

**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD**  
**PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	17 December 2020
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Written Control Documentation Approval of Ethical Employment Policy (935)
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Rhian Davies, Assistant Director of Finance

**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**

The People, Planning and Performance Assurance Committee (PPAC) is asked to approve the Ethical Employment Policy (935).

This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered with in the development of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within Hywel Dda University Health Board (HDdUHB).

**Cefndir / Background**

Is this a new or revised document?	New	
Brief summary of the document	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 of the document	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.	
Reason(s) for developing/adopting/ reviewing the document	Improve/standardise clinical/organisational procedures	
	Response to complaint, incident or claim	
	Response to alert, safety notifications, WHC	
	Re-organisation of service/department	
	New/amended legislation	
	All Wales document, national guidance to be adopted	✓
	Replacement/updating existing documents	
	Other – provide details	

Owning group	People, Planning and Performance Assurance Committee
	Professor John Gammon
	Date signed off by owning group: 17/12/20

<b>Assurance</b>	
<b>Equality Impact Assessment</b>	<p>The attached EqIA is a screening assessment.</p> <p>The Ethical Employment Policy has been assessed as having a high relevance to the General Equality Duties</p> <ul style="list-style-type: none"> <li>It has been assessed as having a medium positive impact in relation to protected characteristics</li> </ul>
<b>Evidence base</b>	<i>Does the reference section list all the sources of evidence which has informed the content of the document? <b>YES</b></i>
	<i>Did the Lead Author on behalf of the Owning Group source the references themselves? <b>YES</b></i>
	<i>Is the document fully compliant with the chosen evidence base? <b>YES</b></i>
<b>Compliance with legislation/regulation/alert</b>	<p><i>List the relevant legislation/regulation/alert:</i></p> <p><b>Code of Practice – Ethical Employment in Supply Chains Crown Copyright 2016</b></p> <p><i>Is the document in full compliance with the above legislation/regulation/alert? <b>YES</b></i></p> <p><b>New requirements are expected for public sector bodies in relation to Section 54 ‘Transparency in Supply Chains’ of the Modern Slavery Act 2015. As these are not yet finalised, they are not listed in the Policy, however there is a reference stating that the Annual Statement will include reporting on these requirements once they are clarified for public sector bodies.</b></p>
<b>Targeted consultation of key stakeholders</b>	<i>List the staff groups/professional groups/clinical specialities/services that have been contacted as part of the targeted consultation:</i>
	<p><b>Workforce colleagues –</b></p> <ul style="list-style-type: none"> <li><b>Recruitment</b></li> <li><b>Medical Agency</b></li> <li><b>Bank</b></li> </ul> <p><b>Safeguarding</b></p> <p><b>Counter Fraud</b></p>
	<p><i>Confirm that all key stakeholders:</i></p> <ul style="list-style-type: none"> <li><i>are in agreement with their relevant section of the content of the document - <b>YES</b></i></li> <li><i>are able to implement or comply with their relevant section of the content of the document - <b>PARTLY</b></i></li> </ul>
	<i>List any feedback received from key stakeholders which has not been included in the document and the reason as to why not: <b>N/A</b></i>
	<i>List any feedback received from key stakeholders indicating concern regarding the implementation or compliance with their relevant section which has not been resolved:</i>

	<p><b>Concerns related to ensuring compliance by suppliers. Work will be undertaken in conjunction with NHS Wales Shared Services Partnership (NWSSP) to review compliance. We cannot guarantee assurance, however will take reasonable steps to ensure suppliers comply.</b></p>
<b>Collaboration with others (interested parties)</b>	<p><i>List the interested parties (including other groups/sub-committees and committees):</i></p> <p>Task and Finish Group consisting of representatives from Workforce Procurement Corporate Governance Finance</p> <ul style="list-style-type: none"> <li>• <i>Confirm that they are in agreement with their relevant section of the document - <b>YES</b></i></li> <li>• <i>List any feedback received from interested parties which have not been included in the document and the reason as to why not – <b>N/A</b></i></li> <li>• <i>List any feedback received from the interested parties indicating concern regarding the implementation or compliance with their relevant section which has not been resolved:</i></li> </ul> <p><b>Concerns related to ensuring compliance by suppliers. Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance, however will take reasonable steps to ensure suppliers comply.</b></p>
<b>Global consultation</b>	<b>No comments received</b>
<b>Dissemination</b>	<p><i>How will the document be disseminated to those who will be required to use it or comply with it</i></p> <p><b>Staff awareness and training will be undertaken via publicising the policy on the website with targeted training provided for relevant groups, i.e. Workforce &amp; 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.</b></p> <p><b>Contractors - procurement services are provided to HDdUHB through a Service Level Agreement with 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.</b></p>
<b>Implementation</b>	<b>Detailed within section 10 training within the policy document</b>
<b>Monitoring</b>	<b>Detailed within section 11 compliance monitoring within the policy document</b>
<b>Proposed review date of the document</b>	<b>3 years</b>

### Argymhelliad / Recommendation

The People, Planning and Performance Assurance Committee is requested to approve the Ethical Employment Policy (935).

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.21 Approve corporate and workforce policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

#### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Code of Practice – Ethical Employment in Supply Chains Crown Copyright 2016
Rhestr Termau: Glossary of Terms:	Contained within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	As detailed in the assessment

#### **Effaith: (rhaid cwblhau)**

#### **Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Compliance will minimise the risk of potential legal challenge and financial penalties.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery

<b>Gweithlu: Workforce:</b>	Compliance aims to eradicate unlawful and unethical employment practices and to ensure all workers at every stage of the supply chain are treated fairly.
<b>Risg: Risk:</b>	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
<b>Cyfreithiol: Legal:</b>	Compliance will minimise the risk of potential legal challenge.
<b>Enw Da: Reputational:</b>	Compliance will enhance HDdUHB's reputation as a values based organisation.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	The equality impact assessment is attached.



# Ethical Employment Policy

Policy Number:		Classification			Corporate	
Supersedes	New Policy					
LOCSSIP reference:		NATSSIPS Standards	List standard ( <a href="#">NATSSIPS Standards</a> )			
Version No	Date of EqIA:	Approved by:		Date of Approval:	Date made Active:	Review Date:
V1						

Brief 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 Wales Safeguarding Procedures 608 – Risk Management Framework 674 – Risk Management Procedure Procurement Guide

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	All Wales NHS Conditions of Contracts for the Purchase of Goods and Services NWSSP Sustainability Policy and Sustainable Procurement Code of Practice Hywel Dda Managers Guide – Interviews Appointments and Pre-employment Checks 815 - Counter Fraud Bribery Corruption Policy 248 – Standards of Behaviour Policy
Patient information:	

Owning Committee/ Group	People, Planning and Performance Assurance Committee Professor John Gammon (Chair) 17/12/20
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Executive Director:	Huw Thomas	Job Title	Director of Finance
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	

### Glossary of terms

Term	Definition

Keywords	Ethical Employment, Modern Slavery
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. 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.

## 2. 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.

## 3. 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.

## 4. 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.

## 5. Objectives

The aim 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 to all staff and contractors
- Providing specific appropriate staff training to those involved with procurement and recruitment including senior managers

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

### 6. 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.

### 7. 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

#### 7.1 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:

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- 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

### 7.2 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.

### 7.3 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.

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### 7.4 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 hours 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.

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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.<sup>1</sup>

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.

### 7.5 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.

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<sup>1</sup> (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.)

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## 8. 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.

## 9. Raising awareness of the Code to all staff and contractors

### 9.1 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.

### 9.2 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.

## 10. 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 with regard to 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.

<http://hddsps.cymru.nhs.uk/sites2/SafeGuarding/SitePages/Safeguarding%20Home.aspx>



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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.

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' will be available and all staff involved in recruitment and procurement should undertake this module.

## 11. 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 xxx
	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 in place.  Policy applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.
	Provide a mechanism for people outside our organisation to raise suspicions.	
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 - eg 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 Code of Practice to be included in an updated Procurement Guide.
	Ask bidders to explain impact of low cost on workers if quote abnormally low.	All abnormally low cost tenders are investigated.

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		Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.
<b>5. Working with suppliers</b>		
	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.
<b>6. Supplier sign up to Code</b>		
	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.
<b>7. Assess spend to identify and address issues of unethical employment.</b>		
	Carry out regular reviews to assess areas at high risk.	<p>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.</p> <p>High risk areas have been identified as:</p> <ul style="list-style-type: none"> <li>• Construction industry</li> <li>• Non-contracted food suppliers</li> <li>• Care home industry</li> <li>• Courier services</li> </ul>
	Investigate high risk suppliers.	
	Work with suppliers to rectify any issues.	
	Monitor employment practices of high risk suppliers through contract management meetings.	



## HYWEL DDA UNIVERSITY HEALTH BOARD

		Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.
<b>8. False self-employment/umbrella schemes/ zero hours contracts</b>		
	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.	<p>High risk areas are as in commitment 7 therefore same approach should be applied.</p> <p>For workers directly engaged by HDdUHB –</p> <ul style="list-style-type: none"> <li>• IR35 assessments are undertaken by Compliance and Tax Accountant in Finance Team to ensure no tax/NI avoidance, where a potential issue is flagged.</li> <li>• Workforce policies in place to address other issues.</li> </ul>
<b>9. Trade Union membership and blacklists</b>		
	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.	<p>High risk areas are as in 7 and 8 therefore the same approach should be followed.</p> <p>Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.</p>
<b>10. Living Wage</b>		
	Consider paying all staff the Living Wage and becoming an accredited Living Wage Employer.	The Health Board as an employer is compliant where this 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.	<p>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.</p> <p>Work will be undertaken in conjunction with NWSSP to review compliance. We cannot guarantee assurance but will take reasonable steps to ensure suppliers comply.</p>
<b>11. Annual Statement</b>		
	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.	<p>This will be reviewed by the Audit and Risk Assurance Committee on behalf of the Board.</p> <p>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.</p>

## HYWEL DDA UNIVERSITY HEALTH BOARD

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.

### 12. 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.

### 13. 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](http://www.gov.wales/code-of-practice)

## SCREENING

When undertaking an Equality Impact Assessment, it is recommended that the following key questions are kept in mind as a guide to formulate the basis of the report:-

What is the purpose of the Policy/change/decision? - Outline in EqIA  
Have those affected by the proposals been involved? - Stage who and how  
Have potential positive and negative impacts been identified? - State what they are  
What plans are there to alleviate any negative impact? - Give outline of plans  
What plans are there to monitor the impact of the proposals? - Give outline of plans

For in-house advice and assistance with Assessing for Impact, please contact:-

Jackie Hooper  
Senior Diversity and Inclusion Officer  
Block 6  
Prince Philip Hospital  
Llanelli  
Carmarthenshire  
SA14 8QF

Tel 01554 756567 Ext 3868

# SCREENING

## Form 1: Preparation

1.	What are you equality impact assessing?	Hywel Dda University Health Board Ethical Employment Policy
2.	Brief Aims and Description	<p>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.</p> <p>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.</p> <p>The aims will be achieved by:</p> <ul style="list-style-type: none"><li>• Appointing an Anti-Slavery and Ethical Employment Champion</li><li>• 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</li><li>• Establishing or adapting current procedures to ensure the commitments are adequately reflected</li><li>• Raising awareness of the Code to all staff and contractors</li><li>• Providing specific appropriate staff training to those involved with procurement and recruitment including senior managers</li><li>• Monitoring compliance on an annual basis and reporting on it as part of the HDdUHB Annual Report</li></ul>

## SCREENING

3.	Who is responsible for the work?	Rhian Davies - Assistant Director of Finance (Financial Planning & Statutory Reporting)
4.	Who is involved in undertaking this EqIA?	Rhian Davies – Assistant Director of Finance ( Financial Planning and Statutory Reporting) Jackie Hooper – Senior Diversity and Inclusion Officer Alan Winter – Senior Diversity and Inclusion Officer
5.	Is the Policy related to other policies/areas of work?	435 – All Wales NHS staff to Raise Concerns Procedure All Wales Safeguarding Procedures 608 – Risk Management Framework 674 – Risk Management Procedure Procurement Hywel Dda Managers Guide – Interviews Appointments and Pre-employment Checks 815 - Counter Fraud Bribery Corruption Policy 541 - Control of Contractors Policy 133 – Equality and Diversity Policy
6.	Stakeholders – who is involved with or affected by this Policy	All staff employed by Hywel Dda University Health Board and contractors, including agency workers, bank workers, suppliers and contractors. Staff involved with procurement and recruitment. Potential employees, agency workers, suppliers and contractors of the Health Board
7.	What might help/hinder the success of the Policy?	Lack of awareness of the policy Lack of adherence to the policy and abuse of the policy  All Health Board policies are available to staff on the Health Board's intranet website.

