PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	11 December 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce & Organisational Policies
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce & OD (Organisational Development)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Heather Hinkin, Head of Workforce

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to approve the recommendations in relation to the documents listed below.

1. **Revised Local Policies for approval**

   - 129 – Time off for medical and dental appointments
   - 311 – Domestic Abuse & Sexual Violence
   - 313 – Study Leave for Medical & Dental Staff
   - 333 – Bilingual Skills
   - 511 – Carers
   - 935 – Ethical Employment

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

In addition to the above policies for approval, three further policies have also been updated online in the period and it has been agreed with the Policy Co-ordination Officer, Corporate Services, that these changes should be noted for information purposes in this report. Details of the policies and changes made are outlined in the next section.

2. **Policies yet to be presented for consideration**

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided.

A request for extension of these local policies together with rationale can be found in the next section.

3. Policies proposed for removal

The following policies are proposed for removal from the local policy framework as it is no longer required as a standalone policy :-

- 582 – Term Time Working
- 126 Work/Life Balance/Flexible Working Policy

4. All Wales Policy Update

The most recent and updated quarterly schedule was received on 6 December 2023 and is attached. Committee is asked to approve the following revised All Wales documents :-

- All Wales NHS Staff to Raise Concerns Procedure
- All Wales Flexible Working Policy - NEW

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

All Workforce & OD policy reviews are reviewed by a Task and Finish (T&F) Group which includes colleagues from, for example, Payroll, Workforce & OD, operational management leads and Trade Union (TU) representatives or via a desktop review. The specific changes are listed as follows:-

1. Policies for approval

129 – Time off for medical and dental appointments
- The policy has been shortened via a desk top review, but no substantive changes made.
- The time off arrangements by medical circumstance section has been moved to an appendix.
- Section 5.3 Occupational Health appointments has been removed as it has already been stated.
- Disability or long-term health conditions has been updated.
- The implementation and review sections have been removed as they no longer add value with the governance framework in place.
- Global staff consultation was not required due to the minor changes made.
- The summary Equality Impact Assessment (EQIA) did not require update.

311 – Domestic Abuse & Sexual Violence

- The policy has been HR disrupted and reduced from 9 to 5 pages via a Task and Finish Group.
- Changes made to language to make the policy more inclusive.
- Hyperlinks have been used to enable quick access to sources of support.
- Increased number of external sources of support have been included.
- Internal sources of support have also been signposted.
- Global staff consultation has been undertaken.
- A summary EQIA has also been updated.

313 – Study Leave for Medical & Dental Staff
- Review undertaken by Medical Education representative, Associate Medical Director for Medical Education & Training, SAS (Specialist, Associate Specialist and Specialty) Advocate, Service Delivery Manager and a Medical Workforce representative.
- The scope was updated to clarify who the policy applies to.
- The grades of doctors section has been updated to clarify the entitlements for each.
- Categories of study leave has been updated to be consistent with the descriptions used within other policies.
- During consultation the LNC asked for the Continuous Professional Development (CPD) Table to be added back into the policy as members found it helpful.
- Appendix 1 for Travel & Subsistence has been replaced by a hyperlink.
- Consultation undertaken via Local Negotiating Committee (LNC) Chair and full time officer by email.
- Consultation with LNC Committee at its November 2023 meeting.
- Global staff consultation was not required as the additions either strengthen or clarify current aspects of the policy.
- The summary EQIA did not require update as a result of the minor changes made.

333 – Bilingual Skills
- The policy has been shortened via a Task and Finish Group so that it does not repeat information already contain in the Bilingual Skills Strategy, but no substantive changes made to content.
- A Microsoft Form will also be available as an appendix.
- Global staff consultation was undertaken.
- A summary EQIA has also been updated.

511 – Carers
- Review undertaken by the Carers Strategy Group, Carers Peer Support Group and a Task and Finish Group. Contributions were also received from working carers.
- The policy has been moved into the new template and all links checked and updated.
- The document was made more succinct for easier reading.
- The definition of a parent carer was added.
- A guide to adding supplementary roles on Electronic Staff Records (ESR) was added.
- Updated contact information for the Carers Information Services across the region were added including regional carers website.
- Global staff consultation was undertaken.
- A summary EQIA has also been updated.

935 – Ethical Employment
- Policy has been HR disrupted via a Task and Finish Group but no substantive changes have been made to the content.
- New versions included of the supporting documents in the 'to be read in conjunction with' section.
- Links now included to training available on Learning Wales which was still in development when the original policy was produced.
- Links included to Welsh Government Guidance on Reporting Modern Slavery.

- Minor amendments made to section 8 and 10 of compliance monitoring table.
- Global staff consultation was not required due to the minor changes made.
- The summary EQIA has been updated.

Policy Amendments for Information

107 – Volunteers
- No changes to policy but minor changes have been made to the background information packs for stakeholders.

713 - Honorary Contracts
- Welsh Risk Pool have updated their policy on Indemnity Insurance from 2015 to 2023 – its hyperlink and version control have been amended accordingly in the policy.
- Hyperlink to the application form has also been updated.

1179 – Developing New Clinical Roles
- Addition of five words on page 6 new sentence now reads "Use this MS form to submit "*a competency or training programme*" - https://forms.office.com/e/FyMbEvSHEy (Links open in a new window).

2. Policies yet to be presented for consideration – extension requests

Listed below are the three policies that are outstanding in terms of the timetable for review, together with rational and proposed new policy expiry date.

Local Policy - Extension Requests

Policy Lead Area	Policy Name	Rationale	Extend To
Corporate Nursing	042 - Preceptorship Policy for Newly Qualified Nurses and Midwives	Policy now being looked at from a multi-professional perspective not just from Nursing/Midwifery. Work ongoing to review prescribing, administration and dispensing from an equity perspective.	31/3/24
Corporate Nursing	558 - Management of Nursing/ Midwifery Medication Errors and Near Misses	Remains work in progress. Awaiting feedback from Nursing colleagues.	31/3/24
Recruitment	121 - Relocation Expenses	As the All Wales draft policy is currently out to consultation it is more prudent to extend rather than review this local policy at this time.	31/3/24

3. Policies for removal

One policy is proposed for removal based on the rationale outlined below: -

Policy	Rationale
582 - Term Time Working	• It is proposed to remove this policy as it is already covered in the Work Life Balance (WLB) Flexible Working Policy and referenced in the new All Wales Flexible Working Policy. • Separate guidance (including a calculator) to support understanding and application are already available on Sharepoint.
126 – Work/Life Balance/Flexible Working Policy	• It is proposed to remove this policy as we have recently received a new All Wales Policy that will replace it. • We will work in the background to realign any guidance and supporting documentation to the new All Wales Policy.

4. All Wales Policies – for approval

<u>435 – All Wales NHS Staff to Raise Concerns Procedure</u>
- In light of the recent publication of the Speaking Up Safely Framework, it has been agreed in partnership with the trade unions at the Wales Partnership Forum to amend the Procedure for NHS Staff to Raise Concerns.
- The informal stages have been removed.
- A note has been included to the effect that it is to be read alongside the Speaking Up Safely Framework.
- The flowchart (previously appendix 5) has also been temporarily removed. This is an interim measure, and the procedure will be subject to fuller review in due course.
- The procedure, albeit approved at an All Wales level, has been issued for staff global consultation from an information perspective until 23/10/23. No comments were received.
- NHS Employers advised that the EQIA remains current.

<u>All Wales Flexible Working Policy</u>
- This is a new All Wales Policy and is proposed to replace our local Work/Life Balance/Flexible Working Policy Number 126.
- The development of an All Wales policy was part of the non-pay elements of the pay deal.
- The policy is future proofed in line with the forthcoming changes in legislation which are due to be implemented in April 2024.
- The policy is a principles led approach to support a flexible culture with the overriding aim to work with an employee to try and accommodate their request.
- Once the design work has been completed, the new policy will be updated with the standard presentation for All Wales policies.
- We will ensure that our guidance documentation that sits beneath our own local policy is amended accordingly and linked to the new policy.
- An EQIA has also been provided by the Welsh Partnership Forum

Asesiad / Assessment

The revised documents have been shared with the Local Partnership Forums and Staff Partnership Forum for comment. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening Equality Impact Assessment (EQIA) has been updated where appropriate on advice from the Corporate Policy Office.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Receive assurance that the above documents have been reviewed in line with Policy 190.

- Approve the following documents for publication:-

  129 – Time off for medical and dental appointments
  311 – Domestic Abuse and Sexual Violence
  313 – Study Leave for Medical and Dental Staff
  333 – Bilingual Skills
  511 – Carers
  935 – Ethical Employment

- Note the minor changes made to the policies listed below:-
  107 – Volunteers
  713 – Honorary Contracts
  1179 – Developing New Clinical Roles

- Extend the following policies in accordance with the dates outlined above:-

  042 – Preceptorship
  558 – Medication Errors
  121 – Relocation Expenses

- Remove the following policy for the reasons outlined above:-

  582 – Term Time Working

- Approve the revised All Wales NHS Staff to Raise Concerns Procedure and the new All Wales Flexible Working Policy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	2b Employer of choice 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termau: Glossary of Terms:	Included in each document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Local Partnership Forums Local Negotiating Committee Staff Partnership Forum Sub Policy Group – 28 September 2023 and 16 November 2023 Staff Partnership Forum on 5 December for information. Global consultation with staff as required

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Staff accessing written control documentation, which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: **Workforce:**	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: **Risk:**	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: **Legal:**	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: **Reputational:**	Failure to apply the appropriate entitlements under the legislation and policy framework effectively may lead to formal complaints which may have a reputational impact.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	A summary equality impact assessment has been undertaken for Policy Numbers 311, 333, 511 and 935 are attached. All Wales Partnership Forum has produced a new EQIA for the All Wales Flexible Working Policy and this is also attached.

Time Off For Medical / Dental Appointments During Normal Working Hours Policy

Policy information
Policy number: 129

Classification:
Employment

Supersedes:
Previous Versions

Version number:
6

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information
Approved by:
People, Organisational Development & Culture Committee
Date of approval:
Enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
This Policy sets out guidance for dealing with requests for time off for medical and dental appointments.

Scope:
This policy applies to all employees of the Health Board. This policy does not apply to employees who require time off to take dependents to medical appointments as this may be covered under Special Leave, Parental Leave, Flexi-Time or Annual Leave policies, as appropriate

To be read in conjunction with:
768 – Managing Attendance at Work All Wales Policy (opens in a new tab)

122 – Special Leave Policy (opens in a new tab)
511 – Carers Policy (opens in a new tab)

Patient information:
N/A

Owning group:
Workforce and Organisational Team

Executive Director job title:
Lisa Gostling – Director of Workforce and OD

Reviews and updates:
Version 1 – New Policy – September 2011
Version 2 – No Changes, Extend Review Date For 3 Years – 05/02/2015
Version 3 – Amendment to paragraph 5. 4, reference to the DDA & Equality Act & amended chart – January 2016
Version 4 – Amended in line with the All Wales Sickness Policy – 18/05/2017
Version 5 – No Changes, extend review date for 3 years – 19/03/2019
      Minor amendment page 5 – referral to FAQ section removed as no longer have this – 18/06/2019
      Carers Policy (opens in a new tab) Reuploaded with reference to the 511 Carers Policy in the to be read in conjunction with section – 18/02/2021
      PODCC – extended whilst review is being undertaken – 31/03/2023

Keywords
Medical appointment, Dental appointment, appointment, Time off.

Glossary of terms
UHB – University Health Board

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Introduction

The Health Board recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital appointment or clinic for investigation and/or treatment. Levels of flexibility may vary according to the needs of the service but the Health Board will strive to apply consistency in the application of this policy across all departments.

Appointments should be scheduled wherever possible outside an employee's normal working hours. Whilst there is no legal or contractual obligation to time off during working hours to attend medical appointments it is recognised that the nature of some medical conditions sometimes require that appointments are scheduled during normal working hours.

Policy Statement

This policy provides guidance for dealing with requests for time off work to attend medical or dental appointments to ensure requests are considered fairly, consistently and in accordance with the Equality Act 2010.

Scope

This policy applies to all employees of the Health Board. This policy does not apply to employees who require time off to take dependents to medical appointments as this may be covered under Special Leave, Parental Leave, Flexi-Time or Annual Leave policies, as appropriate.

Aim

The aim of this document is to establish agreed principles which deal effectively with requests for time off for medical and dental appointments.

Objectives

The aim of this document is to achieve consistent and fair practice in the application of time off for medical and dental appointments.

TIME OFF ARRANGEMENTS

Authorisation, approval and recording time off

Employees are expected to request time off by providing as much notice of the appointment as possible to their manager. The manager is responsible for considering the request in accordance with this policy and recording the amount of time off taken. The amount of time off required will depend on the type of appointment, distance to be travelled etc.

Staff should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given. The Manager must keep a record of any such appointments and may ask to see documentary confirmation of the appointment where this is available.

Making up time off

Where staff need to attend routine appointments during work time they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed:

- Arriving early or leaving later on the day of the appointment
- A temporary increase in hours (without pay) over a short period
- Unpaid leave

- Annual leave
- Time in lieu/Flexi Time
- Any other arrangement agreed with the manager

Managers have discretion when agreeing arrangements with individual members of staff to ensure the personal circumstances of the individual are taken into consideration as well as the needs of the department. There may be occasions where the individual, due to work/life balance arrangements, is unable to make up the time off and in this situation, advice should be sought from the Workforce & OD Department.

Disability or long-term health conditions

Not all requests for time to attend a medical appointment may be related to a disability. However, where the request for time off is related to a disability or long-term health condition, the Health Board has a duty under the Equality Act 2010 to make reasonable adjustments – time off for such appointments may be a reasonable adjustment to make under this duty within the Equality Act 2010.

Where the appointment forms part of an ongoing treatment programme for a serious health condition, or is related to a disability or long term health condition, the manager must discuss such appointments with the employee to plan any necessary support to be offered. In some circumstances staff will be given a reasonable amount of paid time off to attend such appointments as part of their programme of care and support.

Managers should seek advice from the Workforce & OD Department or Occupational Health Department if they are unsure whether the appointment could be related to a disability.

The Act says that a person has a disability "if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities".

Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

If you are in doubt if someone is covered by the Equality Act 2010 you can contact the Disability Rights Commission or phone its helpline on **08457 622 633**. Advice is also available from the Occupational Health Department.

Medical Appointments recorded as Sickness Absence

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick leave.

Sickness absence can be planned where it is known that a member of staff will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time.

Where an employee has a disability as defined by the Equality Act 2010 or long term health condition which requires treatment on a regular basis for a prolonged period, daily treatment over the course of a week or more, weekly treatment over the course of a month or more, monthly treatment over the course of five months or more, (these are examples only) and it is certified through a hospital letter or medical practitioner letter, this will not be recorded as sickness absence. If a spell of absence for recovery of the on-going treatment is required then this period of time will be recorded as sick absence.

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Medical Appointments – family members or dependants
Planned Appointments
Employees are expected to make every effort to make arrangements for dependants to attend to medical appointments at times to minimise the time required for them to be away from work during normal working hours. If the manager is satisfied that such efforts have been made, then time off work may be granted subject to the needs of the service. It is expected that this time is made up by agreement or is unpaid.

Emergency Appointments
The Health Board's Special Leave Policy applies in circumstances where an employee is required to attend a medical appointment with a dependant in an emergency.

TRAINING

Training may be provided at HR training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

EQUALITY

The Hywel Dda University Health Board recognises and values the diversity of its workforce. Our aim is provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The Hywel Dda University Health Board recognised that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed using the Health Board integrated impact assessment tool.

Roles and Responsibilities

Employees
Employees are expected to:
- arrange appointments at a time they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service
- seek authorisation for the time off from work from their manager, wherever possible in advance of making the appointment or in the case of an emergency on the day of the appointment. In cases where you are issued with an appointment, you are required to inform your manager as soon as possible
- attend work or return to work after any appointment if time remains within their normal working hours and you are fit to do so
- explore options to make up time taken off work to attend appointments (see section making up time off)

Managers
Managers are expected to:
- authorise requests reasonably, equitably and consistently in accordance with the policy and not unreasonably refuse requests for time off work during normal working hours
- monitor the frequency of requests and seek advice from the Workforce & OD Department and Occupational Health Department if necessary
- explore options to accommodate requests by mutual agreement where appropriate.

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APPENDIX 1 – SUMMARY OF TIME OFF ARRANGEMENTS

Medical circumstances:

Nature of Appointment	Recorded as Sickness Absence Y/N	Time off from Work to be made up Y/N
Occupational Health Department appointment	N	N
Staff Psychological Wellbeing Department appointment	N	N
Hospital, GP or Dentist appointment.	N	Y Managers have the discretion to discuss and agree arrangements with individual members of staff to ensure the personal circumstances of the individual are taken into consideration as well as the needs of the department.
Medical appointment related to a disability or long-term health condition	N	Dependent on the type and number of appointments see section 5.3
Where a medical appointment involves treatment which results in an employee being unfit for work afterwards	Y	N
Medical condition which requires treatment that will be debilitating for a recognised period of time	Y	N
Disability or long-term health condition which requires	N if this is treatment as an outpatient.	Dependent on the type and number of

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	Y if the treatment then requires a spell of absence after the treatment is carried out	appointments see section 5.3
treatment on a regular basis for a prolonged period of time.		
Fertility treatment	N	N

Refer to s.7.2.5 of the All Wales Special Leave Policy |
| Reported Industrial Injury/Disease related to Health Board employment | N | Refer to section 5.2 |

Other circumstances:

Nature of Appointment	Recorded as Sickness Absence Y/N	Time off from Work to be made up Y/N
Dependents – planned	N	Y
Dependents – emergency	N	Y

Alternatively, the Special Leave Policy may apply |

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Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.
_____

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

1

Date of commencement of Screening Assessment:	22/11/23
Screening conducted by (name and email address):	Lisa Hughes Lisa.hughes@wales.nhs.uk
Title of programme, policy or project being screened:	Time off for Medical and Dental Appointments During Normal Working Hours Policy - Review November 2023

Description of the programme/policy/project being screened (including key aims and objectives)

This policy provides guidance for dealing with requests for time off work to attend medical or dental appointments to ensure requests are considered fairly and consistently.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Trade Unions (including Unison, one of the main unions within the Health Service) are supportive of policies outlining guidelines and procedures for allowing staff paid time off during working hours to attend medical and dental appointments and accompany dependents when necessary. UNISON advocate that such a policy would be both sensible and necessary for a healthy workforce.

Paid time off during normal working hours can be seen as a reasonable adjustment to prevent disadvantage to disabled employees under the 2010 Equality Act.

All pregnant employees and eligible agency workers (including women undergoing fertility treatment from the point of the implantation of fertilised ova) are legally entitled to take a reasonable amount of paid time off work for the purpose of receiving antenatal care, such as medical appointments or parenting classes (including travelling to and from the appointments) if they have been recommended by a doctor or midwife.

People who decide to undergo medical or surgical procedures for gender reassignment will need some time off work. It is unlawful to treat trans people less favourably for being absent from work for gender reassignment than they would be treated if they were ill or injured.

Issues arising around staff requiring time off in association with gender reassignment are addressed in the Health Board's Supporting Transgender Staff in the Workplace Policy.

2

Assess which protected characteristics will potentially be affected by the proposal: (please ✓ which impact)

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓		
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth	✓		
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			✓
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	✓		
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	✓		
Religion or Belief The term 'religion' includes a religious or philosophical belief.			✓
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	✓		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓

3

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**			✓
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty	✓		
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.			✓

4

Summary of Potential Impacts Identified

Positive Impacts

> *"Awareness of the particular concerns and issues that women, disabled people, Black people, trans people and other groups may face, should inform the development and use of time off, sickness absence and health and safety policies. Without these considerations, all staff may not be treated fairly and equally."*(Unison)

For employees, there are clear health benefits to such a policy:

Staff managing long-term health conditions such as diabetes, high blood pressure or depression that require regular medical checks or counselling support, will be particularly supported.

