

Equality & Health Impact Assessment for

DISCLOSURE AND BARRING SERVICE POLICY AND PROCEDURE

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

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- 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	Disclosure And Barring Service Policy and accompanying Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager, 47559 Andrew Crook, Head of Workforce Governance, 42925
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure the safe recruitment of staff and the protection of patients (children and vulnerable adults). The policy and the accompanying

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253.73860411&_dad=portal&_schema=PORTAL

		procedure provide managers and staff with guidance on how requests for Disclosure must be managed, the levels of disclosure required and how to manage information provided by the Disclosure and Barring Service (DBS). Guidance is also provided on how to make referrals to the DBS service
4.	<p>Evidence and background information 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 Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<ul style="list-style-type: none"> • Workforce monitoring data (see end of document) • A consultation has taken place between <<insert dates>> via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD, Senior Nurse for Safeguarding Adults and Children, Senior Nurse Standards and Professional Regulation and the Rainbow Fflag Network. As a result of the consultation <<to be completed following consultation>> • The Institute of Race Relations reports that people from BAME communities are over-represented at almost all stages of the criminal justice process, disproportionately targeted by the police, more likely to be imprisoned and more likely to be imprisoned for longer than white British people. This correlates with information provided by the Ministry of Justice in the publication Statistics on Race and the Criminal Justice System 2014 and a supporting infographic. • According the Ministry of Justice report Statistics on Women and the Criminal Justice System 2013 and supporting infographic, which provides information on males and females in the justice system: <ul style="list-style-type: none"> ○ For defendants appearing at the Crown Court in 2013, males were nearly twice as likely as females to be remanded in custody. Of those remanded in custody, males were more likely to go on to receive an immediate custodial sentence. ○ For both male and female offenders in the five years from 2009 to 2013, fines were the most common sentence at court. Males were more likely to be given an immediate custodial sentence than females. The different

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

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

		<p>disposal profiles of males and females can be largely attributed to the different types of offences they commit, with females more likely to commit the less serious, summary offences.</p> <ul style="list-style-type: none"> ○ In 2013, custody was the most common sentence for males for indictable offences, whilst community sentences were the most common sentence outcome for females. Of those sentenced to custody for indictable offences, the average custodial sentence lengths were lower for female offenders compared with male offenders for all offence groups. ○ Female offenders were less likely than male offenders to have any previous cautions or convictions throughout the ten years from 2003 to 2013, with a third of females and only a fifth of males being first-time offenders in 2013. ○ In the most recent period (2012), males (both adults and juveniles) re-offended at a higher rate than females (27.7% compared to 18.5%), and this has not changed over the past ten years. <ul style="list-style-type: none"> ● A number of EQIAs from other organisations were access via a Google Search on 09.11.2016 – of those accessed: <ul style="list-style-type: none"> ○ South Central Ambulance Service NHS Foundation Trust found that there could be a negative impact in relation to race (on the basis of language difficulties) and disability (relating to possible learning difficulties) n.b. no further explanation was given ○ NHS Kernow Clinical Commissioning Group noted that there could be an impact on people from BME groups (as it may be difficult to carry the same standard of checks where applicants have lived/worked abroad) and disabled people (as employees with a learning disability may have more difficulties understanding and completing the forms) ○ Doncaster and Bassetlaw Hospitals NHS Foundation Trust did not find any of the protected characteristic groups to be affected ● The processes described and eligibility for checks are set out by the Disclosure and Barring Service and are described on the NHS Employers website ● Knowledge and experience of EHIA authors and key stakeholders
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5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The groups of individuals who will benefit from this policy include:</p> <ul style="list-style-type: none"> • Our patients and their families • Managers (especially recruiting and disciplining managers) • Our staff • Other groups who come into contact with our patients e.g. volunteers, honorary contract holders, bank and agency staff • The Safeguarding team • Workforce and OD • The public
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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 Clinical Board / Corporate Directorate. 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 	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the age of the individual concerned.	n/a	
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 diabetes	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of whether or not the individual concerned has a disability.	Copies of the policy can be made available in alternative formats (e.g. large print) on request. Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from	Managers should refer to the Partnership and Recognition Agreement for information about time off and facilities for staff representatives/trade unions