**SCREENING**

		<p>It is the responsibility of managers to ensure all staff have access to the policy.</p> <p>All staff are contractually obliged to abide by Health Board policies.</p>
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## SCREENING

### Form 2: Information Gathering

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross ✗ as appropriate</p>										
<p><b>In other words, does the Policy:</b></p> <ul style="list-style-type: none"> <li>eliminate discrimination and eliminate harassment in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> <li>promote equality of opportunity in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> <li>promote good relationships and positive attitudes in relation to...</li> </ul>										
<ul style="list-style-type: none"> <li>encourage participation in public life in relation to...</li> </ul>										
<p>*** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs</p>										

## SCREENING

### Form 2: Information Gathering (Human Rights)

**Human Rights:** The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.


Consider, is the Policy relevant to:	Yes	No
<b>Article 2 : The right to life</b>  <b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	√	
<b>Article 3 : The right not be tortured or treated in an inhuman or degrading way</b>  <b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	√	
<b>Article 5 : The right to liberty</b>  <b>Example:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	√	
<b>Article 6 : The right to a fair trial</b>  <b>Example:</b> issues of patient choice, control, empowerment and independence	√	




## SCREENING

<p><b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b></p> <p><b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	√	
<p><b>Article 11 : The right to freedom of thought, conscience and religion</b></p> <p><b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	√	



## SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	This policy applies to all age groups, particularly younger and older age groups who are statistically more at risk of exploitation.	<b>UK Govt Report Modern Slavery in the UK – March 2020</b> 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   Modern slavery in the UK March 2020.
Disability	This policy applies across disabled groups, who are statistically more at risk of exploitation.	
Gender	This policy applies to men and women.	
Gender Reassignment	This policy applies to Trans people. Information on this demographic is not generally collected and is not recorded on the Health Boards Electronic Staff Record. Information included in population demographics is generally unreliable, but it is assumed that a small proportion of those within the scope of this policy will identify as Trans.	
Human Rights	This policy directly impacts on Human Rights – and particularly on the Rights of the Child and the Rights of Disabled People.	
Pregnancy and Maternity	This policy applies all within the scope of this policy who fall within this protected group.	
Race/Ethnicity or Nationality	This policy applies across all races, ethnicities and nationalities and is of particular relevance to those groups more at risk of exploitation.	
Religion or Belief	This policy applies across all religions and beliefs, including no-belief.	Dyfed Powys Police have stated that “Many victims work in the construction industry, in agriculture, in the sex industry, and in places like nail bars or car washes, while a growing number are forced into criminality by their exploiters. Children are found working in these situations, as well as in sexual slavery.  Many victims have been trafficked from

## SCREENING

Sexual Orientation	This policy applies to all within the scope of this policy who identify as LGB	<p>overseas - frequently from Eastern Europe, South East Asia, and Africa - and their exploitation often begins en route. However, the latest figures show British nationals make up the largest single group of those victimised.</p> <p><a href="https://www.dyfed-powys.police.uk/en/newsroom/press-releases/partnership-working-to-uncover-scale-of-slavery-and-trafficking/">https://www.dyfed-powys.police.uk/en/newsroom/press-releases/partnership-working-to-uncover-scale-of-slavery-and-trafficking/</a></p> <p>NRM UK Statistics by demographic Jan – March 2020</p> <div data-bbox="1344 771 1417 836">  </div> <p>national-referral-mechanism-statistics-t</p> <p><b>Annexe D of below shows the demographic profile of NRM referrals in Wales and referring agencies in 2018:</b></p> <p><a href="https://nationalcrimeagency.gov.uk/who-we-are/publications/282-national-referral-mechanism-statistics-end-of-year-summary-2018/file">https://nationalcrimeagency.gov.uk/who-we-are/publications/282-national-referral-mechanism-statistics-end-of-year-summary-2018/file</a></p> <p>The demographic of health board staff as at 31 March 2020 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</p>
Welsh Language	This policy applies to all Welsh speakers.	

## SCREENING

		<p>activity is similarly disaggregated-</p> <p> Workforce Equality Annual Report April</p> <p>The demographic of the populations across our three counties, as outlined in the 2011 Census are summarised in the embedded document below. The document also included staff demographics as at 31 March 2019 for comparison.:-</p> <p> Population and staff demographics</p>
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# SCREENING

## Form 3: Assessment of Relevance and Priority

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Age	3	+2	+6
Disability	3	+2	+6
Gender	3	+2	+6
Gender Reassignment	3	+1	+3
Human Rights	3	+2	+6
Pregnancy and Maternity	3	+1	+3
Race/Ethnicity or Nationality	3	+2	+6
Religion or Belief	3	+1	+3
Sexual Orientation	3	+1	+3
Welsh Language	3	+1	+3

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)

**SCREENING**


0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

0	No Impact (N)
1 to 9	Positive Impact (P)

# FULL EQUALITY IMPACT ASSESSMENT

## Form 4: Examine the Information Gathered So Far

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1.	Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)	Yes
2.	Can you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Gender Reassignment is not recorded on staff demographics or in Census information.
4.	What additional information (if any) is required?	
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this	

# FULL EQUALITY IMPACT ASSESSMENT

## Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

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	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age					
Disability					
Gender					
Gender Reassignment					
Human Rights					
Pregnancy and Maternity					
Race					
Religion/Belief					
Sexual Orientation					
Welsh Language					



# FULL EQUALITY IMPACT ASSESSMENT

## Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

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1.	Describe any mitigating actions taken to reduce negative impact	
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	
3.	Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	
4.	What changes have been made as a result of conducting this EqIA?	

# FULL EQUALITY IMPACT ASSESSMENT

## Form 7: Outcome Report

Organisation:	Hywel Dda University Health Board	
Proposal Sponsored by:	Name:	Rhian Davies
	Title:	Assistant Director of Finance ( Financial Planning and Statutory Reporting)
	Department:	Finance
Policy Title:	Hywel Dda University Health Board Ethical Employment Policy	
Brief Aims and Objectives of Policy:	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	

FULL EQUALITY IMPACT ASSESSMENT

	<p>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.</p> <p>The aims will be achieved by:</p> <ul style="list-style-type: none"><li>• Appointing an Anti-Slavery and Ethical Employment Champion</li><li>• 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</li><li>• Establishing or adapting current procedures to ensure the commitments are adequately reflected</li><li>• Raising awareness of the Code to all staff and contractors</li><li>• Providing specific appropriate staff training to those involved with procurement and recruitment including senior managers</li><li>• Monitoring compliance on an annual basis and reporting on it as part of the HDdUHB Annual Report</li></ul>
Was the decision	<div>Yes<input type="checkbox"/></div> <div>No<input checked="" type="checkbox"/></div>

## FULL EQUALITY IMPACT ASSESSMENT

reached to proceed to full Equality Impact Assessment?:

### Record Reasons for Decision:

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>

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

## FULL EQUALITY IMPACT ASSESSMENT

	<p>across all protected groups, particularly those most at risk of exploitation.</p> <p>No issues of concern were raised in relation to equality, diversity or human rights following global consultation with staff.</p> <p>A full EqIA will be undertaken at any stage where evidence to the contrary may arise.</p>	
If no, are there any issues to be addressed?	Yes ✓	No
	<p><b>Record Details:</b></p> <p>Specific issues in relation to agency workers, bank workers and minimum wage will need to be addressed as the policy develops further. There is a significant proportion of people from BAME backgrounds who work through agencies, particularly in medical and nursing staff and professions allied to medicine. Young people and older people can also be significantly represented in agency workers and within the minimum wage bracket.</p> <p>Particular relevant issues in association with the Health Board's duties and objectives under the Well-being of Future Generations (Wales) Act 2105 will also need to be more fully explored during the further development of the policy.</p>	
Is the Policy Lawful?	Yes ✓	<p>The policy has been drawn up with reference to the following:-</p> <ul style="list-style-type: none"> <li>Code of Practice – Ethical Employment in Supply Chains</li> </ul> <p>Crown Copyright 2016</p>

## FULL EQUALITY IMPACT ASSESSMENT

		<ul style="list-style-type: none"> <li>• A Toolkit Guide Code of Practice – Ethical Employment in Supply Chains May 2017</li> <li>• <a href="http://www.gov.wales/code-of-practice">www.gov.wales/code-of-practice</a></li> </ul>
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<b>Will the Policy be adopted?</b>	<b>Yes</b> ✓	The Health Board is required under the terms of the Code of Practice – Ethical Employment in Supply Chains Crown (Copyright 2016) to have an Ethical Employment Policy in place.
	<b>If no, please record the reason and any further action required:</b>	

<b>Are monitoring arrangements in place?</b>	<b>Yes</b> ✓	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken. There will be an annual review of the commitments within the policy which will address any issues of concern that may arise. The EqIA will be updated with any
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## FULL EQUALITY IMPACT ASSESSMENT

		relevant issues that arise.
	Refer to Action Plan (Form 8)	

Who is the Lead Officer?	Name:	Huw Thomas
	Title:	Director of Finance
	Department:	Finance
Review Date of Policy:	Three yearly or sooner if required	

Signature of all parties:	Name	Title	Signature
	Rhian Davies	Assistant Director of Finance ( Financial Planning and Statutory Reporting)	Update 12 August 2020 Update 27 October 2020
	Jackie Hooper	Senior Diversity and Inclusion	Draft v0.1 partial 4 August 2020 Draft v0.1 partial update 8 August 2020

## FULL EQUALITY IMPACT ASSESSMENT

		Officer	Update 12 August 2020 Update 27 October 2020
	Alan Winter	Senior Diversity and Inclusion Officer	Update 12 August 2020

**Please Note: An Action Plan should be attached to this Outcome Report prior to signature**

**n/a at this stage – 04/08/2020**

**n/a at this stage – 06/08/2020**

**n/a at this stage -12/08/2020**

**N/a at this stage – 27/10/2020**

### Form 8: Action Plan

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You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**



## FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
<b>1. Will the Policy be adopted?</b>	Yes / No				
<b>2. If No please give reasons and any alternative action(s) agreed:</b>  <b>(If the Policy is not to be adopted please proceed to Step 9).</b>					
<b>3. How will the affects of the Policy be monitored?</b>					
<b>4. What monitoring data will be collected?</b>					

## FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these					

## FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
impacts					
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqIA Outcome Report					

**FULL EQUALITY IMPACT ASSESSMENT**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
13. When will the EqIA be subject to further Review?					



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD  
PEOPLE, PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Written Control Documentation Approval of Carers Policy (511)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling Director of Workforce & Organisational Development (W&OD)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare Hale Strategic Partnership and Inclusion Manager

**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**

The People, Planning and Performance Assurance Committee (PPPAC) is requested to approve the Carers Policy (511). This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in the development of the above mentioned written control document and that the document is in line with legislation/regulations, available evidence base and can be implemented within the Hywel Dda University Health Board (HDdUHB).

**Cefndir / Background**

Is this a new or revised document?	New	
Brief summary of the document	This policy sets out the approach of HDdUHB to support employees who have caring responsibilities.	
Scope of the document	The Carers Policy is for all employees under a contract of employment with the health board and provides advice for managers and staff with caring responsibilities.	
Reason(s) for Developing the document	Improve/standardise clinical/organisational procedures	x
	Response to complaint, incident or claim	
	Response to alert, safety notifications, WHC	
	Re-organisation of service/department	
	New/amended legislation	
	AW document, national guidance to be adopted	
	Replacement/updating existing documents	
	Other – provide details	
Owning group	Name owning group: Employers for Carers Task and Finish Group	
	Chair of owning group: Mrs Judith Hardisty, HDdUHB Vice Chair.	
	Date signed off by owning group: 27 <sup>th</sup> November, 2020	
Lead author	Clare Hale, Strategic Partnership and Inclusion Manager	

<b>Assurance</b>	
<b>Equality Impact Assessment</b>	<p>The attached EqIA is a full assessment.</p> <p>The Carers Policy has been assessed as having a high relevance to the General Equality Duties.</p> <p>It has been assessed as having a high positive impact in relation to protected characteristics. All Carers will have their needs and circumstances assessed incorporating age, disability, gender, gender reassignment, human rights, pregnancy and maternity, race, religion or belief, sexual orientation and Welsh language.</p>
<b>Evidence base</b>	<p>Does the reference section list all the sources of evidence which has informed the content of the document?</p> <p><b>Yes</b></p> <p>Did the Lead Author on behalf of the Owning Group source the references themselves?</p> <p><b>Yes</b></p>
<b>Compliance with legislation/regulation/alert</b>	<p>This policy also contributes to HDdUHB's responsibilities under the Equality Act 2010, Social Services and Well-being (Wales) Act, 2014 and Well-being of Future Generations (Wales) Act 2015. In addition, it supports our commitment to the national Employers for Carers Scheme.</p>
<b>Targeted consultation of key stakeholders</b>	<p><i>List the staff groups/professional groups/clinical specialities/services that have been contacted as part of the targeted consultation:</i></p> <ul style="list-style-type: none"> <li>• Employers for Carers Task and Finish Group.</li> <li>• Staff Carers (anonymous) who are attending Staff Carer Peer Support Groups.</li> <li>• Various Trade Unions.</li> </ul>
	<p>All those listed above have confirmed that:</p> <ul style="list-style-type: none"> <li>• They are in agreement with their relevant section of the content of the document.</li> <li>• They are able to implement or comply with their relevant section of the content of the document.</li> </ul>
	<p><i>List any feedback received from key stakeholders which has not been included in the document and the reason as to why not:</i></p> <p><b>Not applicable</b></p>
	<p><i>List any feedback received from key stakeholders indicating concern regarding the implementation or compliance with their relevant section which has not been resolved:</i></p> <p><b>Not applicable</b></p>
<b>Collaboration with others (interested parties)</b>	<p><i>List the interested parties (including other groups/sub-committees and committees):</i></p> <ul style="list-style-type: none"> <li>• <i>Confirm that they are in agreement with their relevant section of the document</i></li> </ul> <p><b>The Carers Policy has been well received and supported by Staff Partnership Forum Members.</b></p> <ul style="list-style-type: none"> <li>• <i>List any feedback received from interested parties which have not been included in the document and the reason as to why not</i></li> </ul> <p><b>Not applicable.</b></p>
<b>Global consultation</b>	<p><i>Attach a record of all who provided comment which includes:</i></p>

	<ul style="list-style-type: none"> <li><i>The names and service area/profession of the people that provided comments is attached</i></li> <li><i>Details any feedback received which has not been included in the document and the reason as to why not</i></li> </ul> <p><b>Not applicable.</b></p>
<b>Patient Information</b>	<b>Not applicable</b>
<b>Dissemination</b>	<p><i>How will the document be disseminated to those who will be required to use it or comply with it (Hywel Today is not a dissemination route)</i></p> <p><b>The Carers Policy will be promoted on Global email and via the HDdUHB website and social media channels following approval. Managers will be required to ensure that all employees are aware of the information and support available within HDdUHB. These resources will be promoted through induction procedures and performance reviews. Through implementation of the Carers Policy, managers will be able to easily signpost employees to support inside and outside of the organisation.</b></p> <p><b>Managers will also be supported to interpret the policies in a flexible and empathetic manner which takes account of the types of issues that carers may face in the workplace.</b></p> <p><b>HDdUHB's Carers Champion is an ambassador for Carers support and will also assist in promoting the Carers Policy and encouraging managers to be 'Carer Aware' and staff to take up the support on offer.</b></p> <p><b>Case Studies will be developed of senior staff accessing workplace support, to evidence that there are no barriers to success and career progression.</b></p>
<b>Implementation</b>	<p><i>How, and by whom and by when will the document be implemented?</i></p> <p><b>The implementation of the policy will be led by W&amp;OD in partnership with the Strategic Partnership, Diversity and Inclusion Team. The aim is to launch the Policy in January 2021, with information published on the HDdUHB website, Global email and social media. Implementation will be supported by the delivery of training sessions on Carer Awareness, focusing in particular on how to implement the policy early. These sessions will be scheduled in the new year and managers will be encouraged to participate.</b></p>
<b>Monitoring</b>	<p><i>How and by whom and by when will compliance with the document be monitored including how any identified issues of non-compliance will be addressed?</i></p> <p><b>Workforce &amp; OD will lead on the monitoring of the Carers Policy. The aim is to develop systems to evaluate the uptake of carers accessing support and periodically review with our staff the support the organisation offers.</b></p> <p><b>A record will be kept of staff attending Carer Awareness Training and an annual Carers Staff Survey will be conducted which will</b></p>

	<b>provide further insight into the issues facing staff who are Carers.</b>
<b>Proposed review date of the document</b>	<i>3 years</i>

### **Argymhelliad / Recommendation**

The People Planning and Performance Assurance Committee is requested to approve the Carers Policy (511).