Employees wishing to be screened for cancers (such as prostate cancer in men), access physiotherapy for back pain or obtain medically recommended follow-up and rehabilitation appointments can improve their health and prevent more serious conditions.

Workers will be encouraged to protect themselves and colleagues and service users by taking advantage of vaccinations against infectious diseases such as 'flu, COVID-19 and mpox (monkeypox).

In addition, such a policy could have a particularly beneficial impact on women, given the range of issues that can affect women in the workplace. Regular check-ups for HRT treatment, family planning issues, fertility treatment, cervical or mammographic screening (important for detecting cervical and breast cancer), are just some of the examples of when women would require time-off under such a policy.

Black workers may also be helped by such a policy as there may be particular health conditions affecting them, such as sickle cell disease, the most serious type being sickle cell anaemia. Sickle cell disease is the name for a group of inherited conditions that mainly affect people of African, Caribbean, Middle Eastern, Eastern Mediterranean and Asian family background.

A time off policy for health screenings and medical appointments is likely to be of great benefit to disabled workers too. Under the Equality Act 20101 , employers have a duty to make reasonable adjustments where failure to do so would place the disabled worker at a substantial disadvantage compared to non-disabled workers. Time off for medical appointments and for treatment related to the worker's impairment, may be seen as a reasonable adjustment to prevent disadvantage to some disabled staff.

https://www.unison.org.uk/content/uploads/2022/12/Medical-screening-leave.pdf

Negative Impacts

N/A

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.	~~Yes~~	No ✓

If No negative impacts were identified, please give full justification here

The benefits identified above demonstrate the considerations given to ensure that managers approach such requests reasonably, equitably and consistently, with due regard to the employers need to maintain a healthy and efficient workforce, taking full account of our legal obligations under the Equality Act 2010.

The policy has been in place since 2011 with the only previous changes being in relation to relevant legislation. Minor changes were made during this review.

No complaints have been received in relation to equality, diversity or human rights following implementation of the policy.

The policy allows for consideration of personal circumstances in every case where they apply.

Screening Completed by:	Name	Lisa Hughes
	Title	Assistant Head of Workforce
	Contact details	Lisa.hughes@wales.nhs.uk
	Date	22nd November 2023
Screening Authorised by: (Project / Policy Owner)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	22/11/2023
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	30/11/2023

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Domestic Abuse and Sexual Violence Workplace Policy

Policy information

Policy number: *311*

Classification:
Employment

Supersedes:
Previous versions

Version number:
5

Date of Equality Impact Assessment:
05/10/2023

Approval information

Approved by:
People, Organisational Development & Culture Committee (PODCC)
Date of approval:
enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
This policy will provide guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace and assist managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence. By developing an effective policy and working to reduce the risks associated with domestic abuse and sexual violence, Hywel Dda UHB will create a safer workplace

Scope:
For all Hywel Dda University Health Board employees, workers (including agency workers), contractors, volunteers, students and trainees who may be affected by domestic abuse and sexual violence.

To be read in conjunction with:
Violence Against Women, Domestic Abuse and Sexual Violence Act 2015
592- Ask and Act –Violence against women, domestic abuse and sexual violence Policy – opens in a new tab
Social Services and Wellbeing Wales Act (2014)
Wales Safeguarding Procedures 2019
126 - Work life Balance Flexible Working Policy – opens in a new tab
122 – All Wales Special Leave Policy – opens in a new tab
768 – Managing Attendance at Work Policy – opens in a new tab
246- Allegations of Harm/Abuse involving Children or Adults (Professional Abuse Policy). – opens in a new tab
NICE (2016) Domestic violence and abuse - (QS116) – opens in a new tab
203 – All Wales Capability Policy – opens in a new tab
201- All Wales Disciplinary Procedure – opens in a new tab

Include links to Patient Information Library

Executive Director job title:
Director of Nursing Quality & Patient Experience/ Director of Workforce & OD

Reviews and updates:
1 – new policy July 2012
2 – revised December 2016
3 – revised 23.1.2020
4 – full review 27.8.2020
5 – full review

Keywords
Violence against Women, Domestic Abuse, Sexual Violence, Child Protection, Safeguarding Children, Safeguarding Adults.

Glossary of terms
VAWDASV Violence against women, domestic abuse and sexual violence
ONS Office for national statistics.

Contents

INTRODUCTION

Domestic abuse and sexual violence can have a significant impact on the lives of those who experience it. The Health Board believes that every employee who is experiencing or has experienced domestic abuse or sexual violence* and/or stalking should be able to disclose such behaviour(s) to their employer. The Health Board is committed to dealing with any such disclosure in a supportive and, where possible, confidential manner and takes seriously the need to create and maintain a safe and secure environment in which staff can reach their full potential

POLICY STATEMENT

Hywel Dda University Health Board recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse as well as employees who are perpetrators or who are alleged to be perpetrators.

This Policy provides employees and workers with a safe place to disclose and is also aimed at helping those who have concerns that a colleague or peer may be experiencing abuse (see Appendix 4 for possible signs).

This Policy applies equally to ongoing (current) domestic abuse, sexual violence and/or stalking or that which has taken place in the past that affects an individual's ability to work and provides a framework for those receiving the disclosure to respond appropriately.

SCOPE

This Policy outlines the assistance and support available both to victims and perpetrators of domestic abuse, sexual violence, and stalking. It offers guidance to any employee or worker who has concerns about a colleague experiencing domestic abuse, sexual violence and/or stalking, whether there is explicit evidence that such acts are taking place. Sources of support can be found at Appendix 2.

AIM

This policy has been developed as part of the Health Board's commitment to support the health, safety, and wellbeing at work of its staff. Domestic abuse impacts on all aspects of a person's life including their home, work, learning, wider resilience, wellbeing, and mental health.

The Health Board is therefore committed to promoting zero tolerance of domestic abuse against and by its entire workforce, recognising that domestic abuse:

- Is a crime, is disruptive and socially harmful.

- Can affect an individual's health, performance or attendance at work;

- Does not discriminate based on gender, race, age, disability, ethnicity, religion, marital status, or sexual orientation.

OBJECTIVES

The aim will be achieved by:

- Assisting managers to provide a confidential, compassionate and supportive response to individuals who experience domestic violence and abuse.
- Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

The term sexual violence also refers to incidents outside of intimate partner violence- see definition in Appendix 3.

DISCLOSURE

Disclosing abuse, whether current or historic, can be a difficult decision and the Health Board recognises that it is important for the individual to be in control of that decision. This Policy therefore provides information on internal support in addition to specialist independent organisations where disclosures can also be made (see Appendix 2).

STAFF EXPERIENCING DOMESTIC VIOLENCE AND ABUSE

If you are experiencing domestic abuse it is important to tell someone, and a list of contact details for various dedicated local and national support agencies can be found in Appendix 2.

You are also encouraged to speak with your Line Manager if you are concerned about or are experiencing domestic abuse. Line Managers will not ask for proof or pressurise you to provide details, they will be non-judgemental but will take you seriously and take the time to listen.

Employees wishing to disclose or discuss their experience of domestic abuse, sexual violence and/or stalking may choose to be accompanied at any meetings on the matter by a colleague or trade union representative.

If you prefer, you can also speak with a colleague or a member of the Operational Workforce Team who can, where appropriate, arrange a referral to Occupational Health as well as signpost you to external support organisations. You may also find it helpful to contact the Staff Psychological Wellbeing Service directly (opens in a new tab).

The Health Board respects the employee's right to privacy in the event that they do not wish to inform the organisation that they have experienced, or are experiencing, any domestic violence or abuse. Employees who make it known to Hywel Dda University Health Board that they are experiencing domestic violence or abuse will be treated in a compassionate and supportive manner.

Staff will not be judged but will be encouraged to seek help and support themselves, having due regard for their personal safety, and that of any children and other adults who may be at risk in the household.

Staff who recognise or suspect that a colleague is living in an abusive situation at home (see Appendix 3 for signs of abuse) should speak in confidence to the Operational Workforce Team in the first instance or their line manager. Employees should recognise that they are **not** trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

DEALING WITH CONCERNS RAISED

All managers are expected to familiarise themselves with this Policy and its application.

Managers may be the first person an employee confides in and raising this issue will have taken a great deal of courage. The response the individual receives from their manager may be a crucial factor as to whether they seek further advice and support. Managers should therefore ensure that support is offered in a sensitive and non-judgemental way.

The most important aspect of a conversation about domestic abuse is to encourage the individual to seek support. Managers should make a note of the date and time of the conversation and of any other important information that may be relevant but should ensure that they have written consent before the manager contacts a support agency on their behalf.

The individual should not feel pressurised into disclosing personal information they feel uncomfortable sharing, especially as they may need some time to decide what to do. Managers should also encourage the individual disclosing to make their own choices about whether or not to contact services or be referred.

Any information disclosed to a service through referral should be with the consent of the individual disclosing and should be on a 'need to know' basis unless there is a safeguarding issue.

ENSURING SAFETY AT WORK

Managers should listen carefully, be empathetic and creative in exploring options with the employee especially where it is necessary for them to arrange appointments with solicitors, re-housing, education or childcare agencies during the normal working day. Examples of other support which might be appropriate can be found at Appendix 1.

Managers should not contact the perpetrator nor attempt to mediate between an employee and an alleged perpetrator of violence/abuse.

The Equality and Human Rights Commission and the Chartered Institute of Personnel and Development have jointly developed a list of ten actions (opens in a new tab) that managers can use to recognise and respond to the problem appropriately, provide support and refer onwards to support agencies.

SECURITY

Where the alleged abuser is not an employee but frequents Health Board premises as part of a pattern of behaviour, managers should consider liaising with the HDdUHB Security Team (opens in a new tab)

. This must only be done with the express permission of the employee (victim) and upon taking advice from Operational Workforce (opens in a new tab)

TRAINING

Violence against women, domestic abuse and sexual violence training is available for HDUHB staff. This includes guidance on managing disclosures of domestic abuse, sexual violence and stalking, including understanding the issues and their impact, responding to disclosure and referral/signposting.

Staff are also advised to view Policy 592 –'Ask and Act' Violence against women, domestic abuse and sexual violence, (opens in a new tab) which provides guidance on how to identify and respond to disclosures of domestic abuse.

DOCUMENTATION OF A DISCLOSURE

All information disclosed should be accurately recorded. Good documentation will help to build up a picture of the nature and scale of the abuse. This information can be released to a third party, with the consent of the victim, and may help in future legal proceedings to secure a prosecution against the perpetrator and safeguard the victim.

This is important even if the person disclosing does not want to press charges at this point. If they later change their mind, or if the police press for victimless prosecution; this evidence could be vital. It can also be used for evidence for mitigating circumstances.

Written documentation should be factual, but it is also important to record any concerns and the basis for these. Records should be sent to Operational Workforce (opens in a new tab) for them to store safely on an electronic file. Such records may include injuries, symptoms and any disclosure of abuse. Photographic evidence is also useful. Missed appointments and unanswered calls should also be noted.

STAFF WHO ARE ALLEGED PERPETRATORS OR PERPETRATORS OF DOMESTIC ABUSE AND SEXUAL VIOLENCE.

The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing risk to others including the victim and any identified children/adult at risk. The Health Board recognises that it has a role in encouraging and supporting employees to address their violent and abusive behaviours

However, all employees and workers must declare any criminal offence to their Line Manager in a timely manner.

Allegations will be dealt with fairly and in a way that provides support for the individual who is the subject of the allegation or disclosure. Individuals can be sign posted to the Respect resources who offer a

support service for perpetrators of domestic abuse **https://respectphoneline.org.uk/**. (opens in a new tab)

The alleged perpetrator or perpetrator will be:

- Treated fairly and honestly;
- Helped to understand the concerns expressed and processes involved;
- Kept informed of the progress and outcomes of any internal investigation and the implications for any disciplinary process;
- Advised to contact their Trade Union or Professional organisation;
- Advised that they may seek advice from an appropriate source, such as the Occupational Health Department (opens in a new tab) or Staff Psychological Well-Being Service (opens in a new tab)
- In addition to considering disciplinary action against the alleged perpetrator or perpetrator, action may need to be taken to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace;
- Action may also need to be taken to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties for one or both individuals or withdrawing the alleged perpetrator's access to certain computer systems or offices;
- However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship may choose to seek solutions jointly and, in such situations, appropriate support should be given.

MALICIOUS ALLEGATIONS

If it becomes evident that an individual has made a malicious allegation that another member of staff is perpetrating abuse, then this will be treated as a serious disciplinary offence and action may be taken in line with the 201 Disciplinary Policy (opens in a new tab)

CONFIDENTIALITY

As far as possible, information should only be shared on a need-to-know basis in order to achieve the best outcome for the individual. Where possible this should be done with the individual's permission. Managers are responsible for ensuring information is not disclosed and that all staff are aware of their responsibilities in relation to confidentiality. There are exceptions when confidentiality can be broken, for example when there are concerns about children or adults at risk of harm. It is important to seek specialist advice before doing so and to discuss this with the individual.

RESPONSIBILITIES
Chief Executive Officer

The Chief Executive of Hywel Dda University Health Board has overall responsibility for effective management of organisational policies relating to Hywel Dda University Health Board employees.

Director of Workforce and Organisational Development:
Holds responsibility for this policy and ensuring this policy and any associated documentation relating to domestic abuse and sexual violence are reviewed and updated in line with future guidance.

Head of Safeguarding (Named Nurse)

Is responsible for supporting Workforce colleagues in reviewing and updating this policy in line with future guidance. They are further responsible for ensuring the safeguarding team raise awareness of this policy with managers and staff in safeguarding training.

Workforce Advisors

Workforce Advisers are responsible for supporting service managers in applying this policy and supporting awareness raising of this policy.

Occupational Health Lead

Has a responsibility to offer support to staff who are affected by violence against women, domestic abuse and sexual violence.

Managers and Heads of Services

Managers are responsible for raising awareness of the policy to all staff. They are also responsible for ensuring any that staff who experience domestic violence and abuse, and individuals who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to any children and adults within the family. Any managers who require training as a result of this policy should contact their Learning and Development Department. (opens in a new tab)

APPENDIX 1 -GUIDANCE ON ENSURING SAFETY AT WORK

Sources of support could include: -

- Taking action where the employee and the perpetrator both work for the Health Board, to ensure that the victim and alleged perpetrator or perpetrator do not come into contact in the workplace.
- Improving security measures e.g. ensuring that access to buildings are open to authorised staff only;
- Reminding colleagues of the need to maintain confidentiality i.e. not divulging information about employees, especially personal details such as home addresses, telephone numbers or times of work to callers/visitors;
- Offering changes in specific duties, e.g. answering phones or working in reception area, or in exceptional circumstances, redeployment to another post if alternative arrangements are not feasible;
- Assistance to screen e-mails, mail, texts or telephone calls;
- Temporary adjustments to working hours or patterns of work;
- Temporary change of work location or office layout to ensure that the employee is not visible from reception points or ground floor windows;
- Access to safe onsite parking where this is not already provided
- Agreeing what to tell work colleagues and how they should respond if the abuser phones or calls into the workplace;
- Ensuring that the systems for recording employees whereabouts during the day are adequate and if their work requires visits outside the workplace, consider how risks can be minimised (e.g. changing duties or allowing another colleague to accompany them on certain journeys);
- Recording any incidents of abuse in the workplace, including persistent phone calls, e-mails, or visits to an employee by their abuser. Details of any witnesses to these incidents should also be noted. The record must be clear, accurate and include date(s), time(s) location(s) and details of any witnesses.
- Review the employee's next of kin information (the ex-partner may still be listed, or the abuser may still be the partner of the victim)

Appendix 2 - Sources of help

External Sources

BAWSO **Provides specialist support for BME communities**	http://www.bawso.org.uk/	0800 7318147 (24 hr helpline)
Bright Sky app **Bright Sky is a free to download mobile app, providing support and information to anyone who may be in an abusive relationship or those concerned about someone they know.**	https://www.hestia.org/brightsky	
Broken Rainbow **Provides support for lesbian, gay, bisexual and transgender people experiencing domestic abuse**	https://www.brokenrainbow.org.uk/	0300 999 5428
Citizens Advice Bureau	https://www.citizensadvice.org.uk/wales/	03444772020
Domestic Abuse specialist support **Ceredigion-** **West Wales Domestic Abuse Service** **Carmarthenshire-** **Carmarthen Domestic Abuse Service** **(CARMSDAS)** **Calan DVS**	**https://westwalesdas.org.uk** **https://carmdas.org** **https://calandvs.org.uk** **https://threshold-das.org.uk**	01970 612225 01267 238410 or 234725 01269 597474 01554 752422

Threshold Domestic Abuse Services **Pembrokeshire -** **Pobl**	ReferralsPembs@poblgroup.co.uk	01646 698820
Dyfed Powys Police		999 /101
DYN Project **Works across Wales to support men who experience domestic abuse**	www.dynwales.org	0808 801 0321
Housing	Carmarthenshire County Council	01267 223867
	Ceredigion County Council	01545 572181
	Pembrokeshire County Council	01437 764551
Live Fear Free Helpline **(24 hr domestic abuse support helpline)**	http://livefearfree.org.uk	0808 80 10 800
Mankind Initiative **UK (support for male victims)**	http://www.mankind.org.uk	01823 334244
NEW Pathways (sexual violence support)	Carmarthenshire	01267 235464
	Ceredigion	01970 610124
	Sexual Assault Referral Centre out of hours (all areas)	07423437020
Refuge **One of the largest single providers of specialist accommodation and services**	www.refuge.org.uk	0300 100 1234

to women and children escaping domestic violence.		
Respect **UK association for professionals working with perpetrators and associated services. Key aim is to address the safety of those experiencing domestic abuse through promoting effective interventions with perpetrators**	https://www.respect.uk.net/	0808 802 4040 info@respectphoneline.org.uk open Mon- Friday 10-5pm
Social Services	Carmarthenshire County Council Ceredigion County Council Pembrokeshire County Council	01267 224466 01545 574000 01437 764551
Welsh Women's Aid	https://www.welshwomensaid.org.uk/	08088010800

Internal Sources

Health Safeguarding Children Team		01267 283371
Health Board Adult Safeguarding Team		01437 772516
Staff Psychological Well Being Service (Hywel Dda University Health Board)	Withybush Hospital Also available at Glangwili and Prince Philip Hospitals (contact number as for Withybush for appointments)	01437 772527 Email-Wellbeing.HDD@wales.nhs.uk
Occupational Health		0300 3039674 Email-Occupational.health.hdd@wales.nhs.uk

Trade Union Support	Trade Union Support contacts	
UNISON	UNISON contacts	0800 0857857 Branch
Royal College of Nursing (RCN)		01437 773182
	RCN Advice team	0345 7726100
Workforce and Organisational Development	Human.Resources.HDD@wales.nhs.uk	0300303 6138

APPENDIX 3 – DEFINITIONS

Violence against women, domestic abuse and sexual violence (VAWDASV) – Definition of 'Violence against women'	Violence against women, domestic abuse and sexual violence (VAWDASV) **'Violence against women'** has been defined by the United Nations as 'Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman*, being recognised internationally as a violation of human rights.' *This definition uses the term women to refer to those who are born biologically female. It acknowledges the violence against women is a global issue, is usually perpetrated by men, and exists due to gender inequality. However, it is necessary to consider individuals who's gender identity differs from what they were assigned at birth within this definition.
Domestic abuse	Domestic abuse can have lasting effects on the physical and mental wellbeing of those who experience it. It is not just physical violence, but can also take other forms such as emotional, controlling and coercive behaviour and economic abuse between two people aged 16 years or over who are personally connected. Section 3 of the Domestic Abuse Act 2021 also recognises children associated with the victim or perpetrator as victims and not just witnesses to domestic abuse. Not all victims of domestic abuse and sexual violence are women. Domestic abuse can affect men and those with a non-binary identity. However, the vast majority of those experiencing abuse are women. 'Abusive behaviour' is defined in the act as any of the following:

	• physical or sexual abuse

• violent or threatening behaviour

• controlling or coercive behaviour

• economic abuse

• psychological, emotional,

or other abuse.