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	There is some evidence to suggest that accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia	their TU.	
<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>	There is evidence to show that the justice system has a differential impact on men and women e.g. types of sentences received and likelihood to re-offend. However, this policy and accompanying procedure have a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS regardless of the gender identity of the individual concerned.	<p>For those staff requiring a Disclosure and Barring Service disclosure, part of the process involves a strict requirement for applicants to state all previous names and aliases. The last page of the form then has to be completed by the “Registered Person” who checks and verifies the contents and the evidence supplied. This means there can be some anxiety about the implications for Transsexual applicants and existing Transsexual staff that have legally changed their name.</p> <p>The DBS has a confidential</p>	Supporting Transgender Staff Procedure to be added to the list of documents to be read alongside this Policy

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		checking process for trans applicants who don't want to reveal details of their previous identify to a potential or existing employer. These applicants are required to contact the DBS direct via email or telephone. Any trans employee who does not wish to disclose a previous name on the initial disclosure form has a legal duty to follow this special DBS procedure. It is good practice to make this information available to all staff and applicants needing a DBS check. .	
6.4 People who are married or who have a civil partner.	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the age of the individual concerned.		

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
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.	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of whether or not the individual concerned is on maternity leave or has recently had a baby.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There is evidence that people from BAME communities are over-represented at almost all stages of the criminal justice process, which would suggest that a higher likelihood of a positive DBS check for BAME applicants. However, this policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in		

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	requesting and acting on DBS checks irrespective of the race of the individual concerned.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the religion or belief of the individual concerned.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	This policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of what sex the individual concerned is attracted to.		

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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<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>	<p>No evidence was found to suggest that this policy or accompanying procedure has an impact on individuals because of their Welsh Language skills</p>		
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the income of the individual concerned.</p>		
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor</p>	<p>This policy and accompanying procedure has a positive impact</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 Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
economic and/or health indicators, people unable to access services and facilities	by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this policy and accompanying procedure have a negative impact. The policy has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the individual concerned.		

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 Clinical Board / Corporate Directorate 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>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of access to services offered.</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 harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and</p>	<p>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the individuals ability to improve or maintain health 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 Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>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>Well-being Goal – A prosperous Wales</p>	<p>This policy and accompanying procedure could have an impact on the ability of an individual to secure employment with the UHB. When assessing applicants who declare convictions, cautions etc the criteria should allow for the fact that a conviction does not automatically stop a person gaining employment. However, someone who is barred must not be engaged in regulated activity as this is a criminal offence. Where criminal offences/convictions are revealed in the Disclosure information, the</p>	<p>Where a Disclosure check reveals that the DBS has made a barring decision against regulated activity, the offer of employment must be withdrawn immediately as it is illegal for the employer to allow them to engage in the regulated activity from which they are barred. When considering disclosure information employers must assess:</p> <ul style="list-style-type: none"> any legal or regulatory requirements 	<p>No amendment to policy required</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 Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>appointing officer should contact the Clinical Board Head of Workforce & OD /Senior Medical Workforce Manager to discuss the nature of the offence(s) before a final decision is made whether the offer of employment will be withdrawn</p>	<ul style="list-style-type: none"> • the nature of the offence • its relevance to the position being applied for • the length and type of sentence issued • at what age the individual committed the offence • whether the applicant has a pattern of offending behaviour, for example, if there are multiple offences • whether the applicant's circumstances have changed since the offending behaviour. For example, where the offence was time-limited or committed as a juvenile, and the individual has taken on responsibilities in life to enhance their standing in society, such as through education or voluntary work • the circumstances 	

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 Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
		surrounding the offending behaviour and the explanation offered by the individual.	
<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>	This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the individuals use of the physical environment		