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To approve related policies and procedures
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 7. Staff and Resources 7.1 Workforce 6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well. 3. Growing older well.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Support people to live active, happy and healthy lives

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Legislation and national policy.
Rhestr Termau: Glossary of Terms:	Contained within each written control document.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to the People, Planning & Performance Assurance Committee (PPAC):	As detailed in the assessment.

### **Effaith: (rhaid cwblhau)**

#### **Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	The policy provides a framework to support employees to remain in work, fulfil their career potential and meet their caring responsibilities at the same time.
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	<p>Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care.</p> <p>It may also lead to unwarranted variation in care delivery. Increased awareness about staff who have a caring role will also impact positively on the understanding of patient and family caring needs.</p>
<b>Gweithlu: Workforce:</b>	<p>This Carers Policy sets out a vision for providing a supportive working environment for staff in Hywel Dda University Health Board who are looking after a family member or friend in their personal lives. Our Health Board values include people striving together and as a caring employer we want to support our staff who are juggling work and their caring responsibilities outside of work. The intention is to create an organisational culture which allows staff to be open about their situation and to create a workplace that is supportive to Carers enabling them to continue to work and care.</p>
<b>Risg: Risk:</b>	<p>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</p>
<b>Cyfreithiol: Legal:</b>	<p>It is essential that the UHB has up to date policies and procedures in place.</p>
<b>Enw Da: Reputational:</b>	<p>This policy provides an opportunity to promote the health board as a Carer Confident Employer. Building a positive workplace culture for staff with caring responsibilities.</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Not applicable</p>
<b>Cydraddoldeb: Equality:</b>	<p>A full equality impact assessment has been undertaken for each separate policy/procedure</p>

## SCREENING

When undertaking an Equality Impact Assessment, it is recommended that the following key questions are kept in mind as a guide to formulate the basis of the report:-

What is the purpose of the Policy/change/decision? - Outline in EqIA  
Have those affected by the proposals been involved? - Stage who and how  
Have potential positive and negative impacts been identified? - State what they are  
What plans are there to alleviate any negative impact? - Give outline of plans  
What plans are there to monitor the impact of the proposals? - Give outline of plans

For in-house advice and assistance with Assessing for Impact, please contact:-

Jackie Hooper  
Senior Diversity and Inclusion Officer  
Block 6  
Prince Philip Hospital  
Llanelli  
Carmarthenshire SA14 8QF

Tel 01554 756567 Ext 3868

# SCREENING

## Form 1: Preparation

1.	What are you equality impact assessing?	Hywel Dda University Health Board Carers Policy
2.	Brief Aims and Description	<p>The Carers policy sets out the approach of the Hywel Dda University Health Board to support employees who have caring responsibilities. The Carers policy sets out a vision for providing a supportive working environment for staff in Hywel Dda University Health Board who are looking after a family member or friend in their personal lives. The intention is to create an organisational culture which allows staff to be open about their situation and to create a workplace that is supportive to Carers enabling them to continue to work and care.</p> <p>The Aims of this policy are to:</p> <ul style="list-style-type: none"><li>• Support employees to remain in work, fulfil their career potential and meet their caring responsibilities at the same time;</li><li>• Support employees balancing work with their caring responsibilities by outlining a range of existing policies and employee support;</li><li>• Increase awareness of managers and all employees to the needs of Carers to ensure a sympathetic response to caring responsibilities/need;</li><li>• Work in partnership with employees in exploring all viable options to enable them to remain effective workers;</li><li>• Help to remove the feeling of isolation and lack of support often experienced by Carers.</li></ul> <p>The aims will be achieved through the following objectives:-</p> <ul style="list-style-type: none"><li>• Identification as a Carer: Proactively encourage individuals with caring needs to come forward for support as part of an open and positive workplace culture;</li></ul>

## SCREENING

		<ul style="list-style-type: none"> <li>• Recognition of Carers: Employees from across the Health Board recognise the valuable role that unpaid Carers play in our families and communities and are proactive in identifying or responding to requests for support from colleagues who are Carers.</li> <li>• Offers of and request for support: Where a member of staff has identified themselves as a Carer, guidance will be provided by their line manager on the employment support available to them, as well as how staff can access information, advice and assistance from external support agencies relevant to their needs. Carers are encouraged to request specific support where required, in accordance with this policy. Sympathetic consideration will be given where support is requested by Carers in accordance with this policy, based on a shared understanding of the situation, its impact on the Carer's work and the consistency of treatment with other staff in a similar position.</li> <li>• No unfair treatment: Staff who have identified themselves as a Carer and/or requested support in accordance with this policy will not be treated unfairly or disadvantaged as a result.</li> <li>• Confidentiality: A staff member's identification as a Carer and support requested will be disclosed no wider than is necessary to ensure the effective day-to-day running of Health Board business.</li> </ul>
3.	Who is responsible for the work?	Employers for Carers Task and Finish Group Clare Hale – Strategic Partnership and Inclusion Manager
4.	Who is involved in undertaking this EqIA?	Clare Hale – Strategic Partnership and Inclusion Manager HDUHB Jackie Hooper – Senior Diversity and Inclusion Officer HDUHB Alan Winter – Senior Diversity and Inclusion Officer HDUHB

## SCREENING

5.	Is the Policy related to other policies/areas of work?	<p>126 Work Life Balance Flexible working policy</p> <p>131 Flexi time policy</p> <p>582 Term Time Working</p> <p>122 Special leave policy and guidance</p> <p>111 Annual Leave policy</p> <p>Leave purchase scheme</p> <p>245 Employment Break Scheme</p> <p>127 Parental Leave</p> <p>129 Time Off For Medical/Dental Appointments During Normal Working Hours Policy</p> <p>768 NHS Wales Managing Attendance at Work Policy</p> <p>931 Bereavement Policy including death in service</p> <p>133 Equality and Diversity Policy</p>
6.	Stakeholders – who is involved with or affected by this Policy	<p>Unpaid Carers of working age across the Hywel Dda Health Board workforce</p> <p>Those who are cared for within our population.</p>
7.	What might help/hinder the success of the Policy?	<p>The following would help achieve success of the policy and if they were not achieved would hinder progress.</p> <ul style="list-style-type: none"> <li>○ Effective partnership working between all key stakeholders</li> <li>○ Resources to deliver on key projects</li> <li>○ Strong communication and engagement</li> <li>○ Continuous engagement with Carers</li> <li>○ Individual focused consideration of the needs of carers in our workforce</li> </ul>

## SCREENING

### Form 2: Information Gathering

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross ✗ as appropriate</p>										
<p><b>In other words, does the Policy:</b></p> <ul style="list-style-type: none"> <li>eliminate discrimination and eliminate harassment in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<ul style="list-style-type: none"> <li>promote equality of opportunity in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<ul style="list-style-type: none"> <li>promote good relationships and positive attitudes in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<ul style="list-style-type: none"> <li>encourage participation in public life in relation to...</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<p>*** In relation to disability only, as part of your assessment you <b>MUST</b> consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs</p>										

## SCREENING

### Form 2: Information Gathering (Human Rights)

**Human Rights:** The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
<b>Article 2 : The right to life</b>  <b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	√	
<b>Article 3 : The right not be tortured or treated in an inhuman or degrading way</b>  <b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	√	
<b>Article 5 : The right to liberty</b>  <b>Example:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	√	
<b>Article 6 : The right to a fair trial</b>  <b>Example:</b> issues of patient choice, control, empowerment and independence	√	

## SCREENING

<p><b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b></p> <p><b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	√	
<p><b>Article 11 : The right to freedom of thought, conscience and religion</b></p> <p><b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	√	



## SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics																
Age	<p>Data extracted from the Carers Staff Survey 2019. 137 RESPONDENTS</p> <p>About your age</p> <table><tr><td>0 - 15</td><td>1</td></tr><tr><td>16 - 24</td><td>1</td></tr><tr><td>25 - 34</td><td>3</td></tr><tr><td>35 - 44</td><td>19</td></tr><tr><td>45 - 54</td><td>59</td></tr><tr><td>55 - 64</td><td>55</td></tr><tr><td>65 - 74</td><td>1</td></tr><tr><td>75 and above</td><td>0</td></tr></table> <p>These numbers may not necessarily reflect the true figures for Carers across Hywel Dda UHB, but gives an idea of age demographics.</p>	0 - 15	1	16 - 24	1	25 - 34	3	35 - 44	19	45 - 54	59	55 - 64	55	65 - 74	1	75 and above	0	<p>The ESR system does not have a category to identify Carers across HDUHB. Demographic information is not routinely collected for Carers. It is noted that some Carers may not wish to identify themselves as Carers. Whilst the Health Board encourages Carers to discuss their caring responsibilities this is not mandatory. It is also assumed that a certain percentage of staff will not recognise themselves as Carers.</p> <p>Census data suggests that within West Wales there are more than 47,000 unpaid Carers representing 12.5% of residents (ONS, 2011) and we know there is a considerable number of ‘hidden’ Carers who do not define themselves as such.</p> <p>In the West Wales Carers Strategy Survey 2020 when questioned about circumstances in addition to a caring role Of those who confirmed full-time employment (92 responses), the majority of respondents were in the age categories between 35 – 64 (91%). Those in the 35 – 54 age categories accounted for most respondents in education (75%); however, it must be noted</p>
0 - 15	1																	
16 - 24	1																	
25 - 34	3																	
35 - 44	19																	
45 - 54	59																	
55 - 64	55																	
65 - 74	1																	
75 and above	0																	
Disability	<p>Carers Survey 2019 – 137 Respondents.</p> <p>5 identified as disabled 99 identified as not disabled.</p>																	

## SCREENING

<b>Gender</b>	Staff Survey 2019  Male 10 Female 125 prefer not to say 1	<p>that under 19s only completed free text responses and therefore did not complete this question. Those not in paid work were predominantly in the 45 – 64 age categories (62%). Retirees accounted for 30% of overall respondents.</p> <p>With reference to the respondent's relationship to the person being cared for (359 responses), those caring for a partner are most likely to be retired (50%). Furthermore, male carers are more likely to be retired (44% against an overall of 30%).</p> <p>In the West Wales Carers Strategy Survey report, respondents were asked whether caring has had an impact on their physical health and mental well-being (Q21; 362 responses).</p> <p>Respondents who are former carers are even more likely – at 75% - to think caring had a negative effect (12 of 16 such respondents, though consideration must be given to the relatively low numbers). 72% of those who were not in paid work (55 responses) reported a negative impact, which is again higher than the overall result of 64%.</p> <p>In the other comments section of the Regional Carers Strategy Survey 172 comments were made relating to the following themes: Services may be inadequate, particularly in</p>
<b>Gender Reassignment</b>	This demographic information is not routinely collected, but a percentage of Carers or those they care for, at any given time will fall within this protected group.	
<b>Human Rights</b>	This strategy will have an impact in relation to human rights, particularly, the right to life, the right to respect for private and family life and the right to freedom of thought, conscience and religion.	
<b>Pregnancy and Maternity</b>	At any given time, some Carers may fall within this protected group.	
<b>Race/Ethnicity or Nationality</b>	Staff Survey 2019 – 137 respondents  White British 77 White English 6 White Scottish 1 White Welsh 48 White gipsy or Irish traveller 1 White other 1 Prefer not to say 1	
<b>Religion or Belief</b>	Staff Survey 2019 – 137 respondents  Christian (all denominations) Buddhist No religion Prefer not to say Other	

## SCREENING

		<p>rural areas.</p> <p>Sufficiency of breaks and respite critical; service sometimes appears ‘crisis-driven’.</p>
<b>Sexual Orientation</b>	<p>It should be noted that some staff may choose not to disclose their sexual orientation in the workplace, so figures may not give a full picture.</p> <p>Staff Survey 2019 – 138 respondents.</p> <p>Heterosexual/straight - Majority of respondents identified as heterosexual/straight.</p> <p>Less than 10% of respondents identified as LGBT</p>	<p>Anyone can become a Carer, and Carers come from all walks of life, cultures and can be of any age. Being a Carer can impact upon the Carers’ family life and friendships and can also affect health and well-being, finances and the ability to work and pursue education or leisure activities.</p> <p>According to the most recent Census data it is estimated that there are 47,000 unpaid Carers in the Hywel Dda area (Census 2011). The Census data reflects people of all ages. It is also evident that a proportion of Carers will be in employment.</p> <p>Most people’s lives will include at least one episode of unpaid caring. Already 1 in 7 in of the workforce will be caring for someone who is older, disabled or seriously ill. But with the number of Carers in the UK set to rise from 6.5 million to 9 million over the next 20 years, the proportion of Carers in our workforce is also likely to grow significantly.</p> <p>Figures from the Office for National Statistics resulting from the 2011 Census showed that there has been an increase of 600,000 (11%) in the total number of Carers since the last census in 2001 – with the national figure now standing at 6.5 million</p>
<b>Welsh Language</b>	<p>Staff Survey 2019 - 137 respondents</p> <p>Understand spoken Welsh 62</p> <p>Speak Welsh 38</p> <p>Read Welsh 36</p> <p>Write Welsh 31</p> <p>None 53</p> <p>Prefer not to say 9</p>	