For the definition to apply, both parties must be aged 16 or over and 'personally connected.

'Personally connected' is defined in the act as parties who:

• are married to each other

• are civil partners of each other

• have agreed to marry one another (whether or not the agreement has been terminated)

• have entered into a civil partnership agreement (whether or not the agreement has been terminated)

• are or have been in an intimate personal relationship with each other

• have, or there has been a time when they each have had, a parental relationship in relation   to the same child

• are relatives.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality or background. |

Forms of domestic abuse	The following section sets out the various forms of abuse, which a person may experience in a violent relationship (Women's Aid Federation 2010): **Physical abuse** The use of weapons, punching, head butting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, rape and murder. **Psychological** Mind games, constantly moving the goalposts, blaming the other person for the abuse, blaming other factors in the relationship for the abuse, undermining parental authority, telling the person they are mad. **Emotional** Saying no-one else will want them, telling them they are fat, ugly, stupid, lazy, sexually unappealing or a bad parent. **Economic** No access to money, no access to salary, child allowance or other benefits, not named on the mortgage/tenancy papers, no access to the bank account. **Destructive criticism and verbal abuse** Shouting, mocking, accusing, name calling, verbally threatening. **Pressure tactics** Sulking, threatening to withhold money, disconnecting the telephone, taking the car away, taking the children away, reporting you to welfare agencies unless you comply with the demands regarding the parenting of the children; lying to your friends and family about you, telling you that you have no choice in any decision-making processes. **Disrespect** Persistently putting you down in front of other people, not listening or responding when you talk, interrupting telephone calls, refusing to help with childcare or housework. **Breaking trust** Lying, withholding information, being jealous, having other relationships, breaking promises and shared agreements. **Isolation** Accompanied everywhere for example shopping, doctors; locked in, allowed out for set time periods only, not allowed contact with friends or family, leaving visible signs of injury to embarrass and deter you from going out, monitoring or blocking your telephone calls.

Harassment

Being followed or being checked up on, opening mail, checking mobile telephone call history or texts, repeatedly dialling 1471 to see who has telephoned, embarrassment in public.

Threats

Making angry gestures, using physical size to intimidate, shouting down, destroying possessions, breaking things, punching walls, wielding a weapon.

Sexual

Non-consenting participation in bestiality, drugs, use of objects pornography, buggery; rape, unwanted touch, forced sex with others.

Denial

Saying the abuse doesn't happen, saying you caused the abusive behaviour, being publicly gentle and patient, crying and begging for forgiveness, saying it will never happen again.

"Honour" based violence (Crown Prosecution Service 2015)
Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family/and or community.

Forced marriage (Home Office 2013)
A forced marriage is where one or both people do not (or in cases of people with learning disabilities cannot) consent to marriage and pressure and abuse is used.

Female genital mutilation (FGM) (World Health Organisation 2016)
FGM comprises all procedures that involve partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons.

Coercive control (Women's Aid 2020)
Domestic abuse isn't always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. It is a criminal offence under section 76 of the Serious Crime Act (2015). Some common examples of coercive behaviour are: -

- Isolating from friends and family.
- Deprivation of basic needs, such as food.
- Monitoring via online communication tools or spyware.
- Taking control over aspects of the victim's everyday life, such as where they can go, who they can see, what they wear and when they can sleep.

	• Deprivation of access to support services, such as medical services. • Repeatedly putting the victim down, Humiliating, degrading or dehumanising. • Controlling finances. • Making threats or intimidating the victim.
Older victims of domestic abuse **Sexual Violence**	Older victims often experience domestic abuse for twice as long before seeking help yet are hugely underrepresented among domestic abuse services Some older people may be less likely to access services or be less aware of the options available. (Older Person's Commissioner for Wales 2017). The experience of Violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities (Safe Lives 2016). Sexual violence and abuse is any behaviour thought to be sexual in nature which is unwanted and takes place without consent. Sexual violence can be physical, psychological, verbal or online. Sexual violence can happen to persons of all genders and sexualities and can be perpetrated by a stranger or someone known to the victim. Sexual violence includes rape, sexual assault, sexual harassment, female genital mutilation, sexual exploitation, and ritual abuse. Whilst most victims are women, domestic abuse and sexual violence are not exclusively experienced by women. Data collected in Sexual Assault Referral Centres (SARCs) and by projects that support male victims of domestic abuse demonstrates this and the Welsh Government is committed to supporting all victims of violence and domestic abuse.
Domestic Abuse in pregnancy	Domestic abuse can vary in both frequency and intensity. Staff may experience a violent or abusive attack as a 'one off' or rare incident. Given that the pattern of domestic abuse is one of escalation, there is no level of abuse which should be viewed as acceptable or insignificant. 30% of domestic abuse escalates during pregnancy and it has been identified as a prime cause of miscarriage or stillbirth. This may prevent women from seeking or perceiving proper antenatal and postnatal care.

	In addition, where there is abuse, this may affect attachment to the child with resultant detrimental effect on the psychological wellbeing of the developing infant/child. Routine antenatal and postnatal health assessment by midwives and health visitors includes a question on the experience of domestic abuse (All Wales Domestic Abuse Routine Enquiry Pathway, 2006).

Risks to Children	The risks to children living with domestic abuse include: • Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also, that the severity of the abuse against the non-abusive parent is predictive of the severity of abuse to the children. • The child being abused as part of the abuse. • Being used as pawns or spies by the abusive partner in attempts to control the non-abusive parent. • Being forced to participate in the abuse and degradation by the abusive partner. • Emotional abuse and physical injury to the child from witnessing the abuse. • Hearing abusive verbal exchanges between adults in the household. • Observing bruises and injuries sustained by the non-abusive parent. • Hearing their non-abusive parent's screams and pleas for help. • Observing the abusive parent being removed and taken into police custody. • Attempting to intervene in a violent assault. • Being physically injured because of intervening or by being accidentally hurt whilst present during a violent assault. • Being unable or unwilling to invite friends to the house. • Frequent disruptions to social life and schooling.

APPENDIX 4 – Possible signs of Violence, Domestic Abuse and Sexual Violence

It is important to note that the examples provided below are not a checklist. Some people may not display any signs of violence or abuse. Individuals experiencing violence and domestic abuse suffer a broad range of both physical and emotional consequences. For some, the abuse greatly affects their lives over a significant period of time and the process of recovery is often long and difficult. Others may be able to recover and start a new life again relatively quickly after leaving an abusive relationship.

Some possible signs of identifying violence, domestic abuse and sexual violence include:

Physical signs and symptoms:
- Injuries at various stages of healing
- Distribution of bruising e.g. breast, genitals, upper arms, face and abdomen
- Fractures of face, ribs, spiral fractures of radius and ulna
- Eyes, sub-conjunctiva haemorrhages
- Ears, ruptured tympanic membrane, 'cauliflower ear'
- Other – sleep disturbance, pelvic pain, atypical chest pain, gastro-intestinal disturbance, chronic headache, dizziness
- Possibly pregnant
- Sexual abuse
- Signs of neglect
- Self-mutilation
- Urinary tract infections
- Sexually transmitted diseases
- Incontinence or pain both bowel and bladder
- Any other suspicious injury or symptom

Psychological/behavioural signs and symptoms
- Expressions of fear, guilt, worry, inability to cope
- Symptoms of depression
- Panic attacks, anxiety
- Alcohol/drug abuse
- Attempted suicide/cry for help
- Obvious distress
- Inappropriate non-verbal behaviour
- Inappropriate partner/carer response
- Discrepancy between verbal description and physical findings
- Minimising serious injury
- Reluctance of person to speak or disagree in partner's presence

APPENDIX 5 – USEFUL RESOUCES

Business in the Community (2019) Domestic Abuse: a toolkit for employers. Available at:
https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-domesticabuse-dec2018.pdf

Department for Business, Energy, and Industrial Strategy (2021) Workplace support for victims of domestic abuse. Available at Workplace support for victims of domestic abuse: report from review (publishing.service.gov.uk)

Safe Lives (2015) Getting it right first time: policy report. Bristol. Safe Lives. Available at Getting it right first time- executive summary- Safe Lives .pdf

Violence against women, domestic abuse and sexual violence (Wales) Act 2015 Available at:-
www.legislation.gov.uk/anaw/2015/3/contents/enacted

Wales Safeguarding Procedures (2019) available at
http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

_____

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

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Date of commencement of Screening Assessment:	6/9/23
Screening conducted by (name and email address):	Rachel Munkley Rachel.munkley@wales.nhs.uk
Title of programme, policy or project being screened:	311- Domestic abuse and sexual violence workplace policy

Description of the programme/policy/project being screened (including key aims and objectives)

The policy will provide guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace and assist managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence. By developing an effective policy and working to reduce the risks associated with domestic abuse and sexual violence, Hywel Dda University Health Board will create a safer workplace.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

This policy details how to provide a supportive response to those that experience domestic abuse and sexual violence.

This policy has been updated in line with recent legislative changes (The Domestic Abuse Act).

It also includes consideration of the guidance on completing a Domestic abuse workplace policy provided by the Equality and Human Rights Commission and Chartered Institute of Personnel Development 2020. A link to this guidance is included within the main body of the policy.

Additional resources are included within the appendix such as the Department for Business, Energy, and Industrial Strategy (2021) Workplace support for victims of domestic abuse. Workplace support for victims of domestic abuse: report from review (publishing.service.gov.uk)

Policy 592- Ask and Act, which provides guidance of the mandatory requirement under The Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) for all health employees to access domestic abuse training, should also be read in conjunction with this policy.
Policy 592 directs managers and employees to access domestic abuse training as applicable to their roles and responsibilities.

The policy has been completed as a collaboration between Workforce and OD and The HDUHB Lead Practitioner for Violence against women, domestic abuse and

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sexual violence. Therefore, it includes regional knowledge and expertise on domestic abuse and Workforce and Organisational Development responses required when managing employee disclosures of domestic abuse.

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓		
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth	✓		
Marriage / Civil Partnership This also covers those who are not married or in a civil partnership.	✓		
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	✓		
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	✓		
Religion or Belief	✓		

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The term 'religion' includes a religious or philosophical belief.			
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	✓		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	✓		

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Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**	✓		
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty	✓		
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	✓		

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Summary of Potential Impacts Identified

Positive Impacts

The policy refers to anyone being a victim of domestic abuse or sexual violence and does not differentiate between any individuals by age group, gender, sex, sexuality, social economic status or any other protected characteristics.

The description of those that experience abuse, and the perpetrators of domestic abuse and sexual violence is gender neutral throughout the policy. It also clearly described how anyone can be affected within the introduction and scope of the policy.

The policy applies to all Hywel Dda University Health Board employees, workers (including agency workers), contractors, volunteers, students and trainees who may be affected by domestic abuse and sexual violence.

The policy includes details of a wide range of support services including support for men, LGBTQ, and perpetrators of abuse.

The term 'Violence against women' is defined within the appendix as a recognition of violence against women being a form of gendered based violence, as it is referred to within the Violence against women, domestic abuse and sexual violence Act (Wales). It also recognises that an individual affected by violence against women, may not identify as the gender they were assigned at birth, and should be offered the same response to disclosures of violence against women regardless of the gender they identify with.

Negative Impacts

None identified.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.		No

If No negative impacts were identified, please give full justification here

Evidence from England and Wales Crime statistics (ONS 2020) acknowledges how domestic abuse and sexual violence disproportionately affects women. It is also known to escalate at times in an individual's life such as during pregnancy, and for older persons. This is acknowledged within the definitions of abuse within the policy (Appendix 3). However, the response to disclosure and support for anyone affected remains the same regardless of any of their individual characteristics, therefore the policy does not negatively impact on any of the equality measures defined above.

Screening Completed by:	Name	Rachel Munkley
	Title	Lead Practitioner for VAWDASV and Safeguarding
	Contact details	01267 283357/ 1957 Rachel.munkley@wales.nhs.uk
	Date	13/9/23
Screening Authorised by: (Project / Policy Owner)	Name	Rachel Munkley
	Title	Lead Practitioner for VAWDASV and Safeguarding
	Contact details	01267 283357 Ext 1957
	Date	13/9/23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	5/10/2023

Study Leave Policy for Medical and Dental Staff

Policy information
Policy number: 313

Classification:
Employment

Supersedes:
Previous versions

Version number:
3

Date of Equality Impact Assessment:
17.11.2023

Approval information
Approved by:
People, Organisational Development & Culture Committee
Date of approval:
Enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
Policy and procedure for the application for study leave for all medical and dental staff.

Scope:
The policy applies to all medical and dental staff employed by the Health Board. The policy does not apply to bank workers or staff contracted by other means e.g. locums.

To be read in conjunction with:
389 – Expenses policy (opens in a new tab)

Patient information:
Include links to Patient Information Library

Owning group:
Local Negotiating Committee (LNC)

Executive Director job title:
Lisa Gostling - Director of Workforce & Organisational Development

Reviews and updates:
1 – New Policy – August 2012
2 – Revised Policy – November 2016

Keywords
Study leave, expenses, medical, dental

Glossary of terms
GMC – General Medical Council
CPD – Continuing Professional Development
PDP – Personal Development Plan
HDUHB – Hywel Dda University Health Board

Contents

Introduction

Hywel Dda University Health Board (HDUHB) is committed to supporting professional development of medical and dental staff through effective appraisal and CPD to achieve a skilled and motivated medical workforce.

The GMC requires doctors and dentists to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance. Continuing professional development (CPD) is a key way for doctors to meet these professional standards and is one of the strands of information required for appraisal and revalidation.

Policy Statement

HDUHB is committed to implementing this policy in a way which meets the equality and diversity needs of staff. HDUHB recognises the diversity of the local community and those that it employs. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. HDUHB recognises that equality impacts on all aspects of its day to day operations.

Scope

The policy applies to all medical and dental staff employed by HDUHB.

Aim

To ensure that study leave is applied correctly and consistently.

Objectives

To ensure that managers and employees understand their obligations in relation to a request for and the approval process in relation to Study Leave whilst ensuring the needs of the service are considered when approving such requests.

PROFESSIONAL AND STUDY LEAVE

The provisions of paragraph 250-259 of the Hospital Medical and Dental terms and conditions of service shall apply.

PERIODS OF STUDY LEAVE

For senior medical staff leave with pay and expenses within a maximum of thirty days (including off duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom for staff in the following grades:
* Consultants
* Associate Specialist
* Specialist Grade
* Specialty Doctor

For Junior staff either day release with pay and expenses for the equivalent of one day a week during university terms, or leave with pay and expenses within a maximum calculated at the rate of thirty days in a year, or leave with pay and expense to attend approved full or part time academic courses and payment of expenses for attendance at approved conferences or seminars.

Junior medical staff should also receive, for a maximum of two occasions, leave with pay and expenses (other than examination fees) for the purpose of sitting an examination for a higher qualification, where it is necessary as part of a structured training programme. This applies to junior medical staff in the following grades:
- F1 LAS
- F2 LAS
- CT/ST/GPST LAS
- Junior Clinical Fellow
- Clinical Fellow
- Senior Clinical Fellow

The recommended standards for dentists employed within the Salaried Primary Dental Care Service with pay and expenses are a maximum of 21 days in any period of three years for professional purposes within the United Kingdom.

CATEGORIES OF STUDY LEAVE
The definitions of the types of training considered are further explained below.
- Statutory – This type of training is usually required by law or where a statutory body has instructed HDUHB to provide training based on specific legislation (i.e., the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).
- Mandatory – Mandatory training is compulsory training that is determined essential by HDUHB for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training will vary from role to role.
- University Health Board Priority – identified as an organisational need that is essential to delivering the agreed service strategy or in response to an inspection, or DATIX for example.
- Continuous Professional Development - this is the ongoing process of developing, keeping up to date and maintaining professional skills for your current role or another role you are aspiring to. CPD is often identified during an individual's PADR, medical appraisal or during an organisational learning needs analysis and is a requirement for revalidation.

Type	Definition	Examples
Mandatory/ Statutory requirements	Training activity which the LHB is required by statute to provide or which the LHB deems essential to ensure patient and staff safety, welfare or employee compliance with legislation or best practice in a specific role.	Fire Safety, Health and Safety Infection, Prevention and Control, Energy, Waste and Environment, Equality and Diversity, Child Protection, Manual Handling, Basic Life Support.

		Mandatory training is delivered internally, either by e-learning or taught methods.
Essential Skills	Development requirement to to ensure the staff member can undertake all aspects of their role. These development needs will always be identified as an essential requirement within an individual's personal development plan.	Managing difficult conversations, Clinical skills i.e. ATLS
Continuing Professional Development	Development activity which enhances the depth and breadth of the individual's professional knowledge	Higher academic awards Conferences Certain College activities such as examining for a Royal College or presenting at College educational events attract CPD credits for the individual should be part of the job plan and do not therefore require study leave.

APPLICATIONS FOR STUDY LEAVE

Study leave will normally be granted subject to the needs of the service.

All applications must be made via the Intrepid online system.

All applications must be submitted with a notice period of at least 6 weeks. Applications with less than 6 weeks' notice will only be approved in exceptional circumstances, as short notice cancellations of clinical commitments adversely affects patient care, and impacts upon supporting staff resources. Such cases will be discussed between the Directorate Management team and the Medical Director or their appointed Deputy.

Please note study leave application forms are not required for courses categorised as mandatory and essential skills. However, application forms are required for study leave taken in relation to CPD, which includes conferences.

FUNDING

There is no set financial limit for reimbursement of study leave expenses on an individual or departmental basis. Each application will be considered on its merits and once approved expenses incurred will be reimbursed in accordance with the expenses policy.

Courses and conferences that are CPD events run by a College and Medical Society of which the applicant is a member will be funded in accordance with the expenses policy.

Courses that are essential for the applicant to maintain accreditation in an educational role will be funded in accordance with the expenses policy.

EXPENSES

Paid leave will be granted and travel and subsistence expenses will be reimbursed for study leave within the UK .

Travelling and subsistence expenses for overseas study leave will be limited to a maximum of £1,000 per episode every 3 years and will include travel costs from home to and from the UK port of departure, air travel accommodation and subsistence.

Once study leave is approved travel and subsistence allowances will be reimbursed at the appropriate rates as shown in the following link:

[PDF] [NHS Wales Travel & Subsistence Policy (Draft).pdf (opens in a new tab)](#)

Travel expenses when reimbursed will be limited to:
- Rail and Coach fares
- Air and ferry charges when travelling in the UK.
- Public transport rate when travelling by private car.

N.B. all staff are encouraged to be cost effective when travelling by public transport. In some cases, internal flights may be the most cost-effective form of travel, particularly if they reduce the time the individual is away from the workplace.

Only major expenses which are supported by a receipt will be reimbursed e.g.
- Rails fares or other public transport.
- Overnight accommodation.
- Course Fee.
- Subsistence receipts (meals refreshments etc).
- Taxi fares, where necessary.

OVERSEAS AND OTHER COURSES AND CONFERENCES

Paid leave and travel expenses within the UK may be awarded for overseas activities that fall within the criteria outlined above. If the conference or period of study constitutes an essential part of an education programme, part payment (up to 50%) of the course fees may also be granted but requires authorisation by the Medical Director.

