 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p align="center">Policy / Procedure Approval Report</p> <p align="center">Name of Meeting People and Organisational Development Committee</p> <p align="center">Date of Meeting 17th February 2025</p> <p align="right">Agenda item: 8.1</p>
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Section 1 - Policy / Procedure Information

Policy / Procedure Title	Procedure for Reporting Possible Fitness to Practise Concerns to Regulatory Bodies for registered Healthcare Professionals
Policy Leads	Ruth Tofton/Caroline Whittaker
Lead Executives	Prof Khaw Fu Meng/Claire Birchall
PHW / All Wales?	PHW
Date of last Review	8 December 2022
Is the current policy / procedure within review date?	Yes next review is 2025
Approving Body /Group	People and Organisational Development Committee
Version Number	2
Recommendation	
<p>That People and Organisational Development Committee:</p> <ul style="list-style-type: none"> • Considers the information contained within the draft Procedure and Equalities Impact Assessment • Note that the Leadership Team have endorsed the Procedure to the Committee • Approve the Procedure for Reporting Possible Fitness to Practise Concerns to Regulatory Bodies for registered Healthcare Professionals 	

Section 3 – Details of the Review:	
Background:	
Reason for review	Original policy only covered Nursing and Midwifery (NMC) registrants and Health and Care Professions Council (HCPC) registrants and not all registered healthcare professionals.
Description/Assessment	The Executive Medical Director and Executive Director Quality and Nursing requested one procedure document covering fitness to practise issues for all registered healthcare professionals, including General Medical Council (GMC) and General Dental Council (GDC), within PHW.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	19 June 2024 – 17 July 2024
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Two individuals provided feedback on the EQIA document and the main procedure. These have been reviewed and incorporated into the EQIA and procedure.
(Add detail)	<p><i>5. Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees. The procedure will apply to the management of any concerns around Fitness to Practise for all staff across the organisation regulated by either the Nursing and Midwifery Council (NMC), General Medical Council (GMC), General Dental Council (GDC) and Health and Care Professions Council (HCPC).</i></p> <p>UKPHR wasnt included and I thought I would flag incase that was an oversight</p> <p>Action: UKPHR registrants have been included in Section 5 of the EQIA.</p> <p>Quick read through and nothing in here about what to do if immediate clinical concerns about</p>

	<p>someone out of hours. So, if as on-call CCDC, a member of my team witnesses something by another OOH Tier that puts significant doubt on their fitness to practice during the rest of that OOH period, what can/should my CCDC do (and what support/headcover does the organisation provide to that decision making)?</p> <p>Appreciate that, in hours, it is discussion with POD by line manager but it is OOHs specifically that probably needs clarifying.</p> <p>Action: An additional sentence covering the process to be followed if there is a concern raised during OOHs in Section 3 of the procedure has now been included as follows:</p> <p>If serious concerns are raised in an Out of Hours (OOHs) situation, the senior person available should conduct the risk assessment and make a decision to instruct the practitioner to cease working. This should then be discussed with the Line Manager and People and OD Team at the earliest opportunity who can then make a decision regarding formal exclusion.</p>
<p>Had this policy / procedure been considered by any other groups?</p>	<p>The Leadership Team considered and endorsed the procedure following rectification of the below comments:</p>
<p>If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this</p>	<p>Need to strengthen flow chart and make it clear who is responsible for discussion with Exec Directors regarding any possible referral to the appropriate Regulatory Body.</p>
<p>(Add detail)</p>	<p>Additional sentence added to main policy and flow chart reviewed with line manager responsibility included.</p>
<p>Impact Assessments</p>	
<p>Equality and Health Impact Assessment</p>	<p>Equality and Health Impact Assessment was conducted and is included with the papers.</p>

Welsh Language Impact	The Policy / Procedure will be translated to Welsh and available on the internet bilingually.
Risk and Assurance	Professional registration is a regulatory and contractual process and the policy outlines the required steps to take in the event of a Fitness to Practise concern being raised for all registered healthcare professionals within PHW. .
Health and Care Standards	This Policy / Procedure supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u>
	Theme 3 - Effective Care
	Theme 7 - Staff and Resources Governance, Leadership and Accountability
Financial implications	There are no financial implications to this policy being adopted.
People implications	No impact on workforce or staff survey plans as this policy requirement is a regulatory one as well as contractual.
Socio Economic Duty	No implications

5 - Implementation

Implementation plan (with timescales)		
Once approved, arrange for dissemination and publication via the Intranet		OMD/Q&N Team

6. Dissemination

The primary source for dissemination of this document within the organisation, wider community and our partners will be via the internet site.