## SCREENING

	<p>Carers in the UK. The gender ratio has remained the same; 58% of Carers are women and 42% are men.</p> <p>In 2019 Carers UK released research that suggests figures have increased significantly since the 2011 census. The Juggling Work and Care Report found that there are around 4.87 million people in the UK combining work and caring responsibilities, compared with the 3 million in the census 2011. This is 1 in 7 of all workers, compared with the previous figures of 1 in 9 workers.</p> <ul style="list-style-type: none"><li>• Eight out of ten Carers are of working age, i.e. between 16 and 65.</li><li>• 90% of working Carers are aged 30+ - in their prime employment years.</li></ul> <p>Relevant research reports conducted by Carers UK, the CIPD and University of Sheffield released in June, 2020 found that</p> <ul style="list-style-type: none"><li>• Each year over 2 million people have given up work at some point to care and 3 million have reduced working hours;</li><li>• Caring for as little as five hours a week can have a significant impact on employment prospects, with those caring for more than 10 hours a week at marked risk of leaving the labour market altogether;</li><li>• Over 7 in 10 working Carers have felt lonely or isolated in the workplace as a result of their caring responsibilities;</li><li>• There is evidence to show that the impact of staff turnover, absence and stress</li></ul>
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## SCREENING

	<p>as a result of juggling work and caring could be costing UK businesses over £3.5 billion every year, so there are significant savings to be made by better supporting Carers to manage work alongside caring.</p> <ul style="list-style-type: none"><li>• A quarter of workers with caring responsibilities for someone who is older, disabled or seriously ill have considered giving up their job entirely, with many struggling to balance their caring role without employer support.</li></ul> <p>The research found that: 30% of working carers had reduced the hours they work because of their caring role and 36% had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities. 28% hadn't talked to anyone at work about their caring responsibilities. Among them, 39% said this was because they did not believe anything would change.</p> <p>Working Carers who receive employer support are less likely to find it difficult to concentrate, to be considering reducing their hours or leaving their jobs, to turn down promotions or to take sick or unpaid leave.</p> <p>Not all Carers recognise themselves as such and the Health Board has been working to raise awareness and support for employees who have caring responsibilities. In a staff survey conducted by Hywel Dda University Health Board during 2019, 40% of respondents said that caring has a</p>
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## SCREENING

	<p>negative effect on their job (tiredness, anxiety and stress). Many reported taking annual leave to manage appointments and care for relatives and not applying for promotion and feeling excluded due to their caring role. Whilst the number of people was small the impact can be great.</p> <p>It is recognised that some of the above issues may be pertinent to staff who are unpaid Carers within HDUHB and it will be important to find out from each individual what their particular needs are.</p> <p>Results of Carers Survey Jan 2020</p> <p> Staff Carers survey summary updated J:</p> <p>A further survey of Carers across HDUHB will be conducted during Carers Rights Day on 26<sup>th</sup> November 2020.</p> <p>It will also be important to take account of the positive socio economic benefits of being able to maintain a career whilst continuing in a caring role and conversely, the potential negative impact of not being able to do so.</p>
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## SCREENING

### Form 3: Assessment of Relevance and Priority

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Protected Characteristic	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Age	3	+2	+6
Disability	3	+2	+6
Gender	3	+2	+6
Gender Reassignment	3	+2	+6
Human Rights	3	+2	+6
Pregnancy and Maternity	3	+2	+6

## SCREENING

<b>Race/Ethnicity or Nationality</b>	<b>3</b>	<b>+2</b>	<b>+6</b>
<b>Religion or Belief</b>	<b>3</b>	<b>+2</b>	<b>+6</b>
<b>Sexual Orientation</b>	<b>3</b>	<b>+2</b>	<b>+6</b>
<b>Welsh Language</b>	<b>3</b>	<b>+2</b>	<b>+6</b>

**Scoring Chart A: Evidence Available**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

**Scoring Chart C: Impact**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)



# FULL EQUALITY IMPACT ASSESSMENT

## Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)	Demographic Profile of Carers in Hywel Dda UHB required.
2.	Can you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Information on Gender Reassignment is not routinely collected on the ESR system
4.	What additional information (if any) is required?	Information of the needs of Carers in Hywel Dda Health Board specifically.
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this	Demographic Profiles of Carers could be collected by Crossroads Sir Gar who the Health Board commissions services from to support Carers.  Staff Survey for Carers November 2020

# FULL EQUALITY IMPACT ASSESSMENT

## Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age	<p>Results from the West Wales Carers Strategy Survey indicated the following. Some of these aspects may apply to staff within Hywel Dda University Health Board.</p> <p>Respondents were given an opportunity to give general comment on Theme One. 52 responses were made by those under 18:</p> <p>Visit schools; it would be better if teachers understood more.</p> <p>Use the internet more;</p> <p>Facebook is great for getting</p>	<p>Support for Carers in West Wales has been driven through a partnership approach taken by the West Wales Carers Development Group. This Group is a formal sub-group of the West Wales Regional Partnership Board which includes representatives from HDUHB, the three local authorities of Carmarthenshire, Ceredigion and Pembrokeshire as well as Third and Voluntary sector organisations and representatives of service users and Carers in West Wales. A West Wales Carers Strategy has been developed as an overarching plan to develop, and</p>	√		

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>information; be visible on social media / TV adverts.</p> <p>Too young for Facebook, but letters / text messages would be good.</p> <p>Someone to text or phone if I need to have a chat.</p> <p>Make sure that people know what a young carer is – use posters, leaflets, websites and social media.</p> <p>Someone to talk to, and social outings with other young carers.</p> <p>Let the doctors speak to me as well as my dad.</p> <p>The results for the following question ('during the last 6</p>	<p>deliver services that will improve outcomes for Carers and their families. Discussions at the Group can be informed by the results of continuous engagement with staff who are Carers in HDUHB and by finding out the needs of Carers who will be supported by the Carers Policy.</p>			

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>months, thinking about being able to take a break from your caring responsibilities, which of the following statements best describes your situation?':</p> <p>38% report not having any time away from caring.</p> <p>Interestingly, the percentage was higher for those aged 35 – 44 (53 responses) at 59%. The results also suggest that the likelihood of reporting not having any time increases by numbers cared for: 1 cared for = 38% (92 responses); 2 = 38% (25); 3 = 68% (13); and more than 3 = 71% (5).</p> <p>Surprisingly, the figure for those saying they have</p>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>insufficient time away from caring is higher for those not in paid work (48% compared to 38% overall); this could indicate that work itself can be viewed as a form of respite and time away from caring.</p> <p>The final question (Q23) under Theme 2 asked whether there was anything else respondents' thought important about supporting life alongside caring, including what may help to better balance the caring role. A total of 224 comments were made:</p> <ul style="list-style-type: none"> <li>• More support with carer mental health; bereavement</li> </ul>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>services should support carers anticipating death of cared for.</p> <ul style="list-style-type: none"> <li>• Carers undertaking paid work have difficulty where services for cared for people are run on a '9-5' weekday basis: including hospital discharge, day centres, GPs, etc.</li> </ul> <p>47 responses were made by those under 19:</p> <p>More time away from caring doing relaxing and fun activities, including the young carers project.</p> <p>More respite care for cared for, including Holly House.</p>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>Where siblings are cared for, freeing up time to spend with parents is valued.</p> <p>More young carer groups.</p> <p>Better accessible environments so easier to get out and about with cared for person.</p> <p>Respondents were given an opportunity to give general comment on Theme Three (Q30). The following key issues were raised (total comments: 212):</p> <p>Census data suggests that within West Wales there are</p>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>more than 47,000 unpaid Carers representing 12.5% of residents (ONS, 2011) and we know there is a considerable number of 'hidden' Carers who do not define themselves as such.</p> <p>In terms of age demographics of those that responded to the regional carers strategy survey:</p> <p>46% of respondents were in the 45 – 64 category, 19% were 65 and over, and 18 % of the under 18 age category.</p>				



## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>Responses to Theme 2: Supporting Life Alongside Caring</p> <p>When questioned about circumstances in addition to a caring role (Q18; 360 responses), many respondents were either retired (30%), employed full-time (26%) or not in paid work (21%). Of those who confirmed full-time employment (92 responses), the majority of respondents were in the age categories between 35 – 64 (91%). Those in the 35 – 54 age categories accounted for most respondents in education</p>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>(75%); however, it must be noted that under 19s only completed free text responses and therefore did not complete this question. Those not in paid work were predominantly in the 45 – 64 age categories (62%). Retirees accounted for 30% of overall respondents</p> <p>Responses to Theme 2: Supporting Life Alongside Caring</p> <ul style="list-style-type: none"> <li>• Many services are not accessible to those in work/ in education (timing).</li> </ul>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>Respondents were given the opportunity of commenting on 'Anything else'? Any other comments (Q31)</p> <p>172 comments were made relating to the following themes:</p> <ul style="list-style-type: none"> <li>• Services may be inadequate, particularly in rural areas. Sufficiency of breaks and respite critical; service sometimes appears 'crisis-driven'.</li> <li>• Balancing work/ education, family and caring puts a lot of stress in carers – sufficient breaks essential for sustained support/ preventing 'burn-out'.</li> </ul>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<ul style="list-style-type: none"> <li>• More could be done to ensure employers support staff who are also carers.</li> <li>• 'Transition' (between children and adult services) requires greater support.</li> </ul> <p>47 comments were made by people 18 and under. The key themes were:</p> <p>More time away from caring, with a variety of activities and times offered.</p> <p>Benefits of peer support stressed – young carer groups.</p> <p>Support for further provision.</p>				

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>Schools need to do more for young carers, including greater understanding.</p> <p>Organisations (13 responses) reported the following key issues:</p> <ul style="list-style-type: none"> <li>•Specific support needed for younger carers – mainstream services designed for adults and often, older adults.</li> </ul>				
<b>Disability</b>	In the West Wales Carers Strategy Survey, the final question (Q23) under Theme 2 asked whether there was anything else respondents' thought important about supporting life alongside	Having a policy looking after the holistic needs of staff who are unpaid Carers within Hywel Dda University Health Board will assist staff to better maintain a work/life balance and enable them to stay in work whilst maintaining their Carers role.	✓		

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>caring, including what may help to better balance the caring role.</p> <p>A total of 224 comments were made which included:</p> <ul style="list-style-type: none"> <li>•More local provision of support for complex needs</li> </ul> <p>Some of these issues may be pertinent for HDUHB staff.</p>	<p>Discussions regarding particular needs will take place on an individual basis.</p> <p>Information for Carers will be provided in a range of accessible formats as required.</p> <p>The policy will support the aim of the West Wales Carers Strategy to improve outcomes for carers and their families.</p>			
<b>Gender</b>	The majority of respondents to the West Wales Carers Survey were female.	Further work required to identify the needs of men as Carers. This may be addressed on a one to one basis as part of discussions with managers. .			

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	In the survey Male carers were marginally less likely to report a negative impact at 59% (36 of 61 male respondents)				
<b>Gender Reassignment</b>	There is no demographic information available on this protected group in relation to those who participated in the development of the All Wales Carers Strategy or for staff in HDUHB.	Further work to identify the needs of this protected group as Carers. This may be addressed on a one to one basis as part of the individual's discussion with their manager.			
<b>Human Rights</b>	The policy was developed with a view to upholding Human Rights.				
<b>Pregnancy and Maternity</b>	A proportion of Carers within the Health Board will fall within this category at any given time.	Further work required to identify and address the needs of this protected group as Carers. This may be done			

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
		on a one to one basis as part of the discussions with their manager.			
<b>Race</b>	The majority of respondents to the West Wales Carers survey were white British, Irish or any other white background. No demographic information available on this protected group in relation to the wider group of those who participated in the development of this strategy	Further work required to identify and address the needs of Carers from a non-white British, Irish or any other white background. This may be done on a one to one basis as part of the discussions with their manager...  Information for Carers will be made available in the language used by the Carers as required.			
<b>Religion/Belief</b>	No demographic information available on this protected group in relation to those who responded to the survey or who were involved in the wider group of those who	Further work required to identify the needs of Carers who share this protected characteristic. This may be done on a one to one basis as part of the discussions with their manager.			



## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	<p>participated in the development of the West Wales Carers Strategy.</p> <p>Any info available relating to what staff have said about their needs in relation to their religion/belief/no belief.</p>				
<b>Sexual Orientation</b>	<p>No demographic information available on this protected group in relation to those who responded to the survey or who were involved in the wider group of those who participated in the development of the West Wales Carers Strategy.</p> <p>Any info available relating to what staff have said about</p>	<p>Further work required to identify the needs of Carers who share this protected characteristic. This may be done on a one to one basis as part of the discussion with their manager.</p>			

## FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	their needs in relation to religion/belief.				
<b>Welsh Language</b>	No demographic information was collected for Welsh speakers in relation to those who responded to the survey or who were involved in the wider group of those who participated in the development of the West Wales Carers strategy.	Further work is required to identify the needs of Carers who are Welsh speakers. This may be done on a one to one basis as part of the discussions with their managers. Information for Carers will be provided bilingually in Welsh and English.			

# FULL EQUALITY IMPACT ASSESSMENT

## Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

1.	Describe any mitigating actions taken to reduce negative impact	No negative impacts identified at this stage – 27/10/20
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	
3.	Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	
4.	What changes have been made as a result of conducting this EqIA?	

# FULL EQUALITY IMPACT ASSESSMENT

## Form 7: Outcome Report

Organisation:	Hywel Dda University Health Board	
Proposal Sponsored by:	Name:	Clare Hale
	Title:	Strategic Partnership and Inclusion Manager
	Department:	Strategic Partnerships, Diversity and Inclusion
Policy Title:	Hywel Dda University Health Board Carers Policy	
Brief Aims and Objectives of Policy:	<p>The Carers policy sets out the approach of the Hywel Dda University Health Board to support employees who have caring responsibilities. The Carers policy sets out a vision for providing a supportive working environment for staff in Hywel Dda University Health Board who are looking after a family member or friend in their personal lives. The intention is to create an organisational culture which allows staff to be open about their situation and to create a workplace that is supportive to Carers enabling them to continue to work and care.</p> <p>The Aims of this policy are to:</p>	

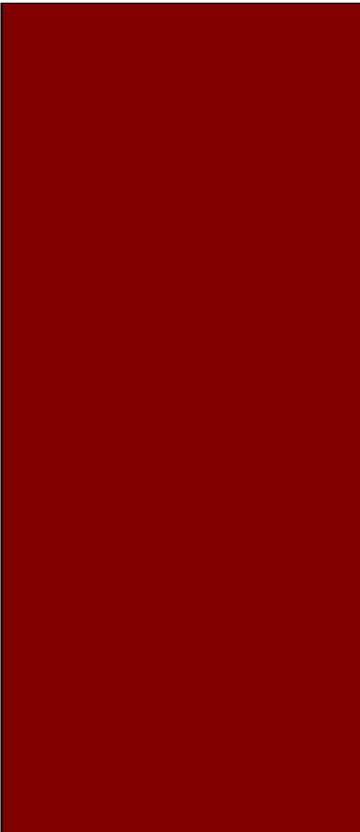
## FULL EQUALITY IMPACT ASSESSMENT

- Support employees to remain in work, fulfil their career potential and meet their caring responsibilities at the same time;
- Support employees balancing work with their caring responsibilities by outlining a range of existing policies and employee support;
- Increase awareness of managers and all employees to the needs of Carers to ensure a sympathetic response to caring responsibilities/need;
- Work in partnership with employees in exploring all viable options to enable them to remain effective workers;
- Help to remove the feeling of isolation and lack of support often experienced by Carers.