Courses and Conferences of societies or institutions of which the applicant is NOT a member and for Courses and Conferences that are CPD events run by commercial companies within the UK will require authorisation of the Medical Director in advance and may be funded in part if they fall within the criteria outlined above.

If a conference or period of study constitutes an essential part of an education programme, leave can be granted separate to funding.

SUBMISSION OF CLAIMS

Claims for reimbursement of expenses should be submitted via the e-expenses system within 3 months from the date of the study leave.

This period may be extended at the discretion of the Director of Workforce and Organisation Development or nominated senior officer in exceptional circumstances.

For any queries regarding the e-expenses system please contact - expenses.admin.hdd@wales.nhs.uk (open in a new tab)

Or you can access the system using the following link:- https://sel-expenses.com. (opens in a new tab)

RESPONSIBILITIES

HDUHBs role/ responsibility:-
HDUHB is responsible for the development of all staff within their areas of responsibility, which includes:
- Supporting learning and development needs to meet the needs of the organisation, department and the individual;
- Ensuring there is an effective appraisal and revalidation system in line with the Good Medical Practice framework;
- Personal Development Plans (PDPs) developed during the appraisal are to be considered as part of the job plan review meeting and used to inform departmental training plans
- Ensuring all staff have equal opportunities to access learning and development activities;
- Ensuring that all staff attend booked training events and local records of attendance are maintained;

Chief Executive
The Chief Executive holds overall responsibility for the effective management of organisational policy.

Medical Director
To ensure that the study leave policy and procedure is applied fairly and consistently.

Approving Manager
To ensure that the study leave policy is applied fairly and consistently, and to ensure their employees acknowledge and understand this policy.

Individual
In accordance with the GMC guidance on CPD, individuals are responsible for:-
- Identifying CPD needs;

- Planning how to address those needs;
- Undertaking CPD activities that are relevant to practice and will support professional development.

The content of CPD is for the individual clinician to determine in discussion with their appraiser. The resulting PDP will influence many of their learning objectives.

The Good Medical Practice Framework for appraisal and revalidation provides a useful structure for discussing the individual's CPD during appraisal. Individual CPD activities should take account of the domains and attributes in the Framework, however the CPD does not have to match CPD against every element of the Framework. The domains are:

- knowledge, skills and performance;
- Safety and quality;
- Communication, partnership and teamwork;
- Maintaining trust.

Clinicians should look for developmental opportunities across all four domains and not confine learning to the areas of individual practice in which they feel most comfortable.

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.
_____

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

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Date of commencement of Screening Assessment:	17/11/2023
Screening conducted by (name and email address):	**Bethan Griffiths** **bethan.griffiths101@wales.nhs.uk**
Title of programme, policy or project being screened:	**Medical & Dental Study Leave policy**

Description of the programme/policy/project being screened (including key aims and objectives)

Policy for Medical and Dental Staff outlining the Study leave entitlements and process.

To ensure that study leave is applied correctly and consistently.

To ensure that managers and employees understand their obligations in relation to a request for and the approval process in relation to Study Leave whilst ensuring the needs of the service are considered when approving such requests.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The definitions of the types of training considered are further explained below.

- Statutory – This type of training is usually required by law or where a statutory body has instructed HDdUHB to provide training based on specific legislation (i.e., the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).
- Mandatory – Mandatory training is compulsory training that is determined essential by HDdUHB for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training will vary from role to role.
- University Health Board Priority – identified as an organisational need that is essential to delivering the agreed service strategy or in response to an inspection, or DATIX for example.
- Continuous Professional Development - this is the ongoing process of developing, keeping up to date and maintaining professional skills for your current role or another role you are aspiring to. CPD is often identified during an individual's PADR, medical appraisal or during an organisational learning needs analysis and is a requirement for revalidation.

📄NHS Wales Travel & Subsistence Policy (Draft).pdf (opens in a new tab)

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Policy is clear, consistent and fair, it is broken up in to grades to clearly identify the different entitlements – it falls in line with the M&D T&Cs.

Staff which may be affected by this policy and entitled to request study leave;

Age Band	Headcount	%	FTE
21-25	8	0.54	2.00
26-30	188	12.59	59.00
31-35	232	15.54	65.38
36-40	227	15.20	110.35
41-45	194	12.99	91.17
46-50	178	11.92	107.29
51-55	161	10.78	98.15
56-60	125	8.37	68.99
61-65	94	6.30	41.19
66-70	60	4.02	17.04
>=71 Years	26	1.74	4.10
Grand Total	**1,493**	**100.00**	**664.66**

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			X
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			X
Gender Reassignment Consider the potential impact on individuals who either:			X

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• Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth			
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			x
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			x
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			x
Religion or Belief The term 'religion' includes a religious or philosophical belief.			x
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			x
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			x

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Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**			X
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty			X
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.			X

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Summary of Potential Impacts Identified

Positive Impacts

None have been identified.

Negative Impacts

None have been identified.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.	~~Yes~~	No

If No negative impacts were identified, please give full justification here

The policy offers a fair procedure for all staff regardless – it does not impact those with a protected characteristic differently. HDUHB is responsible for the development of all staff within their areas of responsibility, which includes: • Supporting learning and development needs to meet the needs of the organisation, department and the individual.

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- Ensuring there is an effective appraisal and revalidation system in line with the Good Medical Practice framework.
- Personal Development Plans (PDPs) developed during the appraisal are to be considered as part of the job plan review meeting and used to inform departmental training plans.
- Ensuring all staff have equal opportunities to access learning and development activities.
- Ensuring that all staff attend booked training events and local records of attendance are maintained.

The evidence to show that there has been no impact is that No Datix's or complaints have been received in relation to equality, diversity of human rights following implementation of the original policy which has been in existence for over 8 years.

A full EQIA will be undertaken at any stage where evidence to the contrary arises.

Screening Completed by:	Name	Bethan Griffiths
	Title	Senior Medical Workforce Manager
	Contact details	bethan.griffiths101@wales.nhs.uk
	Date	17/11/2023
Screening Authorised by: (Project / Policy Owner)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	17.11.23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	17/11/2023

7

Bilingual Skills Policy

Policy information
Policy number: 333

Classification:
Corporate

Supersedes:
Previous version

Version number:
3

Date of Equality Impact Assessment:
13/11/2023

Approval information
Approved by:
PODCC
Date of approval:
Enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
To inform all HDdUHB employees of the Bilingual Skills Policy and service/team's responsibility to provide a bilingual service and at the same time ensuring the HDdUHB delivers compliance with the Welsh Language Standards.

Scope:
This Policy applies to all service areas within the HDdUHB.

To be read in conjunction with:
113 – Learning and Development Policy (opens in a new tab)

Patient information:

Owning group:
Workforce & OD

Executive Director job title:
Lisa Gostling, Director of Workforce and OD

Reviews and updates:
1.0 New Policy
2.0 Fully Revised
2.1 Minor Amendment

Keywords
Bilingual
Welsh Language

Glossary of terms
HDdUHB – Hywel Dda University Health Board
PODCC - People Organisational Development and Culture Committee

Contents

Introduction

The aim of the Policy is to ensure that the HDdUHB is able to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace.

Policy statement

The Policy is about each service/team's capacity and responsibility to provide a bilingual service and at the same time ensuring the HDdUHB delivers compliance with the Welsh Language Standards which derive from the Welsh Language (Wales) Measure 2011.

The HDdUHB has specific standards it must meet as defined within the Hywel Dda University Health Board Compliance Notice (opens in a new tab)

Scope

This Policy applies to all service areas within the HDdUHB.

Aim

The aim of this document is to:

- To increase the use of Welsh within the workplace, with a target of 50% of the workforce to have a skill level which is at foundation level or above by 2030.
- To enable everyone who receives or uses our services to do so through the medium of Welsh or English, according to personal choice, and to encourage other users and providers to use and promote the Welsh Language within the health sector.
- To ensure staff are able to enact their right to receive services through the medium of Welsh within our internal administrative systems.

Objectives

The aim of this document will be achieved by the following objectives:

- Improving the quantity and quality of the data held within the ESR Workforce System;

- Identifying current Welsh Language skills among staff across all departments.

- Developing and cultivating our workforce to have a range of Welsh-medium skills.

- Providing managers with practical support and advice on creating a bilingual workforce.

Standards which apply to the Bilingual Skills of the Workforce

There are three key areas to ensure the HDdUHB is able to deliver a bilingual healthcare service. (See Appendix 1)

This section of the policy outlines the three key stages:

1. Welsh Language Skills Audit – See Appendix 2
2. Learning and Development
3. Recruitment – Assessment of requirements – See Appendix 3

The three key stages are required to be undertaken by each service/team to ensure that a sufficient number of staff are appropriately skilled and available within the workforce in order to deliver a bilingual service.

Learning and Development provision

Welsh learners further enhance our organisation's bilingual culture and ethos and can make a significant contribution to the delivery of bilingual services. HDdUHB expects all employees to demonstrate a commitment to delivering bilingual services. In return, the HDdUHB will support and encourage all employees to develop and improve their bilingual skills.

Welsh language education is supported by the central Study Leave (opens in a new tab) system in line with the Learning And Development Policy (opens in a new tab). Employees should be actively encouraged and supported to attend Welsh language classes.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the HDdUHB has appropriate written control documents in place. These written control documents must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Director of Workforce and OD

- Act as the Executive Director sponsor of the Policy.
- Promote a culture shift towards a recognition of the benefits that an increasingly bilingual workforce can contribute to the delivery of excellent healthcare services.

Head of Workforce: Resourcing and Utilisation

- Ensure the Policy is regularly reviewed.
  - Ensure that the Policy is effectively communicated throughout the HDdUHB.
  - Monitor progress against the aims of the Policy.
  - Report progress against the aims of the Policy to the People Organisational Development and Culture Committee (PODCC).
  - Report progress to Welsh Government on compliance with the Standards in relation to the bilingual skills of the workforce.
  - Respond to any enquiries from the Welsh Language Commissioner in relation to the bilingual skills of the workforce.

Digital Workforce Systems Programme Lead

- Ensure accurate recording of Welsh language skills on ESR.
- Support managers to ensure that Welsh language skills of their teams are recorded on the ESR in a timely way.
- Report progress on the percentage of staff who have Welsh language skills recorded on ESR on a regular basis to PODCC.
- Provide reports to managers to enable them to monitor their compliance against percentage of staff who have Welsh language skills recorded on ESR.
- Ensure the procurement of all new workforce systems/software has fully considered Welsh language with regard to interfaces and apps.

Workforce Planning Team

- Provide advice and guidance through workforce plans to aid in the development of a bilingual workforce of the future;

Welsh Language Team
- Provide advice and guidance on the interpretation of the Standards in relation to developing the bilingual skills of the workforce.
- Lead on the promotion, delivery and recording of Welsh language training and education delivered to the workforce.
- Support the Head of Workforce: Resourcing and Utilisation with communication plans to maintain the awareness of its importance using existing channels of communication within the HDdUHB

Senior Workforce Manager: Recruitment
- Ensure that the requirements of the Standards which relate to recruitment practices are embedded into the HDdUHB recruitment practice.
- Provide statistical information relating to the number of 'Welsh Essential' and 'Welsh Desirable' posts advertised to be included in progress reports against the aims of the Policy.
- Provide information, advice and guidance regarding the recruitment process relevant for Welsh Language skills advertised.

Managers
- Supporting a culture shift towards a recognition of the benefits that an increasingly bilingual workforce can contribute to the delivery of excellent healthcare services.
- Responsible for ensuring that their teams comply with the Standards.
- Ensuring that the Welsh language skills of their teams are recorded on ESR.
- Identifying current skills gap and developing an action plan to address any gap identified.
- Ensure provision of internal administrative arrangements through the medium of Welsh.
- Identify any training needs relating to the Welsh Language at PADR meetings with their teams.
- Ensuring any change in Welsh Language skill set is discussed at PADR and an update is made to ESR if applicable.

Employees
- Everyone who works for the HDdUHB is responsible for complying with the Standards.
- Identify any training needs relating to the Welsh language at the PADR meeting with their manager.
- Ensuring that any change in Welsh language skill initially recorded on ESR is updated following attendance at any training.

Appendix 1 – Standards which apply to the bilingual skills of the workforce

Skills Assessment

96	You must assess the Welsh language skills of your employees.
116	You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.

Learning and Development – updating Welsh Language Skills

99	You must provide opportunities during working hours - (a)　for your employees to receive basic Welsh language lessons, and (b)　for employees who manage others to receive training on using the Welsh language in their role as managers.
100	You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.
101	You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.
102	You must provide training courses so that your employees can develop - (a)　awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b)　an understanding of the duty to operate in accordance with the Welsh language standards; and (c)　an understanding of how the Welsh language can be used in the workplace.

Recruitment

106	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply - (a)　Welsh language skills are essential; (b)　Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.

106A	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh
107	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.
107A	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other assessment methods when applying for posts; or (ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.
107B	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).
108	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview, or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.
109	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.
117	You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.

Appendix 2 – Welsh Language Skills Audit Questionnaire

Why conduct a Survey of Welsh Language Skills?

- Hywel Dda University Health Board aims to deliver 'customer focused' services, i.e. services that meet the needs and preferences of our patients. To achieve this, the HDdUHB needs to have, among other things, sufficient numbers of Welsh speaking staff with the relevant skills, knowledge and expertise in key areas. This is particularly important when dealing with the four recognised 'key groups' i.e. children, older persons, people with mental health problems and people with learning difficulties. A survey of Welsh language skills will provide information to managers about the availability of Welsh speaking staff and where there are shortages. It will also help us to identify the steps required to be taken to rectify any shortages.
- The HDdUHB also needs to ensure that it has sufficient Welsh speaking staff in appropriate departments to deliver employment and corporate services to staff who wish to receive them through the medium of Welsh.
- Hywel Dda University Health Board is required to report annually to the Welsh Language Commissioner on the number and percentage of Welsh speaking staff in each service area.

What will we do with the information?

- Where statistical reports are required to be provided on numbers of Welsh speaking staff, information will provide in anonymised and statistical format and no personal identifiable information will be included.
- Information about the language skills of individual members of staff will be made available only to the service managers.
- The information provided will help to identify any shortages of bilingual staff.

It is important that you complete the questionnaire whether you have any Welsh language skills or not. If you hold more than one job with the organisation, please complete a questionnaire for your 'main' job only, i.e. the job that you spend the most of your time doing.

WELSH LANGUAGE SKILLS SELF-ASSESSMENT TOOL – NHS WALES

	LISTENING / SPEAKING	READING / UNDERSTANDING	WRITING
LEVEL 0 **NO SKILL**	● No appreciable ability	● No appreciable ability	● No appreciable ability
LEVEL 1 ENTRY	●　　Pronounce Welsh words, place names, department names, etc. ●　　Greet and understand a greeting. ●　　Use basic everyday words and phrases, e.g. thank you, please, excuse me, etc. ●　　Understand / pass on simple verbal requests of a routine / familiar / predictable kind using simple language, e.g. 'May I speak to…'. ●　　State simple requests and follow up with extra questions / requests in a limited way	● Understand simple key words and sentences on familiar / predictable matters relating to my own job area, e.g. on signs, in letters.	● Fill in simple forms, note down simple information, e.g. date and venue of a meeting, Welsh address, etc.
LEVEL 2 **FOUNDATION**	●　　Understand the gist of Welsh conversations in work ● Respond to simple job-related requests and requests for information. ●　　Ask simple questions and understand simple responses ● Express opinions in a limited way if the topic is familiar ●　　Understand instructions when simple language is used	● Understand factual, routine information and the gist of non-routine information on familiar matters related to my own job area, e.g. in standard letters, leaflets, etc.	● Write short simple notes / letters / messages on a limited range of predictable topics related to my personal experiences or my own job area
LEVEL 3 **INTERMEDIATE**	an office, meeting, etc. ●　　Keep up a simple conversation on a work-related topic, but may need to revert to English to discuss / report on complex or technical information ●　　Answer predictable or factual questions ●　　Take and pass on most messages that are likely to require attention ●　　Offer advice on simple job-related matters	●　　Scan texts for relevant information ●　　Understand a fair range of job-related routine and non-routine correspondence, factual literature, etc. when standard language is used.	●　　Write a detailed / descriptive letter relating to my own job area, but will need to have it checked by a Welsh speaker ●　　Make reasonably accurate notes while someone is talking
LEVEL 4 **HIGHER**	●　　Keep up an extended casual work-related conversation or give a presentation with a good degree of fluency and range of expression but may need to revert to English to answer unpredictable questions or explain complex points or technical information ●　　Contribute effectively to meetings and seminars within own area of work ●　　Argue for/against a case	● Read and understand information fairly quickly as long as no unusual vocabulary is used, and not particularly complex or technical information is involved	●　　Prepare formal letters of many familiar types such as enquiry, complaint, request and application ●　　Take reasonably accurate notes in meetings or straightforward dictation ●　　Write a report / document relating to my own job area, but will need to have it checked by a Welsh speaker
LEVEL 5 **PROFICIENCY**	●　　Advise on / talk about routine, non-routine, complex, contentious or sensitive issues related to own experiences ●　　Give a presentation/demonstration ●　　Deal confidently with hostile or unpredictable questions ●　　Carry out negotiations using complex / technical terms ● Give media interviews	● Understand complex ideas and information expressed in complex or specialist language in documents, reports correspondence and articles, etc.	●　　Write letters on any subject ●　　Write full / accurate notes of meetings while continuing to follow discussions and participate in them ●　　Write reports / documents with confidence but they may need to be checked for minor errors in terms of spelling and grammar

Appendix 3 – Welsh Language Skills Survey

Welsh Language Skills Survey

1. Personal Details

First Name	
Middle Name(s)	
Surname	
Employee Staff Number	
National Insurance Number	
Your Job Title	
Department	
Location	

2. Welsh Skills Assessment

Please use the 'Welsh Language Skills Self-Assessment Guide' (Appendix 2) to help you identify your level of ability in each skill, then tick only one box for each of the following skills:

Levels	Welsh Language Rating Scales	Listening/Speaking	Reading	Writing
Level 0	**No Skills**			
Level 1	**Entry**			
Level 2	**Foundation**			
Level 3	**Intermediate**			
Level 4	**Higher**			
Level 5	**Proficiency**			

3. Public Contact

Do you have direct patient or service user contact?

(either face to face or telephone contact)

Yes □   No □

Would you like the opportunity to learn Welsh or improve your Welsh language skills?

Yes □   No □

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.
_____

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

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Date of commencement of Screening Assessment:	16 October 2023
Screening conducted by (name and email address):	Sally Owen Sally.owen4@wales.nhs.uk
Title of programme, policy or project being screened:	Bilingual Skills Policy 333

Description of the programme/policy/project being screened (including key aims and objectives)

The aim of the Policy (review 2023) is to ensure that the Health Board is able to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace.

The Policy is about each service/team's capacity and responsibility to provide a bilingual service and at the same time ensuring the Health Board delivers compliance with the Welsh Language Standards which derive from the Welsh Language (Wales) Measure 2011.

The health board has specific standards it must meet as defined within the Hywel Dda University Health Board Compliance Notice

The aim of the policy document is to:
- To increase the use of Welsh within the workplace.
- To enable everyone who receives or uses our services to do so through the medium of Welsh or English, according to personal choice, and to encourage other users and providers to use and promote the Welsh Language within the health sector.
- To ensure staff are able to enact their right to receive services through the medium of Welsh within our internal administrative systems.

The aim of this document will be achieved by the following objectives:

- Improving the quantity and quality of the data held within the ESR Workforce System;

- Identifying current Welsh Language skills among staff across all departments.

- Developing and cultivating our workforce to have a range of Welsh-medium skills.

- Providing managers with practical support and advice on creating a bilingual workforce.