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Cymru
Public Health
Wales

Reference Number:

Version Number: V2

Date of next review: December 2025

Procedure for Reporting Possible Fitness to Practise Concerns to Regulatory Bodies for registered Healthcare Professionals

Introduction and Aim

This document describes the procedure for determining when, and to whom, any concerns around Fitness to Practise (FtP) should be reported. It should be read in conjunction with the linked relevant policies, procedures and written control documents as outlined below.

It outlines the relevant regulatory bodies for staff employed within Public Health Wales (PHW) and responsibilities of staff. It details the arrangements for timely referral of any concerns, how they will be managed and the requirement for discussion with the appropriate regulatory body.

Linked Policies, Procedures and Written Control Documents

[All Wales Disciplinary Policy and Procedure](#)

[Nursing and Midwifery Council \(NMC\) Managing Concerns: a resource for employers](#)

[Nursing and Midwifery Council. The code. Professional standards of Practice and behaviour for nurses, midwives and nursing associates](#)

[Health and care professions council \(HCPC\) Standards of conduct, performance and ethics](#)

[Digital Health and Care Wales Upholding Professional Standards in Wales](#)

[General Medical Council Professional behaviour and fitness to practise](#)

[General Dental Council \(GDC\). Fitness to Practice](#)

[UK Public Health Register \(UKPHR\) Concerns about a UKPHR Registrant](#)

Scope	
The procedure will apply to the management of any concerns around FtP for all regulated registrants across PHW. A list of healthcare regulatory professions and bodies can be found at UK regulated professions and their regulators - GOV.UK (www.gov.uk)	
Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	PODCOM
Approval Date	
Review Date	
Date of Publication:	
Accountable Executive Director/Director	Claire Birchall, Executive Director, Nursing, Quality and Integrated Governance Prof Meng Khaw, Executive Medical Director
Authors	Caroline Whittaker Professional Lead Nursing, Midwifery and Standards Manager, Nursing, Quality and Integrated Governance Ruth Tofton Business/Workforce Development Manager, Office of the Medical Director

Disclaimer
If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	2022	08.12.22	21.12.22	First Procedure
2	2023	Tbc	Tbc	Revision of whole procedure to align with All Wales Disciplinary Policy and Procedure and various regulatory body FtP processes.

1. Introduction

Professional regulation is intended to protect the public, making sure that those who practise as healthcare professionals are doing so safely. It is a contractual condition of employment that a health professional maintains their registration throughout their employment with Public Health Wales (PHW), and it is their personal responsibility to keep their professional registration up to date.

Additionally, PHW has a responsibility to ensure that recruitment and ongoing human resources processes are in place to ensure professional registration compliance. It does this via a broad range of organisational arrangements designed to support registered healthcare professionals in performing their role safely and effectively. PHW delivers these commitments through:

- Processes to safely recruit and induct new employees.
- Performance and appraisal processes.
- Monthly registration audit of professional registration
- Annual audit verifying active professional registration with the relevant regulatory bodies.

Where concerns are raised about the professional practise of registered healthcare professionals, hereby referred to as Fitness to Practise (FtP), PHW will ensure a fair, consistent and robust process is followed to respond quickly and effectively to address these concerns in line with the relevant regulatory bodies thresholds and requirements for referral to them.

2. What is FtP?

Being fit to practise requires registered healthcare professionals to have the skills, knowledge, health and character to do their job safely and effectively. This may also include conduct outside of the working environment, if this might affect or undermine public confidence.

Further details in relation to the relevant regulatory body's standards for FtP can be found:

[NMC/HCPC – The Health Professions Order 2001](#)

[GMC – Good Medical Practice](#)

[GDC – Standards for the Dental Team](#)

[UKPHR – Fitness to Practise Rules](#)

2.1 When should concerns be escalated?

Initially, concerns regarding the capability, conduct or performance of a registered healthcare professional should be addressed informally through local mechanisms e.g., management appraisal and/or one to one meeting with the professional's line manager/consultant/lead clinician. In the majority of cases,

matters can be dealt with informally and without the recourse to formal procedures.

However, if formal procedures are invoked, those registrants who are employed under the Agenda for Change contract should be managed initially under the All-Wales Disciplinary Policy and Procedure. For all other registrants (non Agenda for Change), the appropriate Regulatory Body's process should be followed.