The aims will be achieved through the following objectives:-

- Identification as a Carer: Proactively encourage individuals with caring needs to come forward for support as part of an open and positive workplace culture;
- Recognition of Carers: Employees from across the Health Board recognise the valuable role that unpaid Carers play in our families and communities and are proactive in identifying or responding to requests for support from colleagues who are Carers.

## FULL EQUALITY IMPACT ASSESSMENT



- Offers of and request for support: Where a member of staff has identified themselves as a Carer, guidance will be provided by their line manager on the employment support available to them, as well as how staff can access information, advice and assistance from external support agencies relevant to their needs. Carers are encouraged to request specific support where required, in accordance with this policy. Sympathetic consideration will be given where support is requested by Carers in accordance with this policy, based on a shared understanding of the situation, its impact on the Carer's work and the consistency of treatment with other staff in a similar position.

- No unfair treatment: Staff who have identified themselves as a 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 support requested will be disclosed no wider than is necessary to ensure the effective day-to-day running of Health

## FULL EQUALITY IMPACT ASSESSMENT

Was the decision reached to proceed to full Equality Impact Assessment?:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<p><b>Record Reasons for Decision:</b></p> <p>The policy is assessed as having a high relevance to equality, diversity and human rights. Having a policy looking after the holistic needs of staff who are unpaid Carers within Hywel Dda University Health Board will assist staff to better maintain a work/life balance and enable them to stay in work whilst maintaining their Carers role.</p> <p>The policy prescribes individual discussions between staff and managers to facilitate a “Carers Passport”. The purpose of the Carers Passport is to enable a Carer and their manager to hold a supportive conversation and document the flexibilities needed to support the Carer in combining their caring role and work. Discussions regarding particular needs may take place as part of these discussions as relevant.</p> <p>Whilst there is no evidence of a potential adverse impact in relation to equality, diversity or human rights at this stage, more information is required on the needs of staff according to their protected characteristics to judge whether or not it is fit for purpose across all protected groups.</p>	

## FULL EQUALITY IMPACT ASSESSMENT

	Feedback received to date from Global Consultation has been positive and the policy was considered to be comprehensive and the Carers Passport was well received.	
<b>If no, are there any issues to be addressed?</b>	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<p><b>Record Details:</b></p> <p>We do not have a full picture of Carers demographics at this stage. However, the majority of respondents to the latest Staff Survey for Carers were age 45-54, not disabled, female, white British, heterosexual and understood spoken Welsh.</p> <p>Further work needs to be conducted to identify hidden Carers. The policy will help to address this issue through awareness raising at all levels and across all staff groups.</p> <p>Through conducting regular surveys, the HB will gain increased information on the needs and demographics of Carers. This intelligence will enable the HB to further develop the Carers Policy and support to meet the needs of our workforce.</p>	
<b>Is the Policy Lawful?</b>	<b>Yes</b> <input checked="" type="checkbox"/>	The policy has been developed with reference to the following:-



FULL EQUALITY IMPACT ASSESSMENT

	<p>Juggling Work and Unpaid Care (2019), Carers UK <a href="http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf">http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf</a></p> <p>Supporting Working Carers, The University of Sheffield, June 2020 <a href="http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/8008-Supporting-working-carers_WEB-1.pdf">http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/8008-Supporting-working-carers_WEB-1.pdf</a></p> <p>NHS Terms and Conditions of Service Handbook (considered in policy development)</p> <p>Employers for Carers <a href="http://www.employersforcarers.org">www.employersforcarers.org</a></p> <p>Carers Trust <a href="http://www.carers.org">www.carers.org</a> Carers UK <a href="http://www.carersuk.org">www.carersuk.org</a></p>
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FULL EQUALITY IMPACT ASSESSMENT

Will the Policy be adopted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.
	Refer to Action Plan (Form 8)	

Who is the Lead Officer?	Name:	Lisa Gostling
	Title:	Director of Workforce and Organisational Development
	Department:	
Review Date of Policy:	Three yearly or sooner if required.	

FULL EQUALITY IMPACT ASSESSMENT

Signature of all parties:	Name	Title	Signature
	Clare Hale	Strategic Partnership and Inclusion Manager	14/10/2020 27/10/2020
	Jackie Hooper	Senior Diversity and Inclusion Officer	Partial Draft v0.1 1 October 2020 Update 2 October 2020 27/10/2020
<p><b>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</b></p> <p><b>Please see under issues to be addressed and Form 4</b></p>			

# FULL EQUALITY IMPACT ASSESSMENT

## Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				
2. If No please give reasons and any alternative action(s) agreed:  (If the Policy is not to be adopted please proceed to Step 9).					

## FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					

## FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
<b>9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts</b>					
<b>10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here</b>					
<b>11. Provide details of any actions planned or taken to promote equality</b>					

**FULL EQUALITY IMPACT ASSESSMENT**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Staff survey – Combining work and care.



Hywel Dda University Health Board (H DUHB) adapted a short survey from the Employers for Carers (EfC) resources in order to gather information about the experiences of staff with caring responsibilities. The survey was made available, in Welsh and English, each day during Carers Week 2019 via a Global email communication. The survey was then extended during Carers Rights Day on the 21<sup>st</sup> November 2019.

Carers are employees with significant caring responsibilities that have a substantial impact on their working lives. These employees are responsible for the care and support of older, disabled or ill family or friends who are unable to care for themselves.

CarersUK carried out some research in 2019 called Juggling work and unpaid care, some key findings are:

- 1 in 7 are juggling work and care
- 2.6m give up work in order to care
- 2m carers have reduced their working hours,
- 7% said unpaid care negatively impacted paid work

The full report can be found <https://www.carersuk.org/for-professionals/policy/policy-library/juggling-work-and-unpaid-care>

A total of 137 surveys (109 from Carers Week and a further 28 from Carers Rights day) were completed, four respondents completed the Welsh version. Summarised below is an overview of the feedback and comments from respondents. Following this is a visual representation of the responses to each question.

Note: Some questions had multiple answer options, therefore some percentages do not total 100.

### Some key findings:

The majority (67%) said that they cared for their parent or parent in law, with 17.5% caring for a spouse or partner and 18% a son or daughter. (See Fig. 1).

The age of the cared for person covered the whole range with 8% caring for some under 18, 30% age from 75 – 84 and 32% caring for someone over the age of 85. (See Fig. 2).

The condition of the person being cared for also varied but elderly or frail (35%), dementia (23%) and sensory/hearing impairment (20%) were the most commonly cited, see (Fig 3).

One question asked staff about the sort of help they provide. The highest response was in relation to emotional help at 74%. Practical help (housework, meals, shopping



etc) also accounted for 73% of responses with financial matters 72% and medicine management 58%. Help with transport also occurred frequently at 66%, (see Fig. 4).

28% of staff said they were caring on their own (Table 1). 33% of staff said they were providing care for between 1 and 10 hours per week, and 29% are caring for more than 35 hours per week, see Table 2. 45% said that the person they care for lived in the same house and 3% living in a different country, (Table 3).

Respondents were asked to indicate what practical help they get outside the workplace. 57% said they get support from other relatives and friends, 14% get help from Social Services with 22% having equipment to help. 25% said they get no help at all, see (Table 4).

The survey provided an opportunity for staff to reflect on the impact caring has had on their work. Only 4% said there had been no impact at all. 38% said there was no immediate impact but they are worried that it might in the future. 19% said that they had changed their working pattern because of their caring role. 40% said that caring had a negative effect on their job, e.g. tiredness, anxiety, stress etc. (Table 5)

Many additional comments were made but have not been included in this report due to confidentiality reasons. However, some themes emerging are:

- Taking annual leave to manage appointments, care for relatives, travel to parents.
- Have not applied for promotion or have felt excluded due to caring role.
- Working flexibly to manage appointments.
- Suffering from tiredness, anxiety and stress due to caring role.
- Some periods are worse than others, however one felt they had been supported in the workplace.

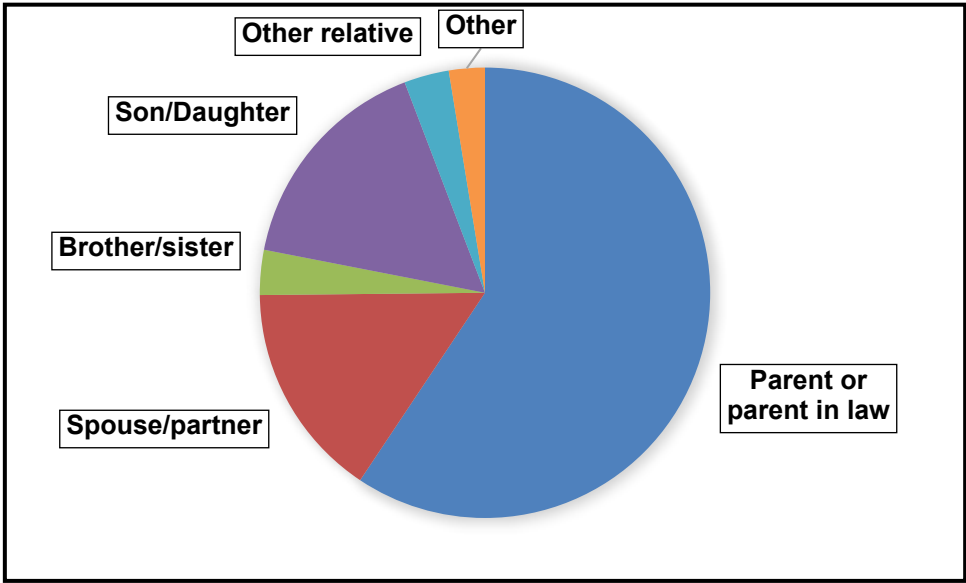
19% of respondents indicated that their line manager did not know of their caring role. However, 81% stated yes to this question, (Fig. 6). The ages of the carer were mainly between 45 and 64 (Fig. 7) with the majority of survey respondents identifying as female (Fig. 8).

An equality monitoring form was also included as part of the survey and the responses are summarised in Figs 10 – 17 and Table 5.

Pennie Muir

[Pennie.muir@wales.nhs.uk](mailto:Pennie.muir@wales.nhs.uk)

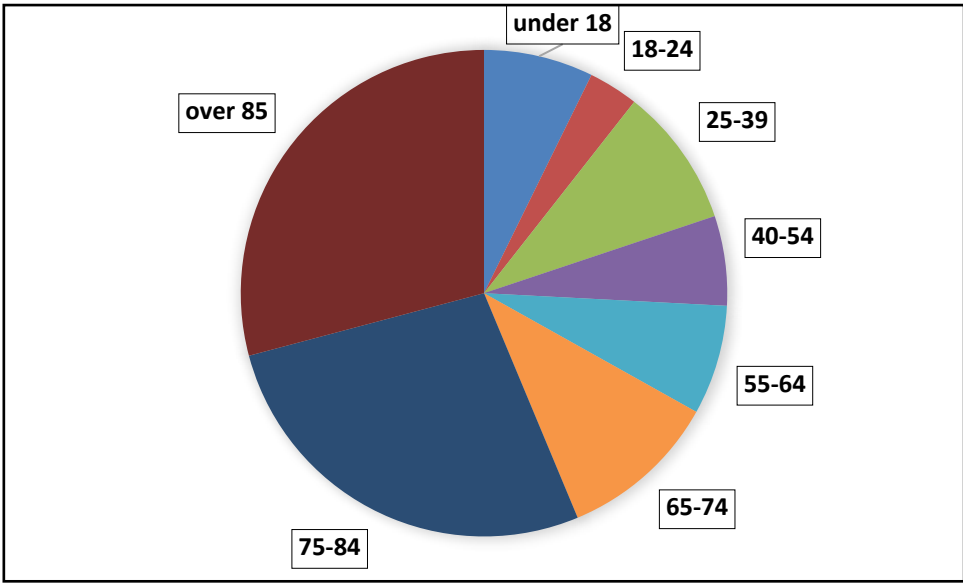
1. Who do you care for/support (Please tick all that apply).