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Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

In 2021 in Wales as a whole, 17.8% of people aged 3 and above were reported as being able to speak Welsh.
PowerPoint Presentation (gov.wales)

More locally these figures vary considerably, with Carmarthenshire having 39.9% of people who can speak welsh, Ceredigion 45.3% and Pembrokeshire 17.2%, although there is no information on how many people prefer Welsh as their first language.
How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)
How life has changed in Ceredigion: Census 2021 (ons.gov.uk)
How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)

In Hywel Dda University Health Board, 26% of the workforce have Welsh skills at intermediate level or higher, 31% have no skills and 11% did not record on ESR.
HDUHB EQUALITIES DUTIES REPORTING - Staff In Post (nhs.wales)

Having Welsh speaking staff in work is likely to benefit the service and the patients.

The policy is in support of a national directive under the Welsh Language Standards.

The Health Board received its Compliance Notice – Section 44 Welsh Language (Wales) Measure 2011 on 30 November 2018.

The compliance notice states which standards within the Welsh Language Standards (No. 7) 2018 Regulations the Health Board must comply with and by when. The Welsh Language Standards (the Standards) are a set of statutory requirements relevant to the Health Board, which clearly identify our responsibilities to provide excellent bilingual services.

Under the Standards, Welsh should not be treated less favourably than English.

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			√
Disability			√

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Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth			√
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			√
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			√
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			√
Religion or Belief The term 'religion' includes a religious or philosophical belief.			√
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			√
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			√

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Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**			√
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty			√
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	√		

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Summary of Potential Impacts Identified

Positive Impacts

Supports: Welsh Government Cymraeg 2050 ambition The Welsh Language (Wales) Measure 2011 Wellbeing of Future Generations (Wales) Act 2015   Welsh learners further enhance our organisation's bilingual culture and ethos and can make a significant contribution to the delivery of bilingual services.

Negative Impacts

None identified at this stage.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.	~~Yes~~	**No**

If No negative impacts were identified, please give full justification here:

With an increase in the number of Welsh speakers and Welsh learners, it can enable patients and staff to feel like being part of a bilingual culture is second nature. All employees of the Health Board are responsible for complying with the Welsh Language Standards and managers are responsible for ensuring that their teams comply with the Standards. Under the Standards, organisations are obliged to ensure that they have specific arrangements in place in order to allow staff to use the Welsh language within the workplace. There is no evidence that the policy will adversely impact in relation to equality diversity or human rights.

Potentially all protected groups could be affected due to the possibility of them wishing to learn or for users to receive services in Welsh, but no protected group should be negatively affected due to the implementation of this policy.

Screening Completed by:	Name	Sally Owen
	Title	Head of Recruitment and Workforce Equality Diversity and Inclusion
	Contact details	Sally.owen4@wales.nhs.uk
	Date	31/10/2023
Screening Authorised by: (Project / Policy Owner)	Name	Sally Owen
	Title	Head of Recruitment and Workforce Equality Diversity and Inclusion
	Contact details	Sally.owen4@wales.nhs.uk
	Date	31/10/2023
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	13/11/2023

Supporting staff who are unpaid Carers Policy

Policy information
Policy number: *511*

Classification:
Corporate

Supersedes:
Previous versions

Version number:
2

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information
Approved by:
People, Planning and Performance Assurance Committee
Date of approval:
Enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
This policy sets out a vision for providing a supportive working environment for Hywel Dda University Health Board staff who are looking after a family member or friend in their personal lives as unpaid carers.

Scope:
This Carers policy is for all employees under a contract of employment with the Health Board who have caring responsibilities fitting the definition of an unpaid carer in the section 'identification of a carer'

To be read in conjunction with:
126 Work/Life Balance - Flexible Working Policy – opens in a new tab

131 Flexi Time Policy and Procedure – opens in a new tab
582 Term Time Working Policy – opens in a new tab
122 All Wales Special Leave Policy – opens in a new tab
245 Employment Break Scheme – opens in a new tab
1085 Parental Leave – opens in a new tab
129 Time Off For Medical/Dental Appointments During Normal Working Hours Policy– opens in a new tab
768 All Wales Managing Attendance at Work Policy – opens in a new tab
133 Equality, Diversity and Inclusion Policy – opens in a new tab
340 Staff Psychological Wellbeing Policy – opens in a new tab
109 Time off in Lieu Procedure – opens in a new tab
172 Confidentiality Policy – opens in a new tab
Annual Leave Purchase Scheme – opens in a new tab

Patient information:
Patient Information Library

Owning group:
People, Organisational Development and Culture Committee

Executive Director job title:
Lisa Gostling, Director of Workforce & HR

Reviews and updates:
1 – new policy 17.12.2020
2 – revised

Keywords
Caring, Flexible Working, Flexibility, Work Life Balance

Glossary of terms
N/A

Contents

Introduction

The Health Board is committed to creating an environment that supports employees with caring responsibilities, assisting them to manage their work/life balance whilst meeting the needs of our organisation. Our Carers Policy aligns with the Health Board's values which seek to create an organisational culture which allows staff to be open about their unpaid caring responsibilities and feel respected and supported.

The three statements below provide a definition of an unpaid carer to make clear the different circumstances of caring roles:

A Carer is someone who looks after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use and who could not manage without that help.

A Young Carer is someone under 18 whose life is restricted because of the need to take responsibility for a family member due to issues as above.

A parent carer is someone who looks after their child, who would struggle to manage without their help, due to illness, physical disability, learning disability or who has a mental health concern or substance misuse problem.

The care they provide is **unpaid**.

This policy also contributes to our responsibilities under the Equality Act 2010 as well as the Social Services and Well-being (Wales Act) 2014 and supports our commitment to the national Employers for Carers Scheme.

Policy Statement

This policy sets out a vision for providing a supportive working environment for Hywel Dda University Health Board staff who are looking after a family member or friend in their personal lives as unpaid carers.

Scope

This Carers policy is for all employees under a contract of employment with the Health Board who have caring responsibilities fitting the definition of an unpaid carer in the section 'identification of a carer'

The policy provides:

- Guidance for managers on how to support staff with caring responsibilities;
- Information for staff on how to seek support from the Health Board and external services to help them with their caring responsibilities.

Aim

The aim of this policy is to:

- Support employees to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities.
- Outline the range of existing policies and employee support which can be accessed by employees with caring responsibilities.
- Provide guidance to managers about the needs of carers to promote a supportive response to unpaid caring responsibilities/needs identified by employees.
- Improve the employee experience of balancing employment and caring responsibilities.
- Contribute to increased staff retention.

Objectives

The Health Board is committed to supporting unpaid carers in accordance with the following aims:

- **Identification as an unpaid Carer:** Proactively encourage individuals with caring responsibilities to identify themselves as an unpaid carer to their line manager.

- **Recognition of unpaid Carers:** The valuable role that unpaid carers play in our families and communities are recognised and valued by all staff working in the Health Board.

- **Support for unpaid Carers:** Where a member of staff has identified themselves as an unpaid carer, the line manager will raise awareness of the employment support available to them. Line managers will also be proactive in advising staff about how they can access information, advice and assistance from external support agencies relevant to the employees' caring needs.

- **No unfair treatment:** Staff who have identified themselves as an unpaid carer and/or requested support in accordance with this policy will not be treated unfairly or disadvantaged as a result.

- **Confidentiality:** A staff member's identification as a carer and any support requested will be disclosed no wider than is necessary, to ensure the effective day-to-day running of Health Board business.

Identification as a Carer

It is estimated that 1 in 7 unpaid carers are in employment and the number of unpaid carers is growing each year.

Not everyone recognises themselves as an unpaid carer. When people care for an ill, older or disabled family member or friend it is often just considered a part of everyday life.

Staff with caring responsibilities are encouraged to self-identify themselves as Carers by highlighting their caring role to their line manager. In addition, staff have the opportunity to register their unpaid

caring role through the supplementary role function in ESR. For more information about how to do this click here: Adding Supplementary Roles Guide   (opens in a new tab)

Recognition of Carers

In recognition of the important role of unpaid carers, the Health Board has made the Carer Aware e-learning mandatory. This is accessed via ESR. A guide on how to access the e-learning can be found using the link below:

People Development - Carer Awareness e-Learning Guide.pdf - All Documents (sharepoint.com) (opens in a new tab)

Carer awareness training is also available:

- As part of the Health Board's corporate induction programme
- Through the delivery of bespoke training for teams and departments

For information about how to access training, email CarersTeam.hdd@wales.nhs.uk

Support for employees with Caring responsibilities

Staff who identify themselves as an unpaid carer to their manager can request the establishment of a 'Carers Passport'. The Carers Passport provides a template to record the caring needs of the employee and informs a supportive conversation about any adjustments which would support the employee to remain effective within their role alongside their unpaid caring responsibilities.

Unpaid Carers can access up to 5 days unpaid leave per annum as part of the 122 – All Wales Special Leave policy (opens in a new tab). This is additional to paid annual leave entitlement and any other leave (paid or unpaid) granted in line with other policies.

There are a range of employment policies which can support employees with caring responsibilities. These include:

Flexibility of working hours/pattern

Policy Title	How it can help
Work Life Balance Flexible working Policy (opens in a new tab)	Sets out the steps needed to discuss and request a variation in working hours and/or working pattern and/or location.
Agile Working (opens in a new tab)	A guide for employees and managers when considering agile/hybrid working.
Flexi Time Policy (opens in a new tab)	Sets out the steps needed to discuss working a flexible working pattern whilst remaining on the same contractual hours.
Term Time Working (opens in a new tab)	Sets out the steps needed to request a term time working pattern.

Time off work to deal with unforeseen emergencies (Including bereavements)

Policy Title	How it can help
All Wales Special Leave Policy (opens in a new tab)	The policy includes provision for up to 5 days unpaid leave where time off work is needed in unforeseen circumstances and at short notice.

Time off work to deal with planned requirements.

Policy Title	How it can help
Annual Leave Purchase Scheme (opens in a new tab)	Sets out the steps to follow to request the purchase/buy back up to 4 weeks / 20 additional annual leave days.
Employment Break Scheme (opens in a new tab)	Sets out the steps to follow to request an extended period of unpaid leave between 3 months to 5 years of absence from the workplace.

Time off work to attend Medical/Dental/Hospital Appointments

Policy Title	How it can help
Time Off For Medical/Dental Appointments During Normal Working Hours Policy (opens in a new tab)	Clarifies the policy in respect of staff taking time off to attend Medical/ Dental/ Hospital appointments in planned and emergency circumstances.

Managing Attendance

Policy Title	How it can help
NHS Wales Managing Attendance at Work Policy (opens in a new tab)	Sets out the provision to support the health and wellbeing of employees in the workplace.

Employee well-being services and support

There are a number of services that are available to all employed staff including unpaid carers. These include Occupational Health, employee assistance programme, and Staff Psychological and Wellbeing services. See the SharePoint page for more details:

Staff Health & Wellbeing Gateway (sharepoint.com) (opens in a new tab)

Staff Networks

The Health Board recognises the important role that staff networks can play as they provide an opportunity for staff to connect, socialise, support one another, and discuss issues of relevance to them in accordance with their shared characteristics and common experiences.

It is recognised that some staff with unpaid caring roles may wish to seek support through a wide variety of networks to reflect their own personal need or area of interest. The Health Board has a growing number of staff networks, including a Carers Peer Support network. More information about the staff networks can be found here: Staff Networks (opens in a new tab)

Support with career development and progression opportunities

Employees with caring responsibilities are encouraged to discuss their circumstances during one-to-one supervision and/or annual appraisal sessions in order to identify any barriers they feel they may be facing in accessing training and development to support career development opportunities.

Carer's Passport

The purpose of the Carers Passport is to enable a carer and their manager to hold a supportive conversation and document the agreed flexibilities that will be available to support the employee in their unpaid caring role and work. Sympathetic consideration will be given where support is requested by staff in accordance with this policy, based on a shared understanding of the unpaid caring situation, its impact on the employee's work and the consistency of treatment with other staff in a similar position.

The Passport is designed to be a living document to be reviewed every year and in response to any changes in the nature or impact of the caring responsibilities, although the passport does not guarantee that the previously agreed arrangements will remain in place as line managers must balance the needs of the employee with the requirement to ensure service delivery and business continuity.

The Health Board recognises that employees may find it difficult to explain their personal circumstances, issues and challenges. Completion of the Carers Passport is therefore voluntary, and the employee retains ownership of the form. See Appendix 1 – Carer's Passport Guidance and Appendix 2 – Carers Passport Template.

Wider Support outside of work

In addition to employment support, some unpaid carers may need additional support from third sector or other support organisations to enable them to maintain their caring role. Staff and managers can find useful information about support services for Carers on the Carers Support West Wales Website:

Carers Support West Wales | Cymorth Gofalwyr Gorllewin Cymru (opens in a new tab)

The Health Board jointly commissions specialist Carers information and advice services in each of our three counties. These services can be contacted on the details below.

Carmarthenshire Carers Information Service, 01267 230791

Email: carersincarms@adferiad.org Website: www.adferiad.org.uk   (opens in a new tab)

Ceredigion Carers and Community Support, 01545 574200. Email: clic@ceredigion.gov.uk mailto:Website: www.ceredigion.gov.uk/carers   (opens in a new tab)

Pembrokeshire Carers Information and Support Service, 01437 611002. Email: pciss@adferiad.org Website: www.adferiad.org.uk   (opens in a new tab)

Further information for staff and managers is available on the Health Board Carers Sharepoint page: Unpaid Carers (sharepoint.com) (opens in a new tab)

Responsibilities

Chief Executive
The Chief Executive holds overall responsibility for the effective management of organisational policies.

Director of Workforce & Organisational Development
The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Line Manager
Managers have the responsibility to familiarise themselves with this Policy and to work within its parameters.

Employee's responsibilities
Employees are not obliged to disclose to their managers that they are caring for someone but are encouraged to do so in order to benefit from the support available from the Health Board. In this way the manager can work with the employee to ensure that, wherever possible, they can effectively balance their work and care commitments.

Workforce and Organisational Development
Provide support and guidance to managers on the application of this policy.

Evidence base and References
The policy has drawn on evidence and good practice from a range of sources including:

Employers for Carers www.employersforcarers.org (opens in a new tab)

Carers Trust www.carers.org (opens in a new tab)

Carers UK www.carersuk.org (opens in a new tab)

Useful links

Intranet:

Strategic Partnerships Diversity and Inclusion - Home (sharepoint.com) (opens in a new tab)

Staff Health & Wellbeing Gateway (sharepoint.com) (opens in a new tab)

Appendix 1 – Carers Passport Guidance for Managers

If a member of staff identifies themselves as an unpaid carer, their manager should arrange a confidential one to one meeting to discuss the details. The following questions, are provided as guidance rather than an exhaustive list, and can be used to help facilitate the discussion:

- What are your caring responsibilities? Who are you caring for, what do you do and how frequently?
- What impact or potential impact, do the caring responsibilities have on your work role (if any)?
- Do you already receive any support in work which helps you to combine your work and unpaid caring role?
- Do you need to apply for flexible working to continue your caring responsibilities?
- How would you prefer to communicate with your manager if you are unable to come to work because of your caring responsibilities?
- What would help ensure that the service and business needs of the team / Health Board continues to be met?
- What is most important to you in order to effectively combine your work and caring responsibilities?
- Have you identified any specific support that you need from the Health Board? e.g. access to the use of a private room to make phone calls.
- Have you identified any specific support that you need which you might need to seek from external organisations?
- Do you expect your caring responsibilities to change in the future, and if so, how?

It is up to the employee to decide how much information to share, but it is important that employees give their manager enough information for them to understand the issues and challenges faced by the employee. Any actions agreed should be recorded on the Carers Passport, see Appendix 2, together with an agreed review date.

Employees will need to follow relevant Health Board procedures e.g. flexible working policy (opens in new tab) for formal requests. Employees who require support will be provided with guidance on the options available to them in line with Health Board policies. The manager will need to look at all options and seek, wherever possible and reasonable, to accommodate a long or short-term caring need. Each case/episode will need to be reviewed on an individual basis.

If an employee moves department the Passport provides a framework for discussion with the new manager but **does not guarantee that the previously agreed arrangements will remain in place**. Any flexibilities agreed must be mutually agreed to ensure that the needs of the individual are balanced with the needs of the Health Board service/team.

Appendix 2 – Carers Passport Template

Carers Passport (to be completed by the employee)	
Employee Name:	Name of Manager:

Overview of your caring responsibilities
This section should include:
- A summary of your caring responsibilities
- The impact this has on your working life
- Any further information that may help your manager understand the impact your caring responsibilities have on you and your work

Overview of your role and team:

Flexibilities which would be helpful:
This section deals with flexibilities specific to your current job which would help you combine caring and work. These are intended to inform your discussion with your manager.

Flexibilities agreed:
This section deals with flexibilities specific to your current job which would help you combine your caring responsibilities and work commitments. Set out agreed actions with dates for implementation and reviews should take place annually, or more frequently as required.

Action Agreed	Date of Implementation	Date to Review Action

Additional support or actions identified:
This section might include for example contacting the Occupational Health Team, Staff Psychological Services or Employee Counselling Service, Carers Assessment or Signposting Services.

I consent to my manager keeping a copy of my Carers Passport.	
Employee Signature:	Date:
Manager Signature:	Date:
Date of Next Review Meeting:	

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

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What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed
- Ensure that the Project/Policy owner has signed off the Screening Template
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	10th October 2023
Screening conducted by (name and email address):	Pennie Muir pennie.muir@wales.nhs.uk
Title of programme, policy or project being screened:	Carers Policy 511

Description of the programme/policy/project being screened (including key aims and objectives)

The Health Board is committed to supporting staff who are unpaid carers in accordance with the following aims:
- Support employees to remain in work and fulfil their career potential whilst continuing with unpaid caring responsibilities.
- Outline the range of existing policies and employee support which can be accessed by employees with caring responsibilities.
- Provide guidance to managers about the needs of carers to promote a supportive response to unpaid caring responsibilities/needs identified by employees.
- Improve the employee experience of balancing employment and caring responsibilities.
- Contribute to increased staff retention.

The policy provides:
- Guidance for managers on how to support staff with caring responsibilities.
- Information for staff on how to seek support from the Health Board and external services to help them with their caring responsibilities.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

A staff survey is carried annually and in the 2022 there were 112 respondents. The survey included an equality monitoring questionnaire and the information gathered has been used to feed into this screening tool.

The Health Board's ESR system includes a category to self-identify that they are an unpaid carer as a supplementary role, however this information is provided on a voluntary basis and cannot therefore be relied upon as an accurate representation of the number of unpaid carers within the workforce.

Demographic information is not routinely collected for unpaid carers across the Health Board. It is also noted that some Carers may not wish to identify or recognise themselves as Carers. Whilst the Health Board encourages Carers to discuss their caring responsibilities with their line manager this is not mandatory.

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2021 Census data suggests that within West Wales there are more than 47,000 unpaid Carers representing 12.5% of residents (ONS, 2021) and we know there is a considerable number of 'hidden' Carers who do not define themselves as such.

It is estimated that 5 million people juggle work and care in the UK - 1 in 7 in every workplace - and this figure is set to increase. Given the stresses and strains that can result from balancing work and caring, it is unsurprising that 1 in 6 carers give up work or reduce their hours to care. Source: Employers for Carers
Employers for Carers | Carers Wales (carersuk.org)

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	√		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	√		
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth	√		
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.	√		
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	√		
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-	√		

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	Positive Impact	Negative Impact	No Impact
English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			
Religion or Belief The term 'religion' includes a religious or philosophical belief.	√		
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	√		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	√		

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**	√		
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health	√		

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indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty			
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	√		

Summary of Potential Impacts Identified

Positive Impacts

The Health Board is committed to supporting unpaid carers in accordance with the following:

- **Identification as an unpaid Carer:** Proactively encourage individuals with caring responsibilities to identify themselves as an unpaid carer to their line manager.