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 Clinical Board / Corporate Directorate 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>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of social and community influences on the individual's 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>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of macro-economic, environmental or sustainability</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 Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales	factors		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	<p>The Policy and accompanying procedure has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same processes are followed in requesting/ acting on DBS checks or making referrals to the DBS irrespective of the individual concerned.</p> <p>There is some evidence to suggest that accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities and dyslexia</p> <p>Any trans employee who does not wish to disclose a previous name on the initial disclosure form can follow a special DBS procedure which sits alongside the usual process followed by NWSSP (Shared Services). Please refer to the Supporting Transgender Staff Procedure for more information.</p>
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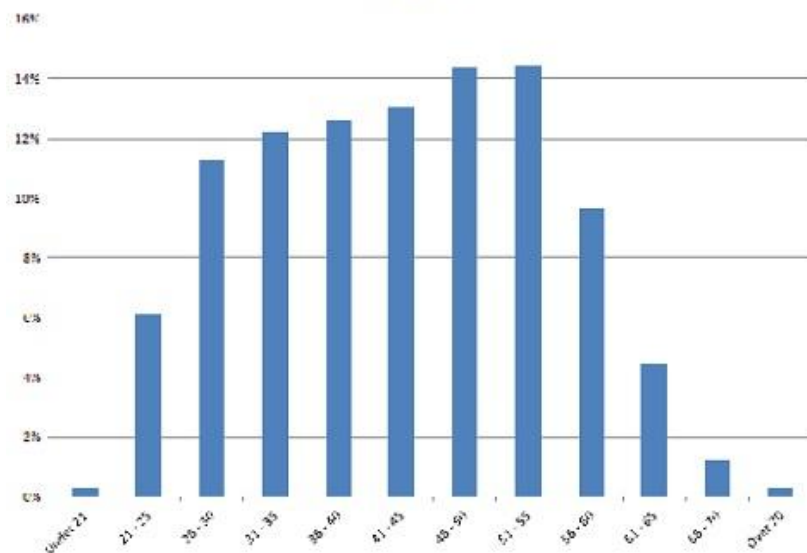
Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when required
	<p>Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from their TU</p> <p>The Supporting Transgender Staff Procedure to be added to the list of documents to be read alongside this Policy</p>	Head of WF Governance	Prior to consultation	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No, as the overall impact is positive.			

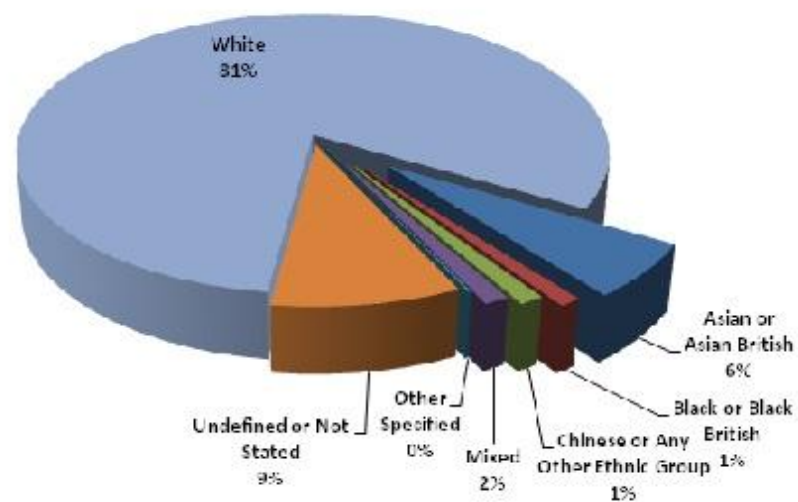
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged 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 	<p>Policy and accompanying procedure are to continue unchanged as there are no significant negative impacts</p> <p>The Policy, Procedure and EQIA will be published on the UHB internet and intranet sites.</p> <p>On publication, the policy will be communicated via a briefing for staff and managers advising of the key changes and reminding staff of the requirement to declare cautions or convictions. This will be communicated via the WOD internet pages 'Working for Us', email to Clinical Boards and the CAV You Heard? (UHB) Newsletter.</p> <p>The Policy, Procedure and EQIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required</p>			

Appendix: UHB Staffing data (March 2016):