**Fig.1**  
**Cared for added in the ‘Others’ section:**

- Aunt and uncle
- Both parents over 90
- Neighbour
- Mother, father and aunt

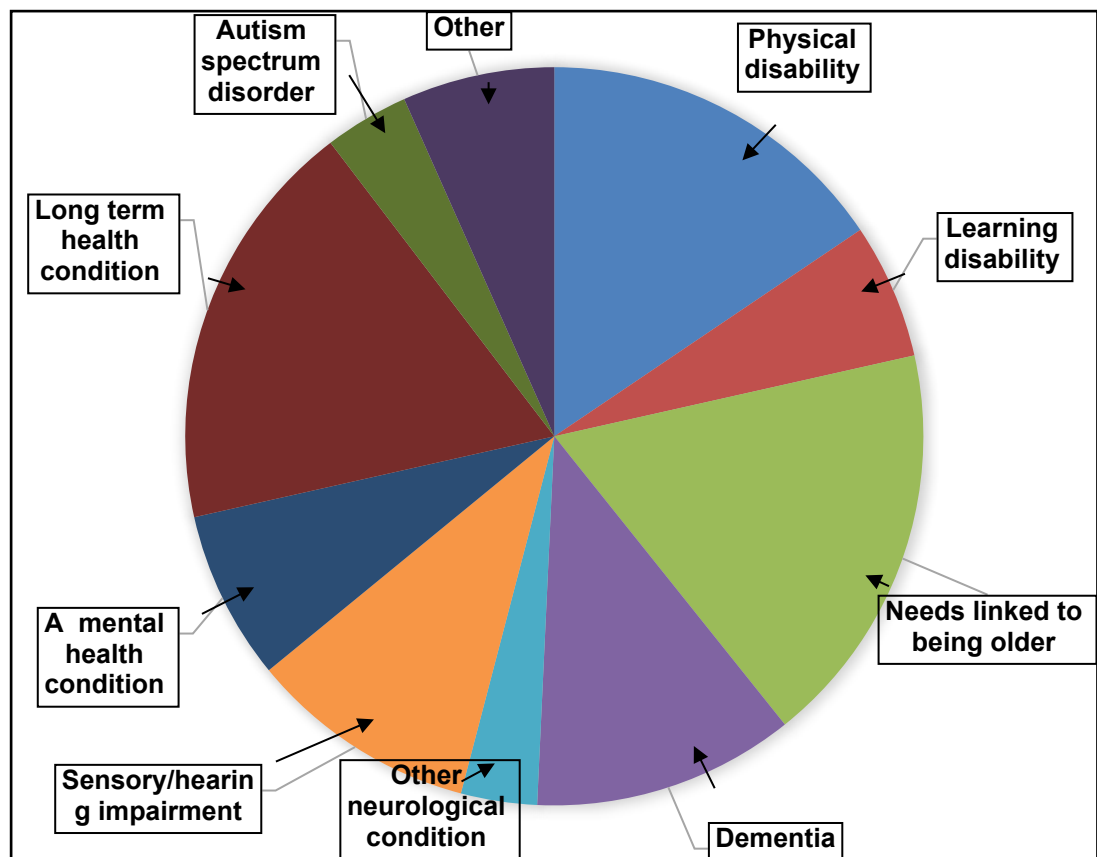
2. What is the age group of the person(s) you care/support? (Please tick all that apply).



**Fig. 2**

3. What is their condition? (please tick all that apply)

Fig. 3

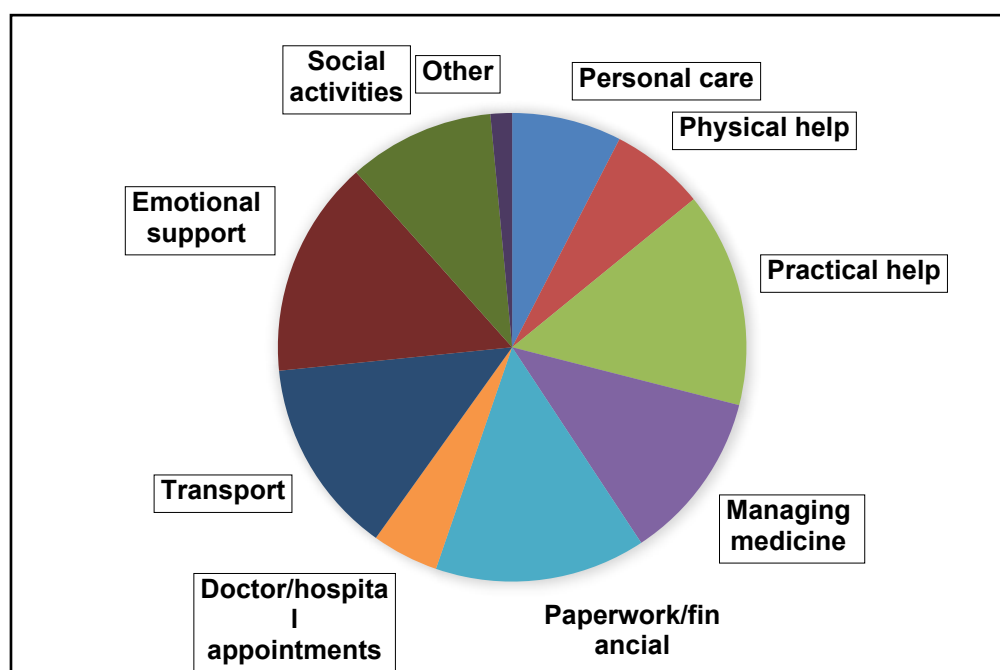


**Other conditions included:**

- Motor neurone fibromyalgia
- Benign brain tumour and reduced mobility
- Rare generic disorder
- Chronic asthmatic
- Mother – bed bound, Father – dementia, Aunt house bound
- Downs Syndrome
- Father has degenerative spine/neurological condition, elderly mother cannot managed hospital/doctors appointments unaided.
- Epilepsy

4. What sort of help do you provide, or arrange to be provided? (please tick all that apply)

Fig. 4.



**Others included:**

- Support for my Mother who is the main carer for my father. This includes sitting with my father when my mother needs to run errands, helping to transfer to and from wheelchair and chair when they wish to go out and to accompany when they go out.
- If a flare up of condition is had, then assistance with all activities of daily living is required.
- I have to time table and organise all daily activities, both essential and non essential.
- Currently in hospital so support will change after discharge.
- 24 hour support day and night as she is totally reliant on us to meet all her needs
- Deputy in Court of Protection duties and responsibilities. Regular visiting and ensuring optimum care is being provided and decisions being made are in his best interest. Attending meetings, liaising with solicitor as and when necessary, ensuring health care needs are being met and liaising with GP as and when necessary. Personal shopping for clothing, toiletries etc.
- My husband is self-caring and we are currently managing, but care needs are materialising
- Care for elderly parent with vascular dementia and severe heart condition who lives with me, also for deaf and partially sighted autistic brother who also lives with me.

**5. Do you care alone or with back up?**

Just me, no one else helps out	39
Mainly me, with relative sand friends helping out	47
Mainly me, with social services support	10
Mainly me, with support from social services, family and friends	10
I'm not the main carer but I help out	21

**Table 1**

**6. How many hours a week do you spend caring or managing care for the person you care for/support?**

1 - 10	45
11 - 20	32
21 - 34	19
35 or more	40

**Table 2.**

**7. Where does the person you care for/support live?**

In the same house as me	62
In another part of the place where I live	43
In another part of the county/region where I live	20
In another part of the country where I live	6
In another country	4

**Table 3.**

**8. Do you get any practical help OUTSIDE the workplace with your caring responsibilities? (please tick all that apply)**

Support from other relatives or friends.	78
Support for care management or care coordination (e.g. from social services).	16
Practical support from care workers.	19
Equipment in the home of the person I am caring for/supporting.	30
Technology such as alarms, sensors or remote health monitoring in the home of the person I am caring for/supporting.	27
Help with domestic tasks the person I support/care for (cleaning, gardening, shopping, dog walking, etc.).	15

Breaks (for me) from caring.	4
No help.	16

**Table 4**

**Others included:**

- My mother did used to get 6 hours support from Crossroads every week so we could go together as she likes to have company but this has been reduced to 3 hours which is no time at all as she can't get everything she needs in the local town and the main towns are at least 40 minutes travel away from their home. Although the 3 hours is very much appreciated it is not very practical and if I'm in work then I can't be there to take over if my mother requires more time.
- District nurse.
- My son goes to his father every other weekend so 4 days out of 30. He takes him out in the week sometimes for lunch. He can manage on his own at home in the day will go get food but won't make it for the danger of it. He goes out on his own so long as there are no obstructions on his route, like road works or paths closed. He's relatively independent now however he's really like look after a child as he does nothing for himself like tidy his room or make food. Totally dependant on me at 24 years old.
- Support from deaf teachers and deaf children charity.
- Regular visits from CPN.
- My husband helps when his job allows it.
- Discharge plan to be discussed with move to residential care.
- Very difficult to access help from caring organisations.
- I have full time carers when I am at work. However there is no support for carers to have any meaning breaks from caring. This is a serious issue that needs to be addressed. To enable carers to continue to care for their family members then they need to have some support as well.
- My Son has a continuous glucose monitor and 1:1 support at school.
- My husband is currently on a waiting list for a guide dog which will give him more freedom to go out without me.
- Son goes to adult LD day centre 5 days/week. respite and payments for support worker to take son to Gateway and swimming
- Mother is the main carer but she needs help herself as she is not 100% fit and definitely needs help taking my father to hospital/doctor etc appointments and in communication/dealings with healthcare professionals and professional bodies.
- One afternoon per week volunteer from the Alzheimer's society sits with Dad.
- As I care for a parent and a child, there are some differences in care support etc as my other parent helps a lot.

**9. What, if any, has been the impact of caring on your work? (please tick all that apply)**

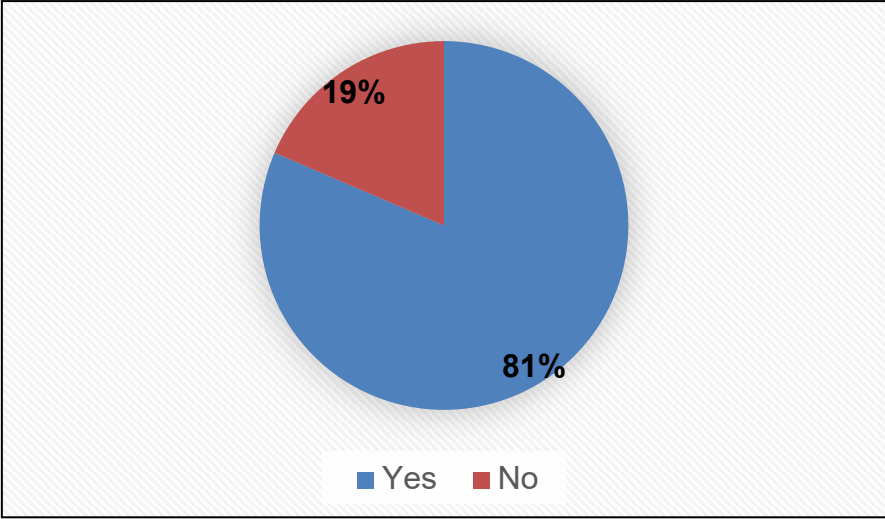
Caring has had no impact on my work and I feel confident about coping in the future.	5
Caring has had no impact on my work to date but I am worried that it might in the future	52

I have reduced my working hours to help me manage my caring responsibilities	24
I have changed my working pattern (hours/location)	26
I have had to take on a less qualified/responsible/senior role to fit around my caring responsibilities	13
I work as before but my job is negatively affected by caring (e.g. tiredness, anxiety, stress etc0	55
Other (please describe)	17

**Table 5.**

I have not included some of the specific other answers due to some who may be able to be identified as the person who completed the survey.

**10. Does your line manager know about your caring responsibilities?**



**Fig. 6.**

11.About your age.

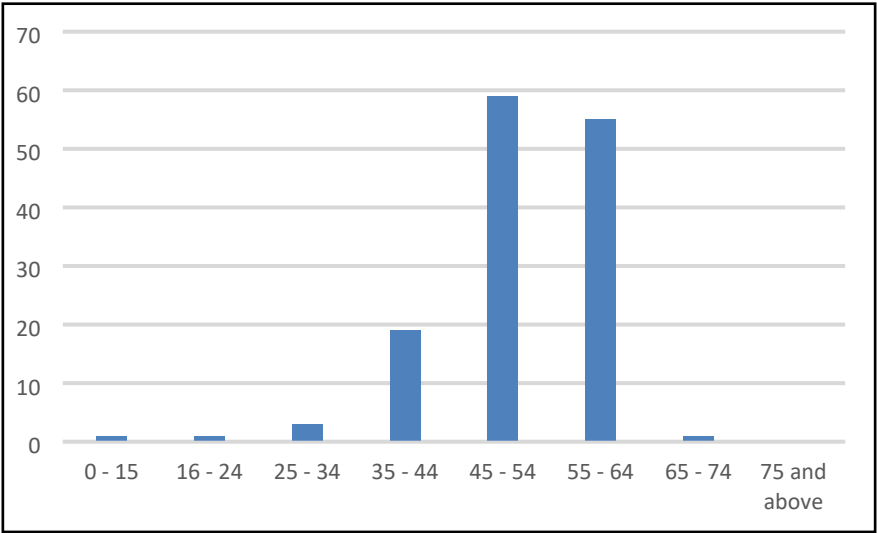


Fig. 7

12.About your Gender

	Gender at birth	Gender now
Male	10	10
Female	121	124
Prefer not to say	1	2

Fig 8

14 and 15. Pregnancy and Maternity

	Are you currently pregnant or have you been pregnant in the last year	Have you taken maternity leave within the last year
Yes	2	2
No	132	133
Prefer not to say	1	0