Nursing and midwifery regulated professionals will be the responsibility of the Nursing, Quality and Integrated Governance (NQIG) team, whilst all other regulated professionals will be the responsibility of the Office of the Medical Director (OMD).

If a referral to the Regulatory Body is deemed appropriate, the Executive Director NQIG and/or the Executive Medical Director must be notified by the line manager via the Professional Lead Nursing Midwifery and Standards Manager/OMD at phw.omb@wales.nhs.uk respectively, and a final decision will be made on the appropriateness of a referral to the Regulatory Body.

Following any such referral, FtP investigations should comply with the Regulatory Body's procedure (links found in 'Linked Policies, Procedures and Written Control Documents', Page 1). Further guidance is provided in the flowchart at Appendix A.

2.2 FtP Risk Assessment and review

If, after an initial assessment of the situation, a concern still exists regarding the registered healthcare professional's FtP, a risk assessment should be undertaken (Appendix B) to determine an appropriate course of action/decision. Risk assessments should be robust, documented and completed by the line manager, or Professional Lead, with the support of the People & OD (POD) Team. The Executive Director NQIG and/or the Executive Medical Director should be informed at the earliest stage.

PHW has a responsibility, as the employer, to ensure that concerns are escalated to the relevant regulatory body as well as ensuring fairness and equity to the healthcare professional.

Depending upon the nature of the information or evidence, a decision may be made whereby:

- No action is required
- Informal action is required
- A formal investigation is required
- Advice sought from the Regulatory Body.
- Immediate referral to the Regulatory Body.

The member of staff concerned will then be informed by their line manager of any decision or outcome at the earliest opportunity.

3. Restriction of Practice and Exclusion from Work

Where serious concerns are raised about a healthcare professional, there may be a requirement to consider whether a restriction of practice is appropriate, as an alternative to exclusion. Where this is being considered, advice should be sought from the appropriate regulatory body with support from People and OD.

Exclusion from the workplace should be an exception with other options being considered/utilised first such as redeployment to another suitable role or supervision being in place so the individual can remain in their role during any proceedings.

Generally, exclusion should only be considered and enacted if there is a reasonable believe that it would protect the following:

- The investigation, e.g. there is concern about evidence being damaged or witnesses being influenced and/or prejudice to any investigation
- The organisation, e.g. there is a genuine risk of harm to the public, patients, colleagues, property or organisational reputation
- Other colleagues
- The healthcare practitioner under investigation

In exceptional circumstances, an immediate time-limited exclusion may be necessary following a critical incident or other event which necessitates the healthcare practitioner's immediate exclusion from the workplace by an individual authorised to do so. This should be done with POD support, and careful documentation of the process (see later).