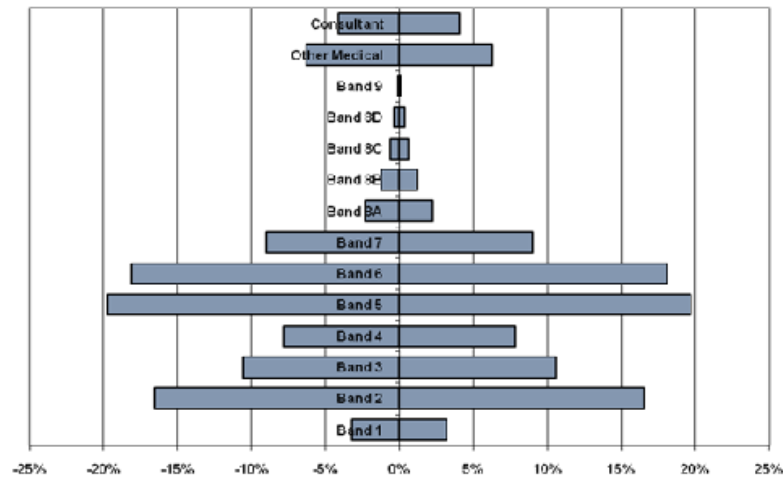
Age Profile



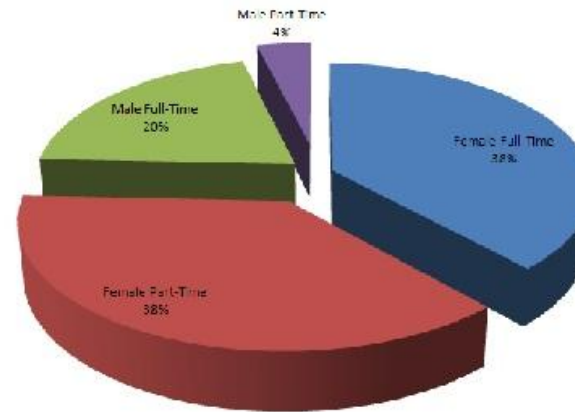
Ethnicity



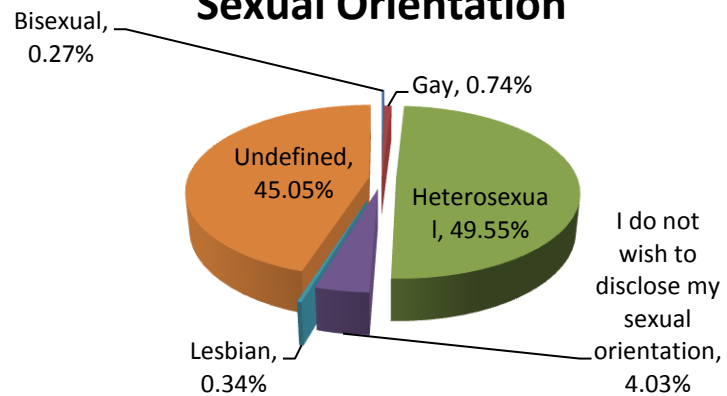
**Christmas Tree
% WTE Staff By Payband**