Table 5



16. National Identity: How would you describe your national identity?

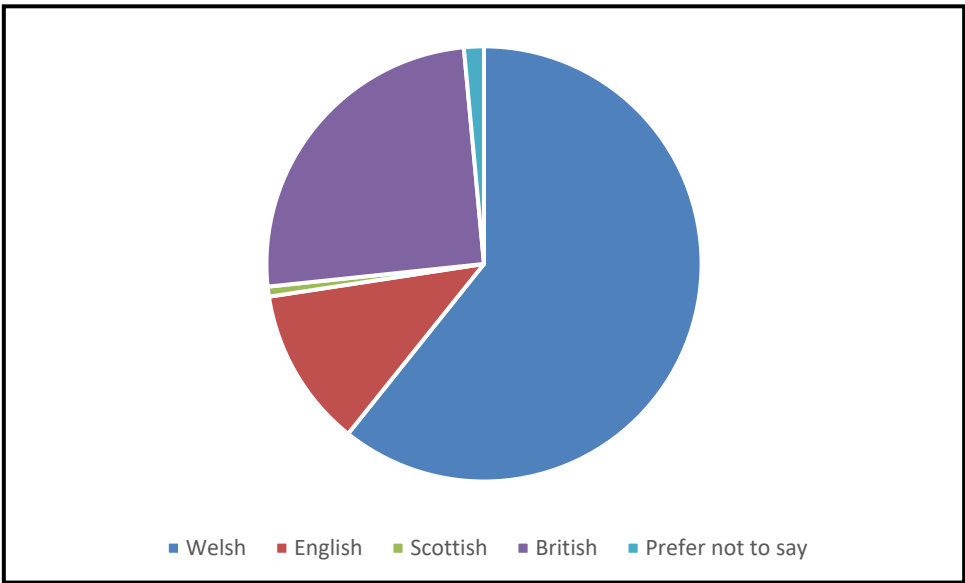


Fig. 10

17. Ethnic group: What is your Ethnic group?

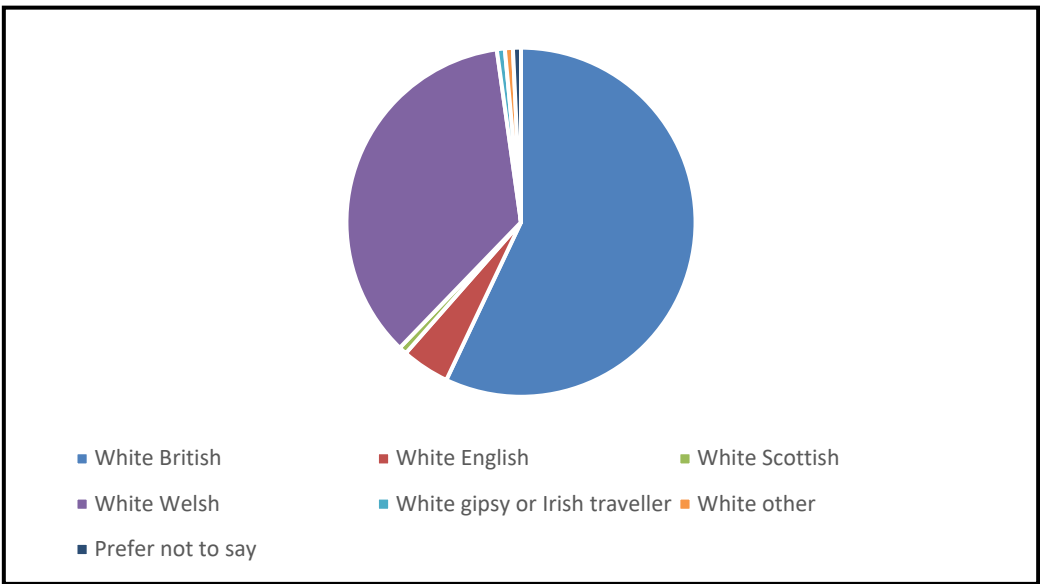


Fig. 11

18. Sexual Orientation

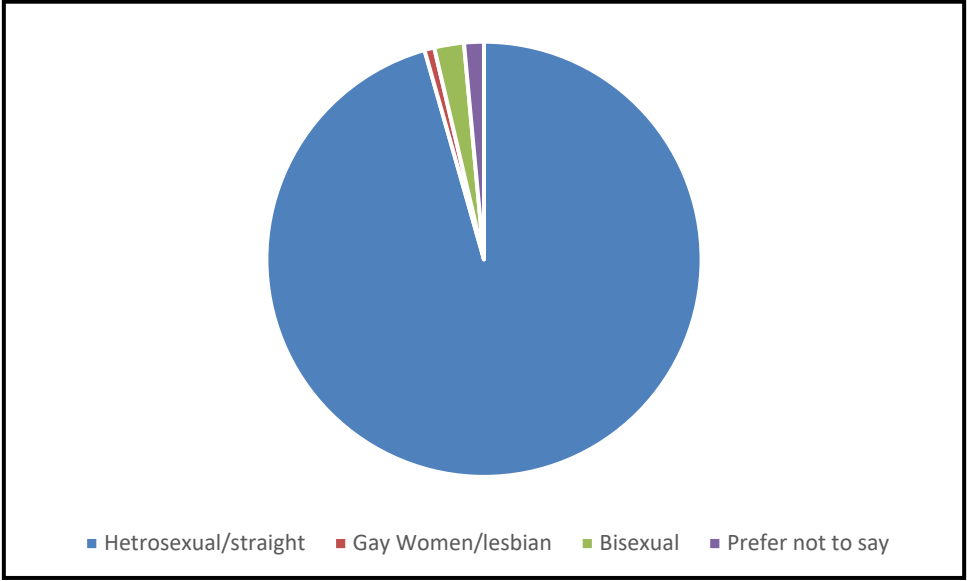


Fig. 12

19. Religion or belief.

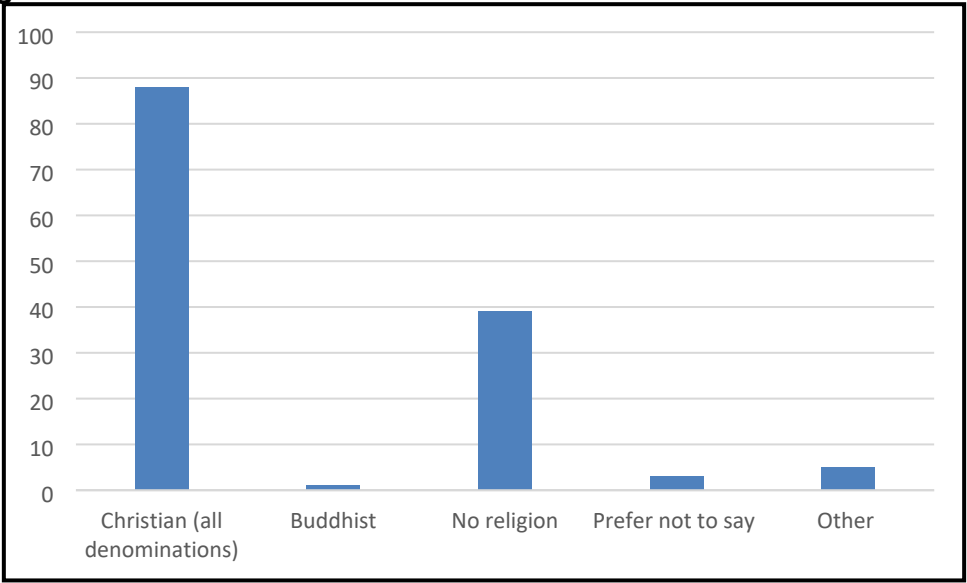


Fig. 13

20. Marital status. Are you married or in a same-sex civil partnership?

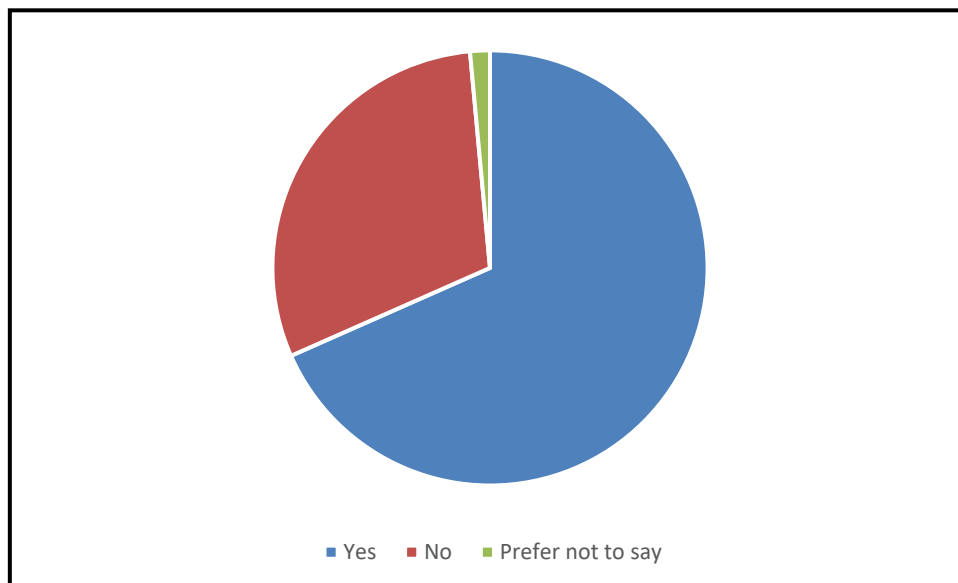


Fig. 14

21. Disability: Section 6(1) of the Equality Act 2010 states that a person has a disability if: (a) That person has a physical or mental impairment, and (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Using this definition do you consider yourself to be disabled?

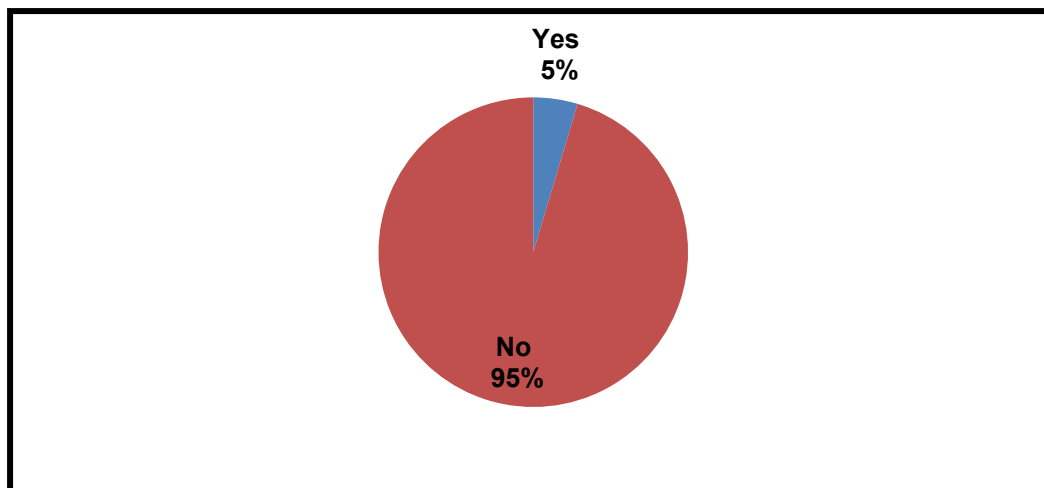


Fig. 15

Fig 15.

22. What is your preferred language?

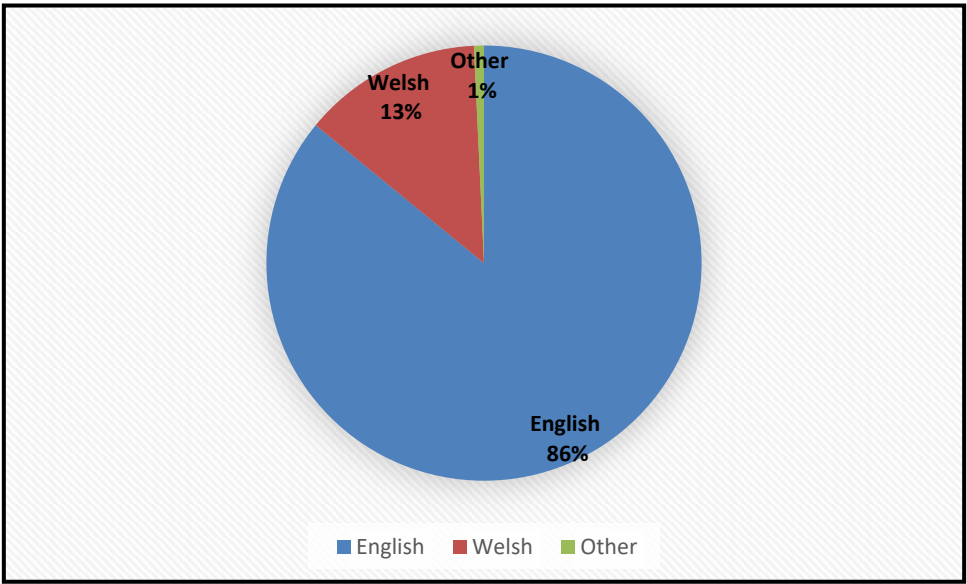


Fig. 16

23. Can you understand, speak, read or write Welsh?

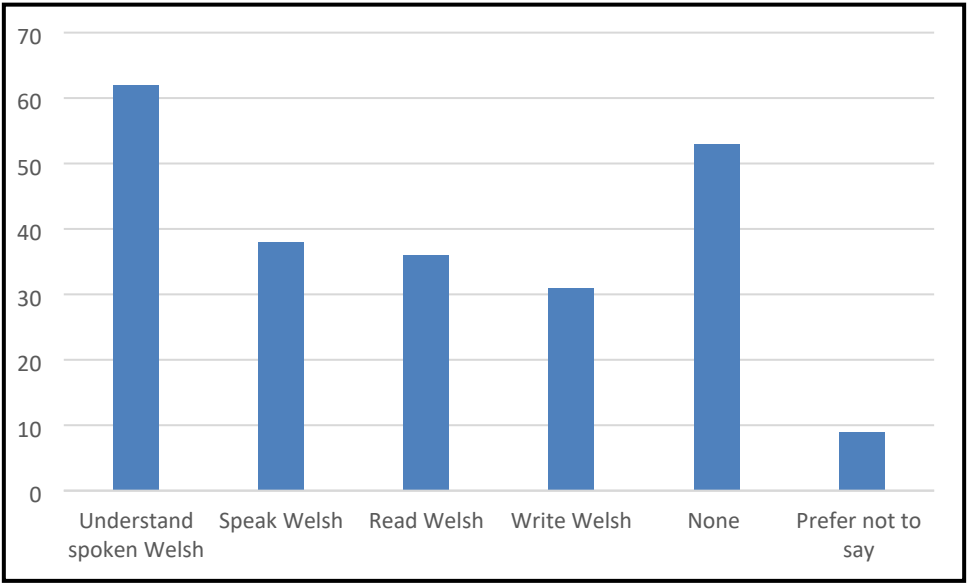


Fig. 17

### Carers Policy Feedback

Date received	Comment received from	Comment	Actioned
29.09.2020	Nadia Probert, Branch Secretary, Unison	Changes to wording and position on page 10 .	amended following guidance from Kim Warlow
02.10.2020	Jackie Hooper, Senior Equality and Diversity Officer	Scope section re phrased Worth adding in terms of auditing fairness of application of the policy across all protected groups Section 8 . 8.10 and 8.11 suggestions for rephrasing provided	yes
<b>As result of Global Message</b>			
23.10.2020	Annmarie Thomas - Head of Workforce	Can we add in 8.8 that the EAP is a bilingual service	yes
26.10.2020	Helen Arnold - Information Services	I feel that all points are covered and that the Carers Passport is a particularly good idea.	