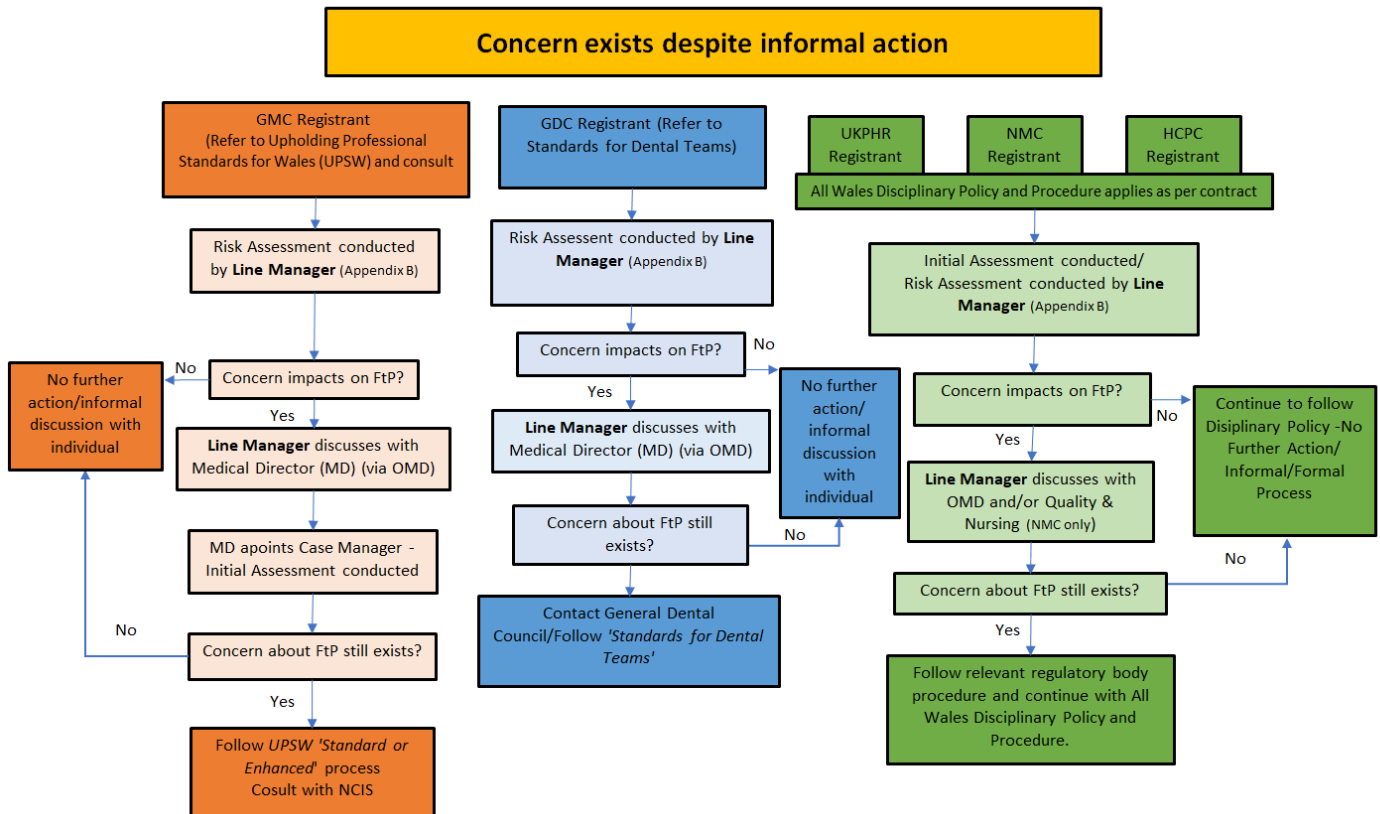
The healthcare practitioner's line manager will be responsible for conducting the risk assessment and making a decision (with support of POD and the Professional Lead) in relation to an exclusion from the workplace. If serious concerns are raised in an Out of Hours (OOHs) situation, the senior person available should conduct the risk assessment and make a decision to instruct the practitioner to cease working. This should then be discussed with the Line Manager and People and OD Team at the earliest opportunity who can then make a decision regarding formal exclusion.

In the case of GMC/GDC registrants, the Executive Medical Director must inform Welsh Government as soon as a decision to exclude a registrant has been made, providing specific details including the name and grade of the practitioner, and reason for exclusion. This information must be updated at 3 monthly intervals.

Ensure comprehensive records are maintained and procedures robustly followed and, for any referral relating to a potential FtP, the employee's wellbeing must be managed with relevant support and referrals to appropriate services.

Appendix A

PROCESS FOR MANAGING FtP CONCERNS – REGULATED HEALTHCARE PROFESSIONALS, PHW



Appendix B

RISK ASSESSMENT - REGISTERED HEALTHCARE PRACTITIONER CONCERNS

NAME:

Risk Assessment Decision Making Guidance

For each of the five categories listed in the risk assessment score sheet, you should carefully consider the evidence/concern and determine the level of severity using the detailed guidance in the 'Evidence and Insight present' detail. Each category should include a robust commentary of the level selected.

Risk Assessment Decision Making Guide				
Level of Severity				
Evidence & Insight Present	Strong evidence to support concern, individual has no insight or willingness to 'put things right'	Strong evidence to support concern, individual has insight and willingness to 'put things right'	Evidence is present to support the concern	Nil or minimal evidence of the concern
Line Manager Action Required	Discuss with POD and Professional Lead, inform Exec Directors	Discuss with POD & Professional Lead, Inform Exec Directors	Discuss with POD & Professional Lead Consider referral to OH	Discuss with POD Consider referral to OH
Line Manager Decision Required	Formal Investigation required? Referral to Regulatory Body? Exclusion from role?	Formal Investigation required? Advice sought from Regulatory Body?	Formal Investigation required? De-escalate to informal action? Consider obtaining advice from Regulatory Body?	Informal action required? No further action? Escalate to Formal Investigation?

Note: Action and Decision should be based on the highest level of severity recorded across any of the categories. Eg, only one of the categories needs to score in the 'red level of severity' for the line manager to consider formal investigation, referral to regulatory body, exclusion from role.