- **Recognition of unpaid Carers:** The valuable role that unpaid carers play in our families and communities are recognised and valued by all staff working in the Health Board.

- **Support for unpaid Carers:** Where a member of staff has identified themselves as an unpaid carer, the line manager will raise awareness of the employment support available to them. Line managers will also be proactive in advising staff about how they can access information, advice and assistance from external support agencies relevant to the employees' caring needs.

- **No unfair treatment:** Staff who have identified themselves as an unpaid carer and/or requested support in accordance with this policy will not be treated unfairly or disadvantaged as a result.

- **Confidentiality:** A staff member's identification as a carer and any support requested will be disclosed no wider than is necessary, to ensure the effective day-to-day running of Health Board business.

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Negative Impacts

No negative impacts were identified when undertaking this Equality Impact screening tool.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.	~~Yes~~	No

If No negative impacts were identified, please give full justification here

HDdUHB continue to deliver diversity and inclusion training on a regular basis which includes specific awareness raising sessions about unpaid carers. There is a Person-Centred training for all new staff as part of their induction and carers and protected characteristics are included in this session. Global email and other awareness raising tools are used on a regular basis to highlight that staff can self-identify as a carer. Over time it is hoped that the data within ESR will become more robust. It is acknowledged that not all line managers are aware of the Carers policy and a range of training and awareness sessions will be provided to address this. Since its initial approval, no complaints have been received about the Carers policy. Positive feedback has been received through the annual staff survey and from staff participating in the Carers Peer Support network about the Carers policy and the positive impact for staff.

Screening Completed by:	Name	**Pennie Muir**
	Title	**Reginal Project Support Manager Carers**
	Contact details	**Pennie.muir@wales.nhs.uk**
	Date	**10th October 2023**
Screening Authorised by: (Project / Policy Owner)	Name	**Anna Bird**
	Title	**Assistant Director Strategic Partnerships Diversity and Inclusion**
	Contact details	**Anna.bird@wales.nhs.uk**
	Date	**10th October 2023**
Seen by Diversity & Inclusion Team:	Name	**Alan Winter**
	Title	**Senior Diversity and Inclusion Officer**
	Contact details	**Alan.winter@wales.nhs.uk**
	Date	

Ethical Employment Policy

Policy information
Policy number: 935

Classification:
Corporate

Supersedes:
New Policy

Version number:
V2

Date of Equality Impact Assessment:
16/11/2023

Approval information
Approved by:
People, Organisational Development & Culture Committee (PODCC)
Date of approval:
Enter approval date
Date made active:
Enter date made active (completion by policy team)
Review date:
Enter review date (normally three years from approval date)

Summary of document:
Hywel Dda University Health Board (HDdUHB) as a major public sector employer and commissioner of services is committed to eradicating unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly. This policy aims to achieve this by ensuring organisational compliance with the Welsh Government Code of Practice on Ethical Employment in Supply Chains designed to eliminate modern slavery and support ethical employment practices.

Scope:
This policy applies to all employees, agency workers, bank workers, suppliers and contractors. It is of particular relevance to staff involved with procurement and recruitment.

To be read in conjunction with:
435 - All Wales NHS Staff to Raise Concerns Procedure – opens in a new tab
868 - All Wales Safeguarding Procedures (sharepoint.com) – opens in a new tab
608 - Risk Management Framework - opens in a new tab
674 - Risk Assessment Procedure - opens in a new tab
Procurement Manual.pdf (sharepoint.com) - opens in a new tab

NHS Wales Standard Terms and Conditions for Supply of Goods and Services V4 August 2023 - opens in a new tab
Sustainable Procurement Code of Practice – opens in a new tab
Working for Us - Hywel-Dda-Managers-Guide---Interviews-Appointments-and-PECs---May-2022.pdf - All Documents (sharepoint.com) - opens in a new tab
1030 - Tax Status of Workers Financial Procedure – opens in a new tab
815 - Counter Fraud Bribery and Corruption Policy - opens in a new tab
248 - Standards of Behaviour Policy – opens in a new tab

Patient information:

Owning group:
T&F Group

Executive Director job title:
Huw Thomas, Director of Finance

Reviews and updates:
Version 1   New Policy   17/12/20
Version 2   Amended for – updated guidance and links to supporting materials

Keywords
Ethical Employment, Modern Slavery

Glossary of terms
NWSSP - NHS Wales Shared Services Partnership
TISC - Transparency in Supply Chains

Keypoints:
Hywel Dda University Health Board has signed up to the Welsh Government Code of Practice on Ethical Employment in Supply Chains and is committed to embedding the principles of the Code to eradicate unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly.

Contents

Introduction

Hywel Dda University Health Board (HDdUHB) as a major public sector employer and commissioner of services is committed to eradicating unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly. HDdUHB has signed up to the Welsh Government Code of Practice on Ethical Employment in Supply Chains (the Code). The Code covers –

- Modern Slavery and human rights abuses
- Blacklisting
- False self-employment
- Unfair use of umbrella schemes and zero hours contracts
- Paying the living wage.

In signing up to the Code, HDdUHB is showing its intention to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, EU and international laws.

This policy sets out how HDdUHB aims to achieve compliance with the Code by raising awareness both internally with the workforce and with suppliers and contractors. Success is also dependent on close working with NHS Wales Shared Services Partnership given its intrinsic link with HDdUHB in the provision of procurement and recruitment services.

Policy Statement

Hywel Dda University Health Board has signed up to the Welsh Government Code of Practice on Ethical Employment in Supply Chains and is committed to embedding the principles of the Code to eradicate unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly.

Scope

This policy applies to all employees, agency workers, bank workers, suppliers and contractors. It is of particular relevance to staff involved with procurement and recruitment.

Aim

The aim of this policy is to ensure organisational compliance with the commitments set out in the Welsh Government Code of Practice on Ethical Employment in Supply Chains designed to eliminate modern slavery and support ethical employment practices. Compliance will enhance HDdUHB's reputation as a values-based organisation and minimise the risk of potential legal challenge and financial penalties.

Objectives

The aim of this document will be achieved by the following objectives:

- Appointing an Anti-Slavery and Ethical Employment Champion
- Proactively reviewing compliance against the commitments in the Code identifying foreseeable risks and putting in place controls to minimise or prevent incidents of non-compliance
- Establishing or adapting current procedures to ensure the commitments are adequately reflected
- Raising awareness of the Code to all staff and contractors
- Providing specific appropriate staff training to those involved with procurement and recruitment including senior managers

- Monitoring compliance on an annual basis and reporting on it as part of the HDdUHB Annual Reporting Process

Anti-Slavery and Ethical Employment Champion

HDdUHB has nominated the Director of Finance as its Anti-Slavery and Ethical Employment Champion. The Champion will look to reflect HDdUHB's values in the delivery of this policy. The organisational values are:

- Putting people at the heart of everything we do
- Striving to deliver and develop excellent services
- Working together to be the best we can be

Complying with the Code will help the Board in bringing the values to life by building the structures, processes and policies which enable the organisation to be a place which embodies these values.

Ethical Employment issues covered by the Code - definitions

The Welsh Government Code of Practice on Ethical Employment in Supply Chains (the Code) covers the following ethical employment issues:

- Modern Slavery and human rights abuses
- Blacklisting
- False self-employment
- Unfair use of umbrella schemes and zero hours contracts
- Paying the living wage

Further details can be found in Appendix 1

Policies and Procedures

HDdUHB has policies and procedures and risk assessment processes in place detailing employment policies, procurement, risk management, raising concerns, counter fraud and safeguarding.

All staff complete mandatory training on induction with refresher updates in accordance with specific professional and role requirements. All policies are available on HDdUHB's intranet site.

HDdUHB has adopted The All-Wales Procedure for NHS Staff to Raise Concerns. The procedure encourages staff to discuss concerns and safety issues, and to report more serious concerns and suspected wrongdoing, as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon or investigated as appropriate, and where requested that their confidentiality will be respected. It also provides staff with guidance on how to raise genuine concerns without fear of reprisals, even if these turn out to be mistaken.

Raising awareness of the Code to all staff and contractors
Staff

Staff awareness and training will be undertaken via publicising the policy on the website with targeted training provided for relevant groups ie Workforce & Resourcing including Bank Administration and Procurement teams. Recruitment Training is available to all staff who have responsibility for the selection, appointment and recruitment of staff within HDdUHB. Reference to the Code will be included in the Value Based Recruitment Training.

Contractors

Procurement services are provided to HDdUHB through a Service Level Agreement with the NHS Wales Shared Services Partnership (NWSSP). NWSSP is a signatory to the Code and has embedded the Code within standard operating procedures and is included as a matter of course within procurement activity. This includes signposting suppliers to the Transparency in Supply Chains (TISC) register as a part of invitation to tender and encouraging existing suppliers to register.

Training

Level 2 safeguarding training is mandatory for all staff which covers the definition of an adult at risk of abuse or neglect, the different types of abuse and their signs and individuals' roles and responsibilities regarding suspicion or disclosure of abuse. All staff within the Health Board who have regular and/or direct contact with adults at risk of abuse also undertake more detailed training. Similarly, Level 2 safeguarding children training is mandatory for all staff and provides information regarding key duties/responsibilities in relation to safeguarding children. Further mandatory training is provided for all clinical staff working with children, young people and/or their parents/carers as appropriate.

All staff have access to the Safeguarding Team for support and advice if they have a concern. Further information can be found at HDUHB - Safeguarding - Home (sharepoint.com)

Modern Day Slavery Awareness is incorporated into safeguarding training and a specific module facilitated by the Safeguarding Team available to all employees throughout HDdUHB that have contact with service users to have an awareness about modern slavery and the exploitation of human beings and to understand their personal and the organisation's role and responsibility in tackling slavery. There is also an e-learning module available via ESR.

Further information can be found at Modern Slavery and Trafficking (sharepoint.com)

The HDdUHB local procurement team (which is part of NWSSP) is provided with specific training via NWSSP.

An e-learning module 'Ethical Employment in the Supply Chain' is available via Learning@Wales and all staff involved in recruitment and procurement should undertake this module.

Compliance monitoring

The Code of Practice sets out 12 commitments; how we will monitor them is set out below:

	Commitment	Compliance Monitoring
1. Ethical Employment Policy		
	Produce a written policy and monitor its effectiveness.	Policy made active 05/01/2021
	Appoint an Anti-Slavery and Ethical Employment Champion.	Director of Finance is the nominated Champion.
2. Whistle Blowing Policy		
	Produce a Whistle Blowing Policy to empower staff to raise suspicions of unlawful and unethical employment practices.	All Wales Raising Concerns Policy (opens in a new tab) in place. Policy applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers. In the event that an incident of Modern Slavery is suspected, contact the Health Board Safeguarding

		Team for advice or refer directly to the Local Authority Safeguarding Team.
	Provide a mechanism for people outside our organisation to raise suspicions.	A number of external resources are also available to raise concerns for example **Welsh Government Guidance - Reporting modern slavery** Call 999 if it's an emergency or you're in immediate danger. Modern slavery helpline Report a case of modern slavery online on the modern slavery helpline website. Modern slavery helpline Telephone: 0800 0121 700 Rydym yn croesawu galwadau yn Gymraeg / We welcome calls in Welsh. Available 24 hours a day, 7 days a week. Free from landlines and most mobile phones.

3. Training

	Provide training for those involved in buying and recruitment of workers on modern slavery and ethical employment practices.	Monitor training compliance of relevant staff groups – e.g. number of staff undertaking Value Based Recruitment Training.

4. Ensure employment practices are considered as part of the procurement process

	Include a copy of Policy in all procurement documentation. Include appropriate questions in tenders.	For new all Wales contracts via sourcing, when tenders are published, suppliers are directed to a set of questions on the 'Sell to Wales' site (European Single Procurement Document).
	Incorporate where appropriate elements of the Code as conditions of contract.	Reference to the Code of Practice is included in the Procurement Manual.
	Ask bidders to explain impact of low cost on workers if quote abnormally low.	All abnormally low-cost tenders are investigated. Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.

5. Working with suppliers

	Ensure undue cost and time pressures are not applied to suppliers that could result in unethical treatment of workers.	Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.
	Ensure suppliers are paid within 30 days.	This target is monitored via Public Sector Payment Policy in the monitoring returns submitted to WG.

6. Supplier sign up to Code

Expect suppliers to sign up to help ensure ethical employment is carried out throughout the supply chain.	NWSSP is working with suppliers to on-board to the Code. NWSSP-Procurement Services now includes commitments to the principles of Welsh Government's Code of Practice for Ethical Employment in Supply Chains as a mandatory requirement for those responding to above-OJEU tenders. Suppliers are also required to produce slavery and human trafficking statements regardless of the size of the organisations involved, which goes beyond the legal requirements of the Modern Slavery Act. Furthermore, suppliers are requested to sign up to the Transparency in Supply Chains (TISC) reporting website where they are encouraged to publish their slavery and human trafficking statements within three months of contract award. The NWSSP Sustainable Development Group has agreed standard questions around these requirements that are to be imported within Bravo, as well as having updated the planning template in order that staff are encouraged to consider these matters.
7. Assess spend to identify and address issues of unethical employment.	
Carry out regular reviews to assess areas at high risk.	NWSSP undertake research on potential issues through the procurement planning process and qualification and management of suppliers. NWSSP is working with Sell2Wales to amend the content of the Sustainable Risk Assessment to incorporate suitable questions regarding anti-slavery and ethical employment. It is being addressed in coordination with the WG Lead for Ethical Employment.

High risk areas have been identified as:
• Construction industry
• Non-contracted food suppliers
• Care home industry
• Courier services
Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply. |
Investigate high risk suppliers.	
Work with suppliers to rectify any issues.	
Monitor employment practices of high risk suppliers through contract management meetings.	
8. False self-employment/umbrella schemes/ zero hours contracts	
Ensure that employment mechanisms do not allow for avoidance of tax and NI contributions; unduly disadvantage workers in terms of employment rights; avoid health and safety responsibilities.	High risk areas are as in commitment 7 therefore same approach should be applied.

For workers directly engaged by HDdUHB –
• In order to ensure no tax/NI avoidance, the Tax Status of Workers Financial Procedure – opens in new tab, provides instruction to managers on |

		the procedures to follow in considering the employment status for tax purposes of directly engaged workers, as well as the IR35 status of workers engaged indirectly. Tax status assessments performed are reviewed by the Finance Business Partner for Compliance and Tax. • Workforce policies in place to address other issues.
9. Trade Union membership and blacklists		
	Ensure workers are free to join Trade Unions and undertake related activities. Not make use of blacklists.	No issue internally.
	Ensure suppliers do not use blacklists; not contract with suppliers who have used blacklists and failed to put things right; expect suppliers to ensure TU representatives can access members and workers.	High risk areas are as in 7 and 8 therefore the same approach should be followed. Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.
10. Living Wage		
	Consider paying all staff the Living Wage and becoming an accredited Living Wage Employer.	The Health Board as an employer is compliant where Living Wage and National Living Wage applies. (There are some exceptions where the Living Wage does not apply such as modern apprenticeships.)
	Encourage suppliers based overseas to pay a fair wage and UK staff are at least paid the minimum wage.	Every tender is different so difficult to provide absolute assurance eg for office cleaning can ensure UK living wage is applied but where work is outsourced this is more challenging. Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.
11. Annual Statement		
	Produce an annual written statement outlining the steps taken to ensure unethical employment is not taking place in any part of the supply chain. Statement must be signed off at Board level and published on website.	This will be reviewed by the Audit and Risk Assurance Committee on behalf of the Board. Statements will include the reporting requirements of Section 54 'Transparency in Supply Chains' of the Modern Slavery Act 2015 once these are clarified for public sector bodies.
12. Outsourcing		
	Ensure all those working on an outsourced contract are treated fairly; public sector staff who transfer to an outsourced third party retain their terms and conditions of employment.	Transfer of Undertakings (Protection of Employment) (TUPE) would apply for any affected HDdUHB staff.

Roles and Responsibilities

Chief Executive

The Chief Executive has overall accountability for the effective implementation of this policy and for ensuring that all reasonable steps are taken to prevent unlawful and unethical employment practices in the way HDdUHB discharges its duties as an employer and commissioner of services.

Director of Finance

The Director of Finance has responsibility for championing this policy, ensuring, in conjunction with NWSSP procurement that policies and procedures promote the commitments set out in the Code and that effective systems are in place to adequately monitor the policy's effectiveness.

Director of Workforce & OD

The Director of Workforce & OD has responsibility for ensuring that employment policies and practices are fair and equitable.

Senior Managers

Senior Managers are responsible for implementing the policies of the Health Board within their span of control and for ensuring that staff understand and apply the policy.

All Staff

All employees have responsibility for adhering to this policy and putting it in to practice.

References

Further information can be found in –

Code of Practice – Ethical Employment in Supply Chains Crown Copyright 2016

A Toolkit Guide Code of Practice – Ethical Employment in Supply Chains May 2017

www.gov.wales/code-of-practice

Appendix 1 - Modern Slavery and human rights abuses

Modern Slavery involves one person denying another person his or her freedom, and can take a number of forms, including:

- the buying and selling of people;
- holding people in captivity;
- human trafficking – the recruiting, transporting, transferring, harbouring or receiving of a coerced person for exploitation, or deceiving a person into travelling;
- child labour; and
- other forms of exploitation where people are forced to work against their will, held in debt bondage or controlled by violence. These can include:
  - withholding of an individual's passport or identity documents
  - excessive recruitment fees and/or loans which workers are required to pay back before they can leave
  - withholding of wages
  - withholding/delaying of work permits
  - threat of reporting an individual's immigration status to the authorities
  - preventing free movement outside the organisation's premises and/or preventing communication with others
  - using a position of power or authority to control free movement which results in workers living or working in a situation that they would not freely choose

Human rights are the basic standards that all people are entitled to in order to live in dignity. Children are entitled to additional rights as they need extra protection that adults do not. The presence of modern slavery in business operations and supply chains needs to be understood in the wider context of human rights abuses. Within the workplace, these can include:

- Physical abuse
- Humiliation, harassment and intimidation
- Child labour
- Excessive working hours
- Low wages
- Poor and/or unsafe working standards and conditions
- No, or minimal, breaks
- Deprivation of food, shelter etc
- Unequal treatment based on factors such as race, gender, religion, migrant status etc

Blacklisting

Blacklisting, or use of prohibited lists, is the unlawful practice of compiling information on employees on their Trade Union membership and related activities, in order to discriminate against them.

Blacklists can also potentially contain further details on individuals who have reported concerns, for example, regarding health and safety and/or environmental matters.

False self-employment

Self-employment is where individuals work for themselves rather than working as employees and being paid a salary by an employer. This is different to agency workers who are engaged by an employment business (typically referred to as an employment agency) under a contract and then placed on a

temporary basis with other client businesses who supervise their work. This is also known as 'temporary agency work' or 'temping'.

False self-employment concerns employment where the contract of employment with the worker does not properly reflect the reality of the relationship. The problems that false self-employment causes can be summarised as follows:

- Unfair competitive advantage for those businesses who disregard their Pay as You Earn (PAYE) and National Insurance (NICs) obligations and other costs related to direct employment when they engage workers, and a corresponding disadvantage for those businesses which properly engage their workers as employees
- Loss of entitlement for the worker to Jobseekers Allowance and State Second Pension and loss of redundancy pay, maternity/paternity leave and pay, sick pay, holiday pay, overtime premium payments, travel allowances
- Lack of long-term job security and career opportunities
- Loss of revenue to the Exchequer, as the correct amount of income tax and NICs may not be paid
- Health and Safety provisions deteriorate when workers work on falsely employed terms

Workers engaged on this basis may be unaware that they are being treated as self-employed.