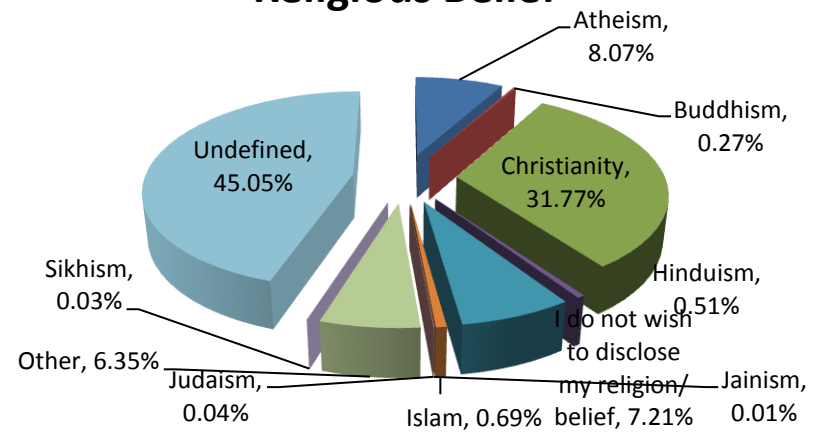
Gender and Contract Type

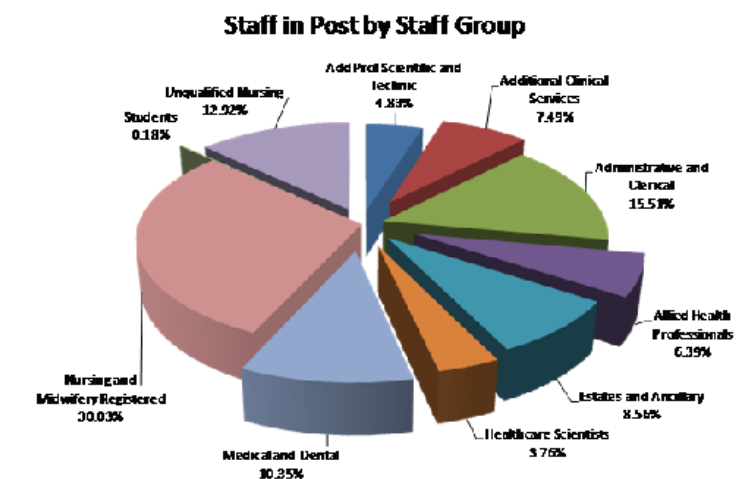
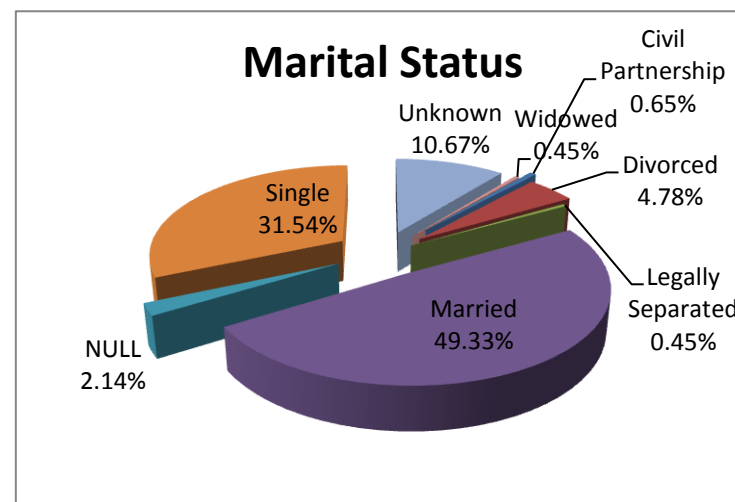
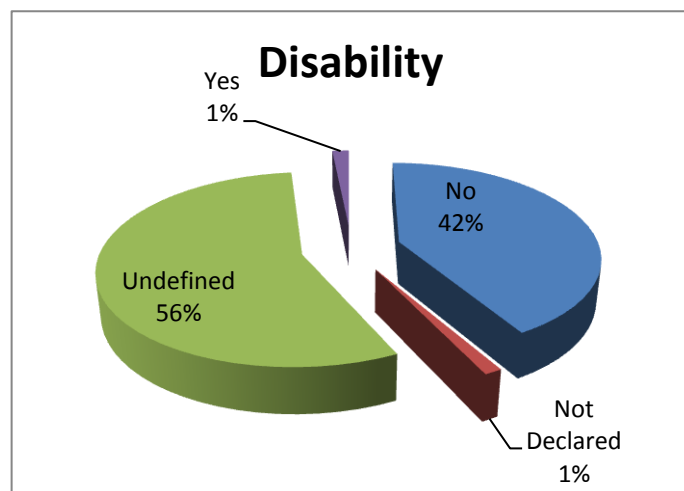


Sexual Orientation



Religious Belief

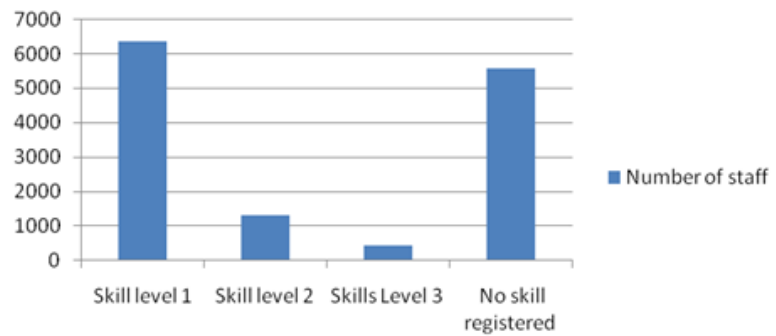




Gender	Staff Group	Headcount
Female	Add Prof Scientific and Technic	513
	Additional Clinical Services	899
	Administrative and Clerical	1891
	Allied Health Professionals	782
	Estates and Ancillary	591
	Healthcare Scientists	301
	Medical and Dental	663
	Nursing and Midwifery Registered	3835
	Students	22
	Unqualified Nursing	1533
Female Total		11020
Male	Add Prof Scientific and Technic	192
	Additional Clinical Services	284
	Administrative and Clerical	421
	Allied Health Professionals	154
	Estates and Ancillary	687
	Healthcare Scientists	199
	Medical and Dental	779
	Nursing and Midwifery Registered	461
	Students	3
	Unqualified Nursing	380
Male Total		3540
Grand Total		14560

Welsh language skills levels

Welsh Language Skills level of UHB Staff



Skill level 1 - Cannot speak Welsh at all to Can speak a few phrases of Welsh

Skill level 2 - Very basic conversational Welsh to Fair conversational Welsh

Skill level 3 - Good conversational Welsh to Fluent in spoken Welsh