Conduct – Conduct refers to the registrant’s attitude or behaviour at work, where the person generally has control over their actions and conduct. Consider if there is a wilfulness from the registrant surrounding the concern. Conduct can include issues with probity, allegations of bullying/harassment, wilful failure to follow recognised practice and organisational policies, authorised absence as well as harm to patients and clients.

Capability – Capability refers to an employee’s skills, ability, aptitude and knowledge in relation to the role they are employed to do. Concern over capability is when an employee is unable to achieve the expected standards of performance due to lack of skill, ability or training. Examples could include poor clinical practice, language difficulties, working below the level expected.

Health – Registered healthcare practitioners should ensure they look after both their physical and mental health and should not undertake activities which they knowingly are unwell enough to perform. They must not put their patients or members of the public at risk because of their own health issues. Example would be non-disclosure of a condition therefore putting patients/public at risk.

Professionalism – Registered healthcare practitioners not only represent their employer but also their Professional Regulatory Body and should practice their profession in line with the requisite standards. Examples could include, inappropriate behaviour, complaints from colleagues/patients, abusing their power and or position, deliberately withholding information, misleading actions.

History – Consider whether this concern is a 'first time' occurrence. Is it a repeated occurrence and what was the timespan between. Consider if there is a pattern of behaviour and whether there has been any previous informal/formal action taken.

Risk Assessment Score Sheet

Conduct	
Severity Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comment	

Capability/Competence	
Severity Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comment	

Health	
Severity Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comment	

Professionalism	
Severity Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comment	

History	
Severity Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comment	

Other Concerns/Considerations

Is there a safeguarding issue? Yes/No If yes, please give details:
Is there Police Involvement? Yes/No If yes, please give details on the following: Has a common law notification of police involvement been received for the individual? Has a professional strategy meeting been convened under section 5 of the Wales Safeguarding Procedures? What was the outcome? Was there a recommendation for a referral to a regulatory body?
Should NHS Counter Fraud be contacted? Yes/No If yes, please give details:
Should the practitioner be excluded from the workplace? Yes/No If yes, include robust reasons for the decision to exclude:
Could the employee be given support/supervision during the period of any FtP process allowing them to remain in the workplace? Yes/No Comment required for Yes (describe arrangements) & No answer:
Support services discussed/referred to? All staff Employee Assistance Programme – Vivup (0800 023 9387) vivup.co.uk (Employee Access Code: 108611) All healthcare staff – Canopi (0800 058 2738) canopi.nhs.wales Occupational Health Service - 0300 123 9850 GP

Action Recommended:

Signed:
(Line Manager)

Date:

Send a copy of this Risk Assessment to POD and maintain a copy on the employee's electronic file (held by the Line Manager)

Equality & Health Impact Assessment for

Procedure for Reporting Possible Fitness to Practise Concerns to Regulatory Bodies for registered Healthcare Professionals

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Procedure for Reporting Possible Fitness to Practise Concerns to Regulatory Bodies for registered Healthcare Professionals
2.	Name of Corporate Directorate and title of lead member of staff, including contact details	Ruth Tofton, Business/Workforce Development Manager – Office of the Medical Director Caroline Whittaker, Professional Lead Nursing, Midwifery and Standards Manager – Nursing, Quality and Integrated Governance
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The purpose of this procedure is to ensure that Public Health Wales meets its mandatory obligations in relation to Fitness to Practise and to set out a framework for staff who are, or where there are Fitness to Practise issues
4.	Evidence and background information	Professional regulation is intended to protect the public, making sure

	<p>considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>that those who practise as a health professional are doing so safely. It is therefore a contractual condition of employment that a Health Professional maintains their registration throughout their employment with Public Health Wales, and it is their personal responsibility to keep their professional registration up to date.</p> <p>In addition, Public Health Wales has a responsibility to ensure that recruitment and ongoing processes are in place to ensure Professional Registration compliance and protection of the public. It does this via a broad range of organisational arrangements designed to support multi-disciplinary Registered Healthcare Professionals in performing their role as a Professional Practitioners, safely and effectively. Public Health Wales delivers these commitments through:</p> <ul style="list-style-type: none"> • Processes to safely recruit and induct new employees • Performance and Appraisal processes (presently provided through 'My Contribution') • Revalidation and Appraisal (GMC and UKPHR) • Monthly Registration Audit • Annual Audit verifying active professional registration of all relevant healthcare professionals
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>The procedure will apply to the management of any concerns around Fitness to Practise for all regulated healthcare professionals across the organisation.</p>