Alternatively, they may be aware of their employment status but feel they have little choice than to accept it or risk losing their job.

False self-employment is primarily an employment law matter, and workers will have recourse to remedies to address any instances of "false self-employment" through the employment tribunal service.

Unfair use of umbrella schemes and zero hours' contracts

An **Umbrella Company** is a business that directly employs contractors and freelancers who typically work through recruitment agencies. It provides accountancy-based services, such as calculating PAYE and National Insurance (NI) contributions, client invoicing as well as paying the contractor/freelance employee. Organisations may use Employment Businesses who in turn may outsource their responsibilities – for recruitment and payment of temporary staff and managing PAYE and NI contributions – to Umbrella Companies.

> End User → Agency → Umbrella Company/Intermediary Business → Worker
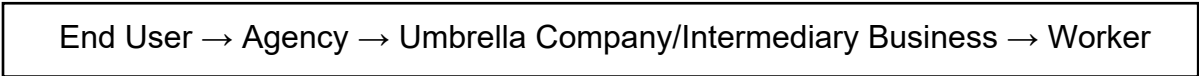
Whilst umbrella schemes have their place, some schemes are unfair in how they operate, impacting negatively upon the worker. These practices also result in a loss of revenue to the Exchequer, as the correct amount of income tax and NICs may not be paid. Examples of unethical practice through the use of unfair umbrella payment schemes include reduced pay where employer NI contributions and various administration fees and equipment fees are deducted from the workers' pay. In addition, holiday pay may come out indirectly when the pay is rolled up in the regular pay, creating a situation of workers working 52 weeks of the year save for time off on bank holidays (for which they receive no pay). Travel and subsistence expenses have often been used as part of umbrella arrangements to

reduce pay and tax. In April 2016, travel and subsistence rules changed for those workers who are deemed to be under "Supervision, Direction or Control".

Zero-hours contracts (as defined by the Small Business, Enterprise and Employment Act 2015) means a contract of employment or other worker's contract under which:

- the undertaking to do or perform work or services is an undertaking to do so conditionally on the employer making work or services available to the worker; and
- there is no certainty that any such work or services will be made available to the worker.

For this purpose, an employer makes work or services available to a worker if the employer requests or requires the worker to do the work or perform the services.

Zero-hours contracts are used to set out casual agreements between an employer and an individual. Generally, under a zero hour contract, employers do not guarantee to provide any work and pay only for work undertaken. The worker/employee is not obliged to accept any work offered by the employer.

A zero-hours contract is one type of flexible employment practice which can be more broadly defined as arrangements which do not provide individuals with guaranteed hours or permanent roles. Individuals on such an arrangement will be either workers or employees. All will be entitled to the National Minimum/Living Wage, paid annual leave, rest breaks and protection from discrimination. If they are employees, they will also be entitled to statutory employment rights including (but not limited to) statutory maternity/paternity/ adoption pay and leave, statutory redundancy pay, the right not to be unfairly dismissed and a statutory minimum notice period.

Used appropriately such arrangements can support the effective and efficient delivery of services and can provide benefits for both employers and employees.

- For the employer - they can offer flexibility to cope with fluctuations in staffing requirements by providing a pool of individuals who can be called upon in addition to the main workforce. This can help meet peaks in demand or provide cover for periods of high annual leave and sickness.
- For the employee – they can offer the flexibility to accept and reject work in line with personal requirements. For example, where individuals have care responsibilities, where they have another permanent role (possibly with the same organisation) or where they wish to gain experience in a specific field of industry.

However, they can be used inappropriately for example if the employer uses them to:

- pay lower rates of pay and evade employer obligations such as payment of sick pay, holiday pay, workplace pension
- penalise individuals who reject offers of work and/or favour those who readily accept work
- give insufficient notice of upcoming work and/or give little notice of the cancellation of work

These arrangements have also been used to prevent individuals accepting work with other employers through exclusivity clauses.[1]

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[1] (Section 153 of the Small Business, Enterprise and Employment Act 2015, inserts two new sections, 27A and 27B, into the Employment Rights Act 1996 making exclusivity clauses in zero hours contracts unenforceable.)

For public sector organisations – it is expected that organisations adopt the principles and guidance developed by the Public Services Staff Commission in conjunction with the Workforce Partnership Council to support the appropriate use of non-guaranteed hours arrangements (including zero-hours arrangements) in public services in Wales. It is also expected that organisations commissioning services seek agreement from their contractors to adopt the principles and guidance.

Paying the living wage

In the UK there are two different 'Living Wages':

- The Living Wage (set by the Living Wage Foundation)
- The National Living Wage (the National Living Wage and the National Minimum Wage)

This Policy refers to the former.

The Living Wage: The Living Wage is a voluntary hourly rate that is set by the Living Wage Foundation based on the cost of living. The Living Wage Foundation encourages organisations across the UK, in all sectors, and of all sizes, to become accredited Living Wage employers.

The wage level is set annually and is based on the cost of living in the UK (the level is different in London). The Living Wage is calculated by research that includes consultation with members of the public about what is needed by households to have the minimum acceptable quality of living. The incomes required by families of different sizes are calculated separately and then a single Living Wage is calculated from these figures.

The National Minimum Wage/ National Living Wage (new minimum wage for people aged over 25): The National Living Wage was introduced by the UK Government in July 2015 and must be paid to all workers over the age of 25. It is a criminal offence for employers to not pay someone the National Minimum Wage or National Living Wage. The National Minimum Wage is the minimum pay per hour that almost all workers are entitled to. The National Living Wage is higher than the National Minimum Wage - workers get this rate if they are over 25. It is set at the same level throughout the UK and is effectively the new Minimum Wage for over-25s. It is not connected to the cost of living but is linked to average earnings. It is a criminal offence for employers not to pay someone the National Minimum Wage or National Living Wage, or to fake payment records.

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.
_____

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	15.11.2023
Screening conducted by (name and email address):	Rhian Davies rhian.davies10@wales.nhs.uk
Title of programme, policy or project being screened:	Ethical Employment Policy

Description of the programme/policy/project being screened (including key aims and objectives)

Hywel Dda University Health Board (HDdUHB) as a major public sector employer and commissioner of services is committed to eradicating unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly. This policy aims to achieve this by ensuring organisational compliance with the Welsh Government Code of Practice on Ethical Employment in Supply Chains designed to eliminate modern slavery and support ethical employment practices.

This policy sets out how HDdUHB aims to achieve compliance with the Code by raising awareness both internally with the workforce and with suppliers and contractors. Success is also dependent on close working with NHS Wales Shared Services Partnership given its intrinsic link with HDdUHB in the provision of procurement and recruitment services.

The aims will be achieved by:
- Appointing an Anti-Slavery and Ethical Employment Champion.
- Proactively reviewing compliance against the commitments in the Code identifying foreseeable risks and putting in place controls to minimise or prevent incidents of non-compliance.
- Establishing or adapting current procedures to ensure the commitments are adequately reflected.
- Raising awareness of the Code with all staff and contractors.
- Providing specific appropriate staff training to those involved with procurement and recruitment including senior managers.
- Monitoring compliance on an annual basis and reporting on it as part of the HDdUHB Annual Report.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Office for National Statistics - Modern Slavery in the UK: March 2020
The Modern Slavery Helpline received a 68% increase in calls and submissions in the year ending December 2018, compared with the previous year there were 5,144 modern slavery offences recorded by the police in England and Wales in the year ending March 2019, an increase of 51% from the previous year the number of potential victims referred through the UK National Referral Mechanism (NRM) increased by 36% to 6,985 in the year ending December 2018

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PDF
Modern slavery in
the UK March 2020.

NRM UK Statistics by demographic July - Sept 2023

PDF
Modern Slavery_
National Referral Mec

- 4,138 potential victims of modern slavery were referred to the Home Office from July to September 2023, representing a 4% increase compared to the preceding quarter (3,995) and a 10% decrease from July to September 2022 (4,579).
- 82% (3,404) were sent to the Single Competent Authority (SCA) for consideration and 18% (734) to the Immigration Enforcement Competent Authority (IECA).
- the most common nationalities referred this quarter were UK, Albanian and Vietnamese.
- 3,745 reasonable grounds and 2,390 conclusive grounds decisions were issued this quarter; of these, 52% of reasonable grounds and 65% of conclusive grounds decisions were positive.
- the Home Office received 1,317 reports of adult potential victims via the Duty to Notify (DtN) process, the second highest since the DtN began in 2015

Table 3 of below shows the demographic profile of NRM referrals in Wales and referring agencies in 2022:

X
modern-slavery-nati
onal-referral-mechani

The demographic of Health Board staff as at 31 March 2023 is outlined in the document embedded below. This includes information on headcount and percentages across protected groups. The information for recruitment and grievance and disciplinary activity is similarly disaggregated.

PDF
Strategic Equality
Plan.pdf

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Assess which protected characteristics will potentially be affected by the proposal: (please ✓ which impact)

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓		
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth	✓		
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.	✓		
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	✓		
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	✓		
Religion or Belief The term 'religion' includes a religious or philosophical belief.	✓		
Sex Consider whether those affected are mostly male or female and where it applies to both	✓		

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equally does it affect one differently to the other?			
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	✓		

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Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**			✓
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty			✓
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	✓		

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Summary of Potential Impacts Identified

Positive Impacts

Hywel Dda University Health Board has signed up to the Welsh Government Code of Practice on Ethical Employment in Supply Chains and is committed to embedding the principles of the Code to eradicate unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly.

The Welsh Government Code of Practice on Ethical Employment in Supply Chains (the Code) covers the following ethical employment issues:

- Modern Slavery and human rights abuses
- Blacklisting
- False self-employment
- Unfair use of umbrella schemes and zero hours contracts
- Paying the living wage

It seeks to eliminate unequal treatment based on factors such as race, gender, religion, migrant status etc.

There is no evidence at this stage that the policy has an adverse impact in relation to any protected characteristics, Human Rights. It has been assessed as having a positive impact across all protected groups, particularly those most at risk of exploitation.

Negative Impacts

None

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.		No

If No negative impacts were identified, please give full justification here:

The Health Board is required to have an Ethical Employment Policy in place, under the terms of the Code of Practice – Ethical Employment in Supply Chains Crown (Copyright 2016). Whilst the policy has a high relevance to equality and human rights, it reflects the Code of Practice – Ethical Employment in Supply Chains Crown (Copyright 2016) and is

designed to protect the human rights of all those who may be at risk of exploitation in employment. It is particularly relevant to those most at risk of exploitation.

Having an Ethical Employment Policy in place, in addition to being a legal requirement is considered to be good practice.

https://www.bing.com/search?q=public+sector+ethical+employment+policy+&qs=n&form=QBRE&sp=-1&pq=public+sector+ethical+employment+policy+&sc=0-40&sk=&cvid=3CF33160B6BF49008ABF5C5B160D8535

https://www.bing.com/search?q=ethical+employment+policy+&qs=n&form=QBRE&sp=-1&pq=ethical+employment+policy+&sc=3-26&sk=&cvid=3B491C6C1B5D42288A9B669AAA583818

The policy has been drawn up with reference to the following:
- Code of Practice – Ethical Employment in Supply Chains Crown Copyright 2016
- A Toolkit Guide Code of Practice – Ethical Employment in Supply Chains May 2017
- www.gov.wales/code-of-practice

No issues of concern were raised in relation to equality, diversity or human rights following global consultation with staff.

A full EqIA will be undertaken at any stage where evidence to the contrary may arise.

Screening Completed by:	Name	Rhian Davies
	Title	Assistant Director of Finance
	Contact details	Rhian.Davies10@wales.nhs.uk
	Date	15/11/2023
Screening Authorised by: (Project / Policy Owner)	Name	Huw Thomas
	Title	Director of Finance
	Contact details	Huw.Thomas6@wales.nhs.uk
	Date	16/11/2023
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	16/11/2023

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All Wales

FLEXIBLE WORKING POLICY

Approved by:

Issue Date:

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Appendix 1 – Definitions (including types of Flexible Working)
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All Wales Flexible Working policy Final

FLEXIBLE WORKING POLICY

1.   POLICY STATEMENT

1.1   Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is are fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.

1.2   Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.

1.3   The NHS Wales Approach to Flexible Working is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than "We can't do this because…" the question becomes "How can we make this happen"? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.

1.4   Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.

1.5 All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.

1.6 To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes. When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.

1.7 NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

2. SCOPE

The policy applies to all employees of the *NHS organisation* from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

3. PRINCIPLES

3.1 The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

3.2 All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their

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entirety, managers should consider whether certain elements of the role can be worked flexibly.

3.3 Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.

3.4 Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.

3.5 It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met**.**

3.6 Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.

3.7 No form of flexible working will allow employees to work in breach of the Working Time Regulations.

3.8 Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.

3.9 Changes to an employee's contract of employment must be confirmed in writing.

4.   BENEFITS OF FLEXIBLE WORKING

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are more generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees– and holding

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onto experienced and skilled people is important in maintaining quality and containing costs. Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible Working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

5 FLEXIBLE WORKING REQUEST PROCESS

5.1 There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect.

- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependents care.

5.3 Responding to a Request

5.3.1 Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome **within 2 months** and

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should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

5.3.2 The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

5.3.3 Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that NWSSP are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are

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informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavors must be made to accommodate the request in full or in part, or by providing an alternative.   If, after discussing with the employee and considering all of the alternatives available, the t manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources.   If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable.   The manager must provide details of the business grounds for refusing the request and how they apply in this case.   The only acceptable reasons are:

- Burden of additional cost.

- Detrimental effect on ability to meet customer/patient needs.

- Inability to re-organise work among existing employees.

- Detrimental impact on quality

- Detrimental impact on performance.

- Detrimental impact on the ability to meet service demands.

- Insufficient work for the periods the employee proposes to work.

- Planned structural changes to the department

5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request.   Advice should be sought from People Services/Human Resources/W&OD.

5.5. Escalation Stage

5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.
If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may

be more supportive of the individual's circumstances and in line with their request.

5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6   Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request.   This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee.

Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales.

NHS Wales employees also have the right to request an appeal if their request is turned down.   The timescales for an appeal are set out below.

5.7   More than one request received at around the same time.

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received.

If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision.   In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request

- Where the employee feels that the application was not handled in line with the policy.

- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting.

The outcome of the appeals will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

5.9.3 In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place. This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.

5.9.4 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

6. CORRESPONDENCE

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place on an organisational level.

7. TERMS AND CONDITIONS CONSIDERATIONS

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- **Hours of Duty**
  Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place.

- **Annual Leave**
  Annual leave will be calculated on a pro rata basis, as appropriate.

- **Sick Pay**
  Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly.

- **Maternity/ New parent /Adoption/Shared Parental Leave**
  Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The Health Board/Trust has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.

- **Pensions**
  Pension contributions will be pro rata for employees working less than full-time hours.

- **Expenses**
  All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a Health Board/Trust base for the purpose of claiming travel expenses.

- **Pay**
  Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal will be paid in 12 equal installments each year.

- **Additional Hours**
  If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu.

- **Policies and Procedures**
  Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

8.   OTHER ASSOCIATED DOCUMENTS

This Policy should be read in conjunction with other All Wales and local policies on:
- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break

It should also be read in conjunction with:
- ACAS Code of Practice on Flexible Working Requests
- NHS Wales Flexible Working – briefing and guidance

9.   MONITORING AND REVIEW.

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through

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the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

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Appendix 1 – DEFINITIONS

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity. It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working. Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working.

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer. The principle of job sharing usually

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reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours

Employees are able to work their full contracted hours over a shorter period than is standard.

Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

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Flexi Time

Flexitime is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexitime schemes are usually based on detailed, locally agreed procedures which set out:
   • the core hours
   • limits on early and late working
   • the minimum lunch break to be taken
   • the maximum number of credit and debit hours which can be accrued
   • limits on the number of hours which can be carried over to the next month
   • limits on the number of days off allowed in any one period
   • limits on the number of employees allowed off at any one time

Flexible and Partial Retirement

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibilities available and the processes to be followed are set out in the Retirement Policy.

Staggered Hours

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period.   For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward roster, within the constraints of service

and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis. Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

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Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of………………………………
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	
Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)? *n.b., You do not have to give this information, but it will help your manager to make a decision on your application.*	Yes/No
If yes, please provide details:	

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Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form

Either:

Further to the meeting that took place on (Date) ……………………

I have considered your request for a new flexible working pattern.

☐   I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).

☐ I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).

☐   I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.
Please set out how the service will be maintained and how any impact on other employees can be mitigated.

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Your new working pattern will be as follows:

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

☐   The burden of additional costs
☐   Detrimental effect on ability to meet service user/patient needs
☐   An inability to reorganise work amongst existing employees
☐   A detrimental impact on quality
☐   A detrimental impact on performance
☐   Detrimental effect on ability to meet service demands
☐   Insufficient work for the periods the employee proposes to work
☐   A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case)**

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Please confirm which applies:

This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.

OR:

This will be a temporary change to your working arrangements and will be until ……………………… at which time the arrangements will be reviewed.

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.	
Line Manager Signature:	
Line Manager Title (in full):	
Date:	
If you accept the change outlined above, please sign and confirm receipt of the decision.	
Employee Signature:	
Date:	

To The Employee:

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

APPEAL PROCESS

If an application for flexible working is turned down, the employee has the right to appeal against the decision.   Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

Notes:
Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2, and 3 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

Equality Impact Assessment (EQIA) Form		
Ref no:		
Name of the policy, service, scheme or project:	Scope:	
Flexible Working Policy	The policy applies to all employees of the Health Board/Trust from day one of their employment with Health Boards and Trusts in Wales with the exception of doctors in training for whom flexible working arrangements are arranged by and subject to the approval of the Wales Deanery.	
Preparation		
Aims and Brief Description	One of the defining features of the modern British labour market is its flexibility. In Britain the uptake of flexible working arrangements has increased slowly but steadily over the last decade (CIPD, 2019). This policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs. According to the CIPD flexible working is a valuable tool in improving workplace equality and creating inclusive cultures. It can help parents return to work, reduce the gender pay gap, help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities There is a strong, unmet demand for more flexible jobs; 87% of people want to work flexibly, but only 11% of jobs are advertised as being flexible!2 • Advertising jobs as flexible can help organisations access a wider and more diverse talent pool – so you can get the best person for the job. Flexible working practices are a key reason for staff at all career stages being satisfied with their work and staying with their employer: flexibility can reduce staff turnover.14 Flexible working: the business case 2 • For senior and managerial staff, flexible working arrangements	

are pivotal for being able to continue to work and develop as professionals,15 particularly if they become parents. • For entry-level employees, flexible working reduces job-life spillover which in turn improves retention and commitment.16 • Higher levels of engagement, experienced by working flexibly, can reduce staff turnover by 87%.17

both from flexible-working-business-case_tcm18-52768.pdf (cipd.org) (CIPD November 2018)

Research by Timewise (2017) People are most likely to say their reason for wanting to work flexibly is work/life balance, or it being generally useful or convenient. Other key reasons include commuting issues, leisure or study interests, and caring responsibilities.

The policy aims to:
•
• to support managers to make a cultural shift so that rather than "We can't do this because…" the question becomes "How can we make this happen"? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it.
• Promoting flexible working practices across all levels throughout NHS Wales
• Providing a framework for managers and their staff to hold a well-informed, confident and productive discussion around their request to work flexibly and the flexible working options that may be suitable for them.
• Promoting the business benefits of flexible working and ensuring that managers are fully engaged and supported to enable flexible working opportunities in their areas
• Ensuring that all managers/supervisors understand the principles of flexibility in the workplace and the procedure to be followed.
    • Ensuring that all applications for flexible working are welcomed from all and considered fairly and equitably

The policy follows on from the work undertaken to develop a more agile working culture within the organisation. The policy sets out the process by which staff can apply to work flexibly in order to improve their work life balance and to improve

| | recruitment and retention.

