	Positive effect	Negative effect	Neutral
			✓
<p>Evidence / supporting narrative:</p> <p>No impacts currently found with regards to staff who are unpaid carers.</p>			

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: This policy should not have any adverse impact in terms of staff who experience socio economic disadvantage. 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. Surviving in Scrubs ⁸ 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.			
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 ✓
<p>Article 2 - Right to life</p>	



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
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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: ✓		
	Yes	No
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.	✓	
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.		
	Yes	No
Will the proposal have an effect on opportunities for persons to use the Welsh language?	✓	



<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	
<p>Has BCUHB given due regard and given consideration for this proposal with the following:</p>	
<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.
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<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>
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End of Part B. Part C not required.

End of assessment