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to their age. The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as	There could be potential for misunderstanding of the procedure by staff with a disability, e.g. with a learning disability or visual impairment.	To mitigate the effects of a disability and ensure that the individual is not disadvantaged by the procedure, there is a requirement to make provision for reasonable adjustments in the	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
diabetes		<p>process involving a disabled member of staff.</p> <p>This may include provision of the procedure in alternative formats where requested.</p>	
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to gender.</p> <p>The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
6.4 People who are married or who have a civil partner.	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to marital or civil partnership status.</p> <p>The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations.</p>		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to pregnancy, maternity or breastfeeding.</p> <p>The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>There is the potential for misunderstanding of the procedure by staff for whom English is an additional language.</p>	<p>Consideration to be given to additional support, e.g. through providing additional explanation, support or translation services.</p>	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to belief of lack of belief.</p> <p>The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); 	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in relation to orientation.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> • both sexes (bisexual) 	The procedure prevents indirect discrimination by setting out the processes that should be followed in Fitness to Practise situations		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	There is no specific evidence to suggest the procedure has a disproportionate impact on people who communicate using the Welsh language.	<p>The procedure is available in Welsh on the Intranet.</p> <p>Correspondence and meetings can be made available in Welsh as requested.</p>	
<p>6.10 People according to their income related group:</p> <p>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	There is no specific evidence to suggest the procedure has a disproportionate impact on people according to their income related group.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Directorate / Division. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no specific evidence to suggest the procedure has a disproportionate impact on people according to where they live.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There is no specific evidence to suggest the procedure has a disproportionate impact on any other groups.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>There is no specific evidence to suggest the procedure has any impact on people being able to access the service.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the</p>	<p>There is no specific evidence to suggest the procedure has any impact on people being able to improve/maintain healthy lifestyles.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
<p>harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>There is no specific evidence to suggest the procedure has a disproportionate impact on people in terms of their income and employment status except in the case of dismissal of staff as an outcome of the Fitness to Practise process.</p>	<p>Dismissal is only appropriate in specific circumstances; following an act of gross misconduct/negligence and/or a serious continued failure to meet required standards; or where there is a failure to reach the</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales		required standards which have been specified in previous warning(s).	
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>There is no specific evidence to suggest the procedure has any impact on the use of the physical environment.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>There is no specific evidence to suggest the procedure has any impact on people in terms of social and community influences on their health.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>There is no specific evidence to suggest the procedure has any impact on people in terms of macro-economic, environmental and sustainability factors.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Directorate / Division Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The procedure may have an impact on disabled people and those people for whom English is an additional language.</p> <p>The procedure aims to address any potentially disproportionate impact through providing additional explanation, support or translation services, and the consideration of reasonable adjustments to the Fitness to Practise process where these could mitigate the effects of any substantial disadvantage.</p> <p>If Fitness to Practise action leads to dismissal, this will impact on those people who are dismissed in terms of their income and employment status.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Directorate / Division
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	Action	Lead	Timescale	Action taken by Directorate / Division
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Apply the procedure fairly and consistently.</p> <p>Provide support and guidance to managers and staff.</p> <p>Monitor the protected characteristics of staff affected by Fitness to Practise action, including dismissal, to identify any disproportionate impact on particular groups of people</p>	<p>NQIG/ OMD</p> <p>NQIG/ OMD</p> <p>NQIG/ OMD</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Annually</p>	
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>No</p>			

	Action	Lead	Timescale	Action taken by Directorate / Division
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy policy, plan, procedure and/ service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	Procedure to receive sign off.	BBU	Jan 2025	

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Vision to 'create a healthier, happier and fairer Wales'

Guidance

The Public Health Wales strategy (Integrated Medium Term Plan) 'Creating a healthier, happier and fairer Wales for everyone' (2016-2019) outlines how we exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how Public Health Wales is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies, policies, plans, procedures and services /activity.

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all organisational strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the organisation's Vision, plan and its strategic priorities. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the Integrated Screening Tool will identify if there is a need for a full impact assessment.

¹ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the organisation to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to

respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information please contact Andrew Richardson, Corporate Governance Manager (andrew.richardson2@wales.nhs.uk) or Sarah Morgan, Diversity and Inclusion Manager, (Sarah.Morgan67@wales.nhs.uk).

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance.
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates.¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide.¹⁵

¹⁴ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁵ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁶

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against Trust staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property

¹⁶ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