The Policy takes account of the AFC Terms and Conditions (section 33) and the commitment made by NHS Wales to achieving the highest standards of health care services through recruiting and retaining highly skilled and motivated staff as set out in its **Flexible Working statement**.

Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic and employees are encouraged to identify where this is the case.

The Policy states that NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, or sexual orientation. |
|---|---|
| Who is involved in undertaking the EQIA | Rachel Pressley, Head of People Assurance and Experience, Cardiff and Vale UHB
Vicky Richards, RCM
Mitchell Jones, Senior Equality and Inclusion Manager, Cardiff and Vale UHB
All Wales Flexible Working Policy Working Group |
| Have you consulted with stakeholders in the development of this policy? | A working group was established to develop the NHS Wales Flexible Working Policy is working group consisted of NHS Employers, Employers (Workforce) and staff side representatives.

The revised policy was then sent out for consultation through:
- Workforce Directors
- Trade unions |
| Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc | Yes.   NHS Wales is committed to an agile working culture, which means that wherever possible requests for flexible working arrangements will be supported unless there is a legitimate reason for refusing them based on business grounds. NHS Wales is also committed to developing and maintaining a flexible working culture to support the most effective and efficient provision of services for the benefit of staff, patients and the organisation.

The aim of this approach, as set out in the Flexible Working Statement, is to support managers to make a cultural shift so that rather than "We can't do this |

because…" the question becomes "How can we make this happen"?

Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of staff to work for the organisation. Flexible working opportunities should be considered for all staff and made available as far as practicable, regardless of role, shift pattern, team or pay band.

Flexibility means giving people options and allowing them to work in ways that meet their needs while also meeting the needs of your clients and organisation. This kind of adaptability can improve inclusion, diversity, and efficiency while also increasing engagement and performance.

According to NVCO (the membership community for charities, voluntary organisations and community groups in England) there is still a stigma surrounding flexible working which can make it hard for people to ask for the working patterns they need to thrive and do their best work. They state that negative attitudes toward flexibility are too often a barrier to people applying for new or more senior roles and that at its heart, flexibility is about inclusion for everyone. Flexible working should be a central part of conversations about social justice, social mobility and how charities become more inclusive, equitable and diverse. We might typically associate flexible working with parents and carers, but there is growing understanding of how flexibility in employment can be of benefit to individuals of all ages, and in many different circumstances, across the voluntary sector.

Who and how many (if known) may be affected by the policy?	The policy will apply to all staff. NHS Wales recognises that staff have different needs at different times in their working lives and flexibility in employment makes it possible for them to make choices about how and when they wish to work, taking into account the needs of the service.

Any form of flexible working must meet the business needs of the Health Board/Trust and its commitment and ability to meet the required level and quality of services to our service users and their families. It may not be possible to |

	agree to the exact request, but managers are expected to discuss with employees alternatives that might be possible. Flexible Working is now a day one qualification for all NHS staff. Within the NHS there is no limit on the number of applications that can be submitted by an individual each year. This means that it is possible to be more responsive to changes in individual's circumstances.
What guidance have you used in the development of this service, policy etc?	The policy is based on: • NHS Terms and Conditions of Service • NHS Wales Flexible Working Statement, • Existing policies/procedures from NHS Wales organisations • RCN Flexible Working Guide • RCM Flexible Working Guidance • All Wales Flexible Working Key Principles – agreed in partnership in 2014 • Draft All Wales Flexible Working Guidance – under development in partnership • Workforce Partnership Council Report on Flexible and Agile Working – published in December 2022

Equality Duties

The Policy/service/project or scheme Aims to meet the specific duties set out in equality legislation.	Protected Characteristics											
	Race	**Sex/Gender**	**Disability**	**Sexual orientation**	**Religion and Belief**	**Age**	**Gender reassignment**	**Pregnancy and Maternity**	**Marriage & civil Partnerships**	**Welsh Language**	**Carers**
To eliminate discrimination and harassment	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Promote equality of opportunity	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Promote good relations and positive attitudes	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Encourage participation in public life	-	-	-	-	-	-	-	-	-	-	-
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?			✔								

Key	
✔	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	**Yes**	**No**	**N/A**
Article 2: The Right to Life			✔
Article 3: the right not to be tortured or treated in a inhumane or degrading way			✔
Article 5: The right to liberty			✔
Article 6: the right to a fair trial			✔
Article 8: the right to respect for private and family life	✔		
Article 9: Freedom of thought, conscience and religion	✔		
Article 14: prohibition of discrimination	✔		

Measuring the Impact

What operational impact does this **policy, service, scheme or project**, have with regard to the Protected Characteristics. Please cross reference with equality duties	
	Impact
consider: **Race** **Sex/gender** **Disability** **Sexual orientation** **Religion belief and non belief** **Age** **Gender reassignment** **Pregnancy and maternity** **Marriage and civil partnership** **Other areas** **Welsh language** **Carers**	According to the Future of Work Report	Equality and Human Rights Commission (equalityhumanrights.com) flexible work accounts for almost a quarter (23%) of the workforces across British nations (6.7 million workers in England, 650,000 workers in Scotland and 370,000 workers in Wales have flexible time arrangements). The national and regional distribution of workers on contracts with flexible time arrangements in Britain is almost identical to the national and regional distribution of all other workers. However, the availability of other types of flexible work varies across nations and regions: for example, Wales has relatively widespread flexibility in terms of the time of work arrangements, but flexibility in place of work and informal flexibility is rarer than in Scotland and England. They show that working flexible hours increased during the COVID-19 pandemic, eventually falling as the labour market started to recover. The number rose by 21% between October to December 2019 and October to December 2020 (from 6.3 million to 7.7 million), before falling to 7.1 million between April and June 2021. Since then, headline employment numbers have continued to improve. As of October to December 2021, the number of people on flexible contracts is 53% higher than it was in 2009 (rising from around 5.1 million to 7.7 million), making up almost a quarter (23%) of all workers, compared to 17% in 2009. The data shows that, since 2009, inflexible employment has declined slightly and flexible employment accounts for all growth. The Future Work report states that It is not clear how much of the increased move to flexible working during the COVID-19 pandemic – whether in terms of time or place – will be permanent. However, as more evidence is collected, it appears that the demand for increasing flexibility continues. Research by the Trades Union Congress (TUC) showed that, in Britain, more than nine out of ten people (91%) who worked remotely during the pandemic wanted to continue working from home at least some of the time after the pandemic (TUC, 2021b). According to the NHS Workforce data briefing September 2023 by Audit Wales NHS Wales is becoming a more flexible and equal employer but there is still more to do. The participation rate of part time working in NHS Wales shows that generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is

increasing and beyond the age of 56, there is a clear movement to more staff working part time. The 'participation rate' is a measure of part-time working across an organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week. 100% participation would mean that all staff are working full working weeks the briefing shows that female employees have a participation rate of 86% and male employees have a participation rate of 94%.
- NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups
- The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.
- Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills

AGE:

According to the [Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com)](#) In Britain between 2009 and 2019, workers aged 50 to 69 years old experienced the sharpest increase in flexible working (a 27% increase in the number of older workers in flexible work). This was followed by workers aged 25 to 49 years old (a 10% increase), with no increase for workers aged 16 to 24 years old.   In 2009 approximately 5 million workers were employed in flexible work, 6% of people aged 16 to 24, 9% of those aged 25 to 49 and 9% of those aged 50 to 69. Flexible working arrangements increased throughout the COVID-19 pandemic for workers of all ages.
By 2021 those employed in flexible work had increased to 7.7 million workers. Of workers aged 16 to 24, 15% had flexible working arrangements, as did 25% of those aged 25 to 49 and 24% of people aged 50 to 69. Older workers were consistently employed more in flexible work. There are many reasons that could explain this difference, including individual needs and job requirements ([CIPD, 2019](#)). For example, older people are more likely to work flexibly to manage health conditions, caring responsibilities and / or to adjust towards retirement.

For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. ([AGE UK](#))

According to the CIPD report '[Understanding Older Workers](#)', older workers have higher rates of part-time working than younger workers.   However, the finding that many would prefer shorter hours suggests there is still not enough flexibility to fully cater to older workers' preferences and employers should consider requests for reduced

hours. Older people are also much more likely to have caring responsibilities. This underlines the importance of ensuring employers take steps to increase the availability and range of flexibility as a means of both attracting and retaining workers as they get older.

The Equal Opportunities Commission says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment or treated differently because of their age is considered to be a victim of age discrimination.   All staff can apply for flexible working from day one of employment, and the Policy sets out the only reasons which can be given for rejecting an application. However, there may be differences in the ways different groups of staff want to work flexibly, for example, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be requested by younger workers.

One in eight older workers are forced out by ill health, and others are unable to fit work around caring responsibilities. Ethnically diverse communities and those in low-income jobs far more likely to have to stop work early for health reasons. Flexible working would benefit older workers managing long-term health conditions, needing to reduce their workload or with increased caring responsibilities by supporting them to stay in work longer if they want to. (https://www.tuc.org.uk/research-analysis/reports/extending-working-lives-how-support-older-workers 22 https://www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusivelabour-market)

DISABILITY:

According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) the number of disabled workers on flexible contracts rose 58% from 2013 to 2019 (19% to 21% of disabled workers), far more than the 8% increase for non-disabled workers (from 18% to 19% of non-disabled workers). This increase continued throughout the COVID-19 pandemic for both groups. The number of disabled workers on flexible contracts increased by 127% (from approximately 540,000 to 1.1 million) from 2013 to 2021, while for non-disabled workers the number rose by 43% (from 4.5 million to 6 million). In 2021, disabled and non-disabled workers were almost equally likely to work flexibly, with 26% of disabled workers and 25% of non-disabled workers having flexible working arrangements, an increase from 19% and 18% respectively in 2013. Many disabled people and representative organisations have advocated for greater availability of flexible and remote working. For some, remote working can be a way to gain and retain employment, as it helps to overcome some accessibility issues (EHRC, 2017). Under the Equality Act 2010, flexible working arrangements can also be a reasonable adjustment for disabled workers.

If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job (EHRC Guidance). Employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when

doing their jobs. [Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk)](www.gov.uk)

The [Equality and Human Rights Commission](#) states that equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person

MATERNITY AND PREGNANCY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. ([Equal Opportunities Commission](#))
- The Policy states that If at the end of their maternity leave an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with them returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to her maternity leave.   These provisions are mirrored for staff on adoption leave and is also available to staff returning from Shared Parental Leave. Employees who return to work following Maternity Leave who are breastfeeding are entitled to frequent breaks, a private room etc. and do not need to access this Policy to achieve this

RELIGION & BELIEF:

- The ACAS guide for [Religion or Belief discrimination: key points for the workplace (2018)](#) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination
- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods ([EHRC](#)). This may have flexible working implications
- The [Equality and Human Rights Commission](#) website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack or religion or belief.   They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of

not agreeing to the request.

GENDER

- According to the [Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com)](#)Women are more likely to use flexible working arrangements than men in Britain, but since 2009 the use of flexible working arrangements has increased at a faster rate among men. Between 2009 and 2021 in Britain, on average 22% of women in work had flexible working arrangements compared to 16% of men. This is according to our analysis of data from the Labour Force Survey. Literature suggests that this contributes to some disadvantages for women, for example the gender pay gap (Costa Dias et al. 2018), and negative consequences for career progression (Chung, 2020). The COVID-19 pandemic, lockdowns, and widespread working from home for both men and women may have changed some of the negative perceptions around flexible work. Some evidence suggests that the appetite for continued remote working is equally high for men and women, and that the gender care gap narrowed during the pandemic between March and October 2020 (from 6.96 to 4.59 hours per week) (Nicks et al., 2021b).   On the other hand, there is evidence to suggest that there were differences between how men and women experienced remote working during the pandemic, with women being more likely to report negative impacts on health, work–life balance and stress (Jones and Bano, 2021; Aviva, 2021). However, this requires further research to distinguish which patterns are long term and which are likely caused by unique circumstances during the pandemic. The number of women on flexible contracts rose 10% from 2009 to 2019, while the number of men on flexible contracts rose by 33% during the same period.   This increase continued throughout the pandemic for both sets of workers. As of 2021, the number of women on flexible contracts is approximately 44% higher than in it was in 2009 (an increase from around 3.1 million to around 4.3 million), while the number of men on flexible contracts has risen by 65% (from around 2.1 million to around 3.5 million).   The proportion of women on flexible contracts increased from 24% in 2009 to 29% in 2021, and the proportion for men increased from 15% in 2009 to 22% in 2021. Still, in November 2021, over 800,000 more women than men were working flexibly.
  (Chung, H. (2020), 'Gender, Flexibility Stigma and the Perceived Negative Consequences of Flexible Working in the UK', Social Indicators Research, vol. 151, pp. 521–545.
  Costa Dias, M., Joyce, R. and Parodi, F. (2018) 'IFS Working Paper: The gender pay gap in the UK: children and experience in work'. London: Institute for Fiscal Studies [accessed: 5 April 2022]
  Nicks, L., Gesiarz, F. Likki, T., Baynham-Herd, Z. and Lohmann, J. (2021b), 'Impact of changes in flexible working during lockdown on gender equality in the workplace', London: The Behavioural Insights Team [accessed: 7 April 2022].
  Jones, P. and Bano, N. (2021), 'The Right to Disconnect', Autonomy Website [accessed: 7 April 2022].

- Women are bearing the brunt of caring responsibilities, with almost six out of 10 avoiding applying for promotion because it was too hard to balance work and care. [Research from Business in the Community](#) carried out by Ipsos revealed that one in five women (19%) have left a job because of difficulties balancing work with caring responsibilities. Women account for 85% of sole carers for children, and 65% of sole carers for older adults.

- While women are more likely than men to use flexible working arrangements, since 2009 the uptake of flexible work has been increasing at a faster rate among men. ([future of work report](#))

- Making flexible working available in all but the most exceptional of circumstances promotes greater gender equality. Research has shown that many of the underlying causes of the gender pay gap are connected to a lack of quality jobs offering flexible work. The unequal division of unpaid care and the lack of flexible working in jobs means that women often end up in part time work. (https://timewise.co.uk/article/article-real-reasons-behind-gender-pay-gap/, https://www.tuc.org.uk/sites/default/files/2019-10/BEISFlexibleworking.pdf)

GENDER REASSIGNMENT

- If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person ([EHRC Guidance](#)).

  A [Government Equalities Office publication](#) (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer."

- [CIPD guidance on Transgender and non-binary inclusion at work](#) advises that organisations should not remove someone from duties against their wishes while they're transitioning. However, transitioning employees may request temporary redeployment, flexible working or adjustments to their role. This must be led by the individual's preferences, and you should accommodate requests as far as is possible

SEXUAL ORIENTATION

- A Business in the Community report '[Working with Pride - issues affecting LGBTQ+ people in the](#)

workplace' found that in relation to carers, gay/bi+ people are less likely to be accessing support from line managers, home working and flexible working policies, especially in the case of gay/bi+ male carers.

RACE

- Research commissioned by **Business in the Community**, The Prince's Responsible Business Network and Ipsos UK found that one in three (32%) Black, Asian, Mixed Race and other ethnically diverse people have left or considered leaving a job due to a lack of flexibility compared with one in five (21%) white people. The research also found that some groups were significantly more likely than others to have not applied for a job or promotion, or to have considered leaving or actually left a job, because of challenges combining paid work and care, including Black, Asian, Mixed Race and other ethnically diverse people; those on lower incomes; and shift worker

- According to the Future of Work Report | Equality and Human Rights Commission (equalityhumanrights.com) the number of workers from ethnic minorities on flexible contracts rose by 79% from 2009 to 2019, compared to 7% for White British workers. This saw the proportion of workers on flexible contracts increase from 18% of ethnic minority workers and 19% of White workers to 20% of both groups in 2019. This increase continued throughout the COVID-19 pandemic for all groups, with the number of workers from ethnic minorities on flexible contracts 171% higher in 2021 compared to 2009 (from approximately 700,000 to 1,740,000 workers), while the number of White British workers on flexible contracts only rose by 38% (from 4.5 million to 6 million). In 2021, this increased further, with 26% of workers from ethnic minorities and 25% of White British workers having flexible working arrangements.

OTHER FACTORS

- Flexible working supports a better work life balance, improved wellbeing, improving the experience of work for carers. It also improves productivity, increases staff retention and better recruitment (https://www.tuc.org.uk/research-analysis/reports/future-flexible-work?page=2#section_header)
- In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct.   This Policy will support staff in managing their work life balance more effectively (e.g. parents, those with caring responsibilities) Discrimination by Association should be considered when considering requests for flexible working,

- The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)
- Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.
- CIPD 2018 quoted research which has shown that flexible working can reduce absence rates as it allows employees to manage disability and long-term health conditions, and caring responsibilities, as well as supporting their mental health and stress. Parents and carers (especially those on low incomes) benefit the most – they tend to have increased wellbeing and are less troubled by stress when given access to flexible work
- An ONS report from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men.   The second biggest reason for being ecomically inactive is looking after family or home (the largest category is students)
- The Policy states that flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.
- The Policy states that Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources, Health and Safety and Occupational Health as appropriate.

  Research by Timewise has shown that good flexible working can help households manage rising costs.   The 2021 Flexible Jobs Index noted that only 1 in 4 jobs are advertised as flexible in any way. There are even fewer part-time jobs advertised (just 1 in 10), and they are clustered at the lowest-paid end of the scale, with very few higher-paid ones available. This is a particular problem for parents, carers or those with health issues or other responsibilities, who simply can't work full-time. Being able to find a quality part-time or flexible role can allow them to get into (or back into, or progress in) the workplace and increase their household income. And the availability of good flexible jobs also has a positive impact on society as a whole. Evidence shows that flexible working can play a part in tackling social inequality, reducing child poverty, supporting social mobility, and increasing workplace diversity.

	Monitoring Arrangements Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals. Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

Date:-	Dec-23	Name of All Wales Policy	Last Issue Date	Original Planned Review Date	Currently Under Review	Current Position
		Discplinary	Mar-17	Mar-20	Yes	Remains Extant*
		Organisational Change	Mar-17	Mar-20	Yes	Remains Extant*
		Capability	Jun-18	Jun-21	Yes	Remains Extant*
		Managing Attendance at Work	Oct-18	Dec-21	Yes	Remains Extant*
		Menopause	Dec-18	Dec-21	No	Remains Extant*
		Respect and Resolution	Apr-21	Apr-22	Yes	Remains Extant*
		Employment Break Scheme	Jan-20	Jan-23	No	Remains Extant*
		Reserve Forces Training and Mobilisation	Mar-20	Apr-23	No	Remains Extant*
		Procedure for NHS Staff to Raise Concerns	Sep-23	May-23	Yes	Remains Extant*
		Pay Progression	Jan-20	Oct-23	No	Remains Extant*
		Special Leave	Dec-20	Jan-24	No	Remains Extant*
		Recruitment and Retention Payment Protocol	Dec-20	Apr-24	No	Remains Extant*
		Secondment	Jul-21	Jul-24	No	Remains Extant*
		Upholding Professional Standards in Wales	Oct-15	Oct-18	No	Remains Extant*

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a new approach to the review of All Wales polices and procedures.

The core element of this new approach is to move away from using a review date as a prompt for review of an existing policy, to recognise key prompts for review and to provide an option for a transactional review where changes/updates to an existing policy are more administrative than material.
All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.
NHS Wales Employers will issue this schedule on a quarterly basis as confirmation of policies remaining extant to provide clarity and support organisations from a governance and assurance perspective.

*Extant - legal term derived from Latin for still in existence/still live