27.10.2020	Sally Owen - Senior Workforce Manager Recruitment	<p>Further to the recent Global I wanted to give some feedback on the new Carers Policy. Firstly, well done (and thank you) on a policy which I think will make a difference to many! I've read it through the lens of my appointment / as a LM and as someone who may well be in need of this benefit one day.</p> <p>Couple of comments:</p> <ul style="list-style-type: none"> <li>• Para 5 Bullet Point 1 Should that read responsibilities rather than needs?</li> <li>• Para 8.13 – Title references recruitment but no mention of recruitment in the paragraph (wonder if it should be removed from the title – if not should recruitment be referenced in the paragraph)?</li> <li>• Para 9 – should recruitment just be another bullet point under WF&amp;OD as it is part of the directorate (rather than separate).</li> </ul> <p>For recruitment and retention purposes could this Carers Policy form part of our benefits promotion once the policy is live? (noting it suggests the campaigns team need to promote). I am sure there will be staff who will welcome it's launch and we could do some pieces to camera – possibly some members of the team who have pulled it together? Maybe something to consider a little further down the line.</p>	yes
28.10.2020	Kim Warlow - Workforce	No comments it was very well received and supported by all Partnership Forum members.	



## Carers Policy V 19.11.20

Policy Number:		Classification			Select Clinical/ Corporate/ Employment	
Supersedes						
LOCSSIP reference:		NATSSIPS Standards	List standard <a href="#">(NATSSIPS Standards)</a>			
Version No	Date of EqIA:	Approved by:		Date of Approval:	Date made Active:	Review Date:
V1	27.10.20	People, Planning and Performance Assurance Committee				

Brief Summary of Document:	This policy sets out the approach of the Hywel Dda University Health Board to support employees who have caring responsibilities.
Scope:	The 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. It provides advice for managers on how to support staff with caring responsibilities and information for staff on options available to create a work/life balance.
To be read in conjunction with:	126 Work Life Balance Flexible working policy 131 Flexi time policy 582 Term Time Working 122 Special leave policy and guidance 111 Annual Leave policy

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	Leave purchase scheme 245 Employment Break Scheme 127 Parental Leave 129 Time Off For Medical/Dental Appointments During Normal Working Hours Policy 768 NHS Wales Managing Attendance at Work Policy 931 Bereavement Policy including death in service 133 Equality and Diversity Policy
Patient information:	

Owning Committee/ Group	Employers for Carers Task and Finish Group
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce and OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	

### Glossary of terms

Term	Definition

Keywords	Caring, Flexible Working, Flexibility, Work Life Balance
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HYWEL DDA UNIVERSITY HEALTH BOARD

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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Introduction

This document describes Hywel Dda University Health Board's approach to supporting employees who have caring responsibilities.

*'Carers are employees with significant caring responsibilities that have a substantial impact on their working lives. These employees are responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves' (Carers UK definition).*

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

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. The organisation's statement of intent can be accessed on the following link:

[Link to be included to the attachment once policy approved](#)

## 2. Policy Statement

This Carers policy sets out a vision for providing a supportive working environment for staff in Hywel Dda University Health Board who are looking after a family member or friend in their personal lives. Our Health Board values include people striving together and as a caring employer we want to support our staff who are juggling work and their caring responsibilities outside of work. The intention is to create an organisational culture which allows staff to be open about their situation and to create a workplace that is supportive to Carers enabling them to continue to work and care.

## 3. 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. It provides advice for managers on assisting staff with caring responsibilities and information for staff on options available to create work/life balance.

## 4. Aim

The Aims of this policy are to:

- Support employees to remain in work, fulfil their career potential and meet their caring responsibilities at the same time.
- Support employees balancing work with their caring responsibilities by outlining a range of existing policies and employee support.
- Increase awareness of managers and all employees of the needs of Carers to ensure a sympathetic response to caring responsibilities/need.
- Work in partnership with employees in exploring all viable options to enable them to remain effective workers.
- Help to remove the feeling of isolation and lack of support often experienced by Carers.

## 5. Objectives

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

- **Identification as a Carer:** Proactively encourage individuals with caring responsibilities to come forward for support as part of an open and positive workplace culture.
- **Recognition of Carers:** Employees from across the Health Board recognise the valuable role that unpaid Carers play in our families and communities and are proactive in identifying or responding to requests for support from colleagues who are Carers.
- **Offers of and request for support:** Where a member of staff has identified themselves as a Carer, guidance will be provided by their line manager on the employment support available to them. Managers will also advise on how staff can access information, advice and assistance from external support agencies relevant to their needs. Carers are encouraged to request specific support where required, in accordance with this policy. Sympathetic consideration will be given where support is requested by Carers in accordance with this policy, based on a shared understanding of the situation, its impact on the Carer's work and the consistency of treatment with other staff in a similar position.
- **No unfair treatment:** Staff who have identified themselves as a 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 support requested will be disclosed no wider than is necessary to ensure the effective day-to-day running of Health Board business.

## 6. Identification as a Carer

The Health Board values the contribution of all its employees and acknowledges the valuable role that employees with caring responsibilities have for their families and communities. It is estimated that 1 in 7 Carers are in employment and the number of Carers is growing each year.

Not everyone recognises themselves as Carers; the care of an ill, older or disabled loved one is often just considered a part of everyday life for many people. Employees providing this care may not even identify as a Carer themselves, remaining unaware that support is available to them both inside and outside of work.

By raising awareness of Carers within the Health Board we aim to help employees to identify themselves as Carers so that they can become more aware of the support available to them.

## 7. Recognition of Carers

The Health Board will support employees and managers to access Carer awareness training in order to increase the recognition of the valuable role that Carers play within families and communities. Carer Awareness training is available in a range of formats including:

- Carer Aware e-learning (see useful links section).
- During the Health Board's corporate induction session.
- Through bespoke training for teams and departments.

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- During the Health Board's Management training programme 'Managers Passport' and other equivalent programmes.
- Via the Investors in Carers Scheme.

For information about how to access training, email [CarersTeam.hdd@wales.nhs.uk](mailto:CarersTeam.hdd@wales.nhs.uk)

### 8. Support for employees with Caring responsibilities

Staff who identify themselves as a Carer and who have agreed a 'Carers Passport' with their line manager will be entitled to 5 days unpaid leave per annum in addition to their paid leave entitlement and any other unpaid leave granted in line with other policies.

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

#### 8.1 Flexibility of working hours/pattern

Policy Title	Link to access the Policy	How it can help
Work Life Balance Flexible working policy	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/126-WorkLifeBalanceFlexibleWorkingPolicyV5.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/126-WorkLifeBalanceFlexibleWorkingPolicyV5.pdf</a>	Option to discuss and request a variation in working hours and/or working pattern.
Flexi time policy	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/131-Flexi-TimePolicyProcedureV3.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/131-Flexi-TimePolicyProcedureV3.pdf</a>	Option to discuss working a flexible working pattern whilst remaining on the same contractual hours.
Term Time Working	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/582-TermTimeWorkingPolicy.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/582-TermTimeWorkingPolicy.pdf</a>	Option for those with responsibilities including caring for children to request term time working.
Home Working Policy	Under development	

#### 8.2 Time off work to deal with unforeseen emergencies

Policy Title	Link to access the Policy	How it can help
Special leave policy and guidance	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/122-AWSpecialLeavePolicy-V3.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/122-AWSpecialLeavePolicy-V3.pdf</a>	Support where time off work is needed in unforeseen circumstances and at short notice.

#### 8.3 Time off work to deal with planned requirements

Policy Title	Link to access the Policy	How it can help
Annual Leave policy	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/111-Annualleavepolicy-v6.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/111-Annualleavepolicy-v6.pdf</a>	Confirms contractual entitlement to annual leave.

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Leave purchase scheme	<a href="http://nww.working4us-hduhb.wales.nhs.uk/leave-purchase-scheme">http://nww.working4us-hduhb.wales.nhs.uk/leave-purchase-scheme</a>	Option to purchase up to 4 weeks unpaid leave pro rata where applicable (with no detrimental impact on pension).
Employment Break Scheme	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/245-AllWalesEmploymentBreakSchemeV4.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/245-AllWalesEmploymentBreakSchemeV4.pdf</a>	Option to request an extended unpaid period of absence from the workplace.
Parental Leave	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/127%20-%20Ordinary%20Parental%20Leave%20Policy-v4.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/127%20-%20Ordinary%20Parental%20Leave%20Policy-v4.pdf</a>	Option to request parental leave.

### 8.4 Time off work to attend Medical/Dental/Hospital Appointments

Policy Title	Link to access the Policy	How it can help
Time Off For Medical/Dental Appointments During Normal Working Hours Policy	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/129-TimeOffforMedicalorDentalAppointmentsDuringNormalWorkingHours-18.6.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/129-TimeOffforMedicalorDentalAppointmentsDuringNormalWorkingHours-18.6.pdf</a>	Clarifies Health Board policy on time off needed to attend Medical/Dental/Hospital appointments in planned and emergency circumstances.

### 8.5 Managing Attendance

Policy Title	Link to access the Policy	How it can help
NHS Wales Managing Attendance at Work Policy	<a href="http://www.wales.nhs.uk/sitesplus/documents/862/768-ManagingAttendanceAtWorkPolicy-V1.pdf">http://www.wales.nhs.uk/sitesplus/documents/862/768-ManagingAttendanceAtWorkPolicy-V1.pdf</a>	Sets out the provision to support the health and wellbeing of employees in the workplace.

### 8.6 Bereavement

Policy Title	Link to access the Policy	How it can help
Bereavement Policy	Policy 931 (link to be inserted once approved)	Provides compassionate guidance on process and support following a bereavement.

### 8.7 Occupational Health Services

The Occupational Health Service is an impartial, confidential service providing advice and guidance to both managers and staff. Occupational Health can offer help, advice and assessment on keeping well at work. This may be through access to leaflets, counselling or

## HYWEL DDA UNIVERSITY HEALTH BOARD

simply having a contact name that Carers know they can turn to if needed. Managers are also encouraged to contact Occupational Health so they can support staff with caring responsibilities.

Staff can refer themselves to Occupational Health by completing a self referral form and returning it to [Occupational.health.hdd@wales.nhs.uk](mailto:Occupational.health.hdd@wales.nhs.uk).

### 8.8 The Employee Assistance Programme (EAP)

Delivered by Care First, EAP is a confidential, bilingual service, which provides comprehensive advice, counselling, information and articles covering personal and work related issues; to help employees deal with a variety of issues such as wellbeing, family matters, relationships, debt management, workplace issues and much more.

This 24/7 service is in total confidence and offered free of charge to all Hywel Dda employees. Contact 0800 174319.

### 8.9 Staff Psychological Well-Being Services

The Staff Psychological Wellbeing Service is available to all Hywel Dda University Health Board employees. A range of services is available to promote organisational health and psychological wellbeing. This includes access to confidential one to one psychological support and counselling for any issue, work or home related. These appointments are offered by our team of professional counsellors and can be accessed on a video call, on the phone and face to face (when this is safe to do so). Telephone WHTN: 01720 2527, External: 01437 772527  
E-mail [Wellbeing.hdd@wales.nhs.uk](mailto:Wellbeing.hdd@wales.nhs.uk).

### 8.10 Carers networks / Carer leads

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. Teams and departments participating in the Investors in Carers scheme also have identified Carer Leads who are local workplace champions and have a role in proactively identifying and supporting Carers. For information on carer networks and Carer leads, email the Strategic Partnership, Diversity and Inclusion Team for further information: [CarersTeam.hdd@wales.nhs.uk](mailto:CarersTeam.hdd@wales.nhs.uk)

### 8.11 Access to facilities to make private telephone calls

The Health Board will provide reasonable access to a telephone where possible to enable the employee to check on the person that they are caring for, or to arrange appointments, if necessary in relation to urgent care needs. It would be seen as best practice that any requests to use the telephone be agreed in advance with the line manager. It is also recommended that where possible, an indication of the likely frequency of requirement be discussed, where the likelihood of frequent, regular or long-term use may be anticipated.

### 8.12 Support to return to work following a period of caring

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Some employees may be going through a particularly distressing time and will need to be supported by their manager to return to the work place if their caring role comes to an end. During the employee's period of absence from the workplace the manager has a responsibility to ensure that they maintain contact with the employee to keep them informed of any workplace developments and other information the employee may need to ensure that they still feel part of the team. This will ensure that employees do not begin to feel isolated and will help to make the return to work easier. Many Carers may feel they have lost their skills and their self-confidence, this would be addressed by the Carer and the manager on or prior to their return to work. Training and development needs can be identified through the Health Board's PADR or one to one supervisory sessions.

### 8.13 Support with career development and progression opportunities

Carers are encouraged to discuss during one to one supervision and/or PADR any barriers they feel they may be facing in accessing training and development opportunities to support career development opportunities.

### 8.14 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 flexibilities needed to support the Carer in combining their caring role and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager, although the passport does not guarantee that the previously agreed arrangements will remain in place. 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.

Completion of the Carers Passport is voluntary and the employee retains ownership of the form. The Health Board recognises that employees may find it difficult to explain their personal circumstances, issues and challenges. Therefore, it is not a mandatory requirement. See Appendix 1 – Carer's Passport Guidance and Appendix 2 – Carers Passport Template.

### 8.15 Support externally

In addition to employment support, some Carers may need additional support from third sector or other support organisations to enable them to maintain their caring role. The Health Board jointly commissions information and advice services in each of our three counties and these services can be contacted on the details below.

Carmarthenshire Carers Information Service, 0300 0200 002.

Email: [info@carmarthenshirecarers.org.uk](mailto:info@carmarthenshirecarers.org.uk) Website: [www.carmarthenshirecarers.org.uk](http://www.carmarthenshirecarers.org.uk)

Ceredigion Carers Service, 01545 574000. Email: [contact-socservs@ceredigion.gov.uk](mailto:contact-socservs@ceredigion.gov.uk)

Website: [www.ceredigion.gov.uk/carers](http://www.ceredigion.gov.uk/carers)

Pembrokeshire Carers Information and Support Service, 01437 611002. Email:

[pciss@hafal.org](mailto:pciss@hafal.org) Website: [www.hafal.org/crossroads](http://www.hafal.org/crossroads)



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Further information on support available for staff internally and externally is available in a guide for staff see link <https://hduhb.nhs.wales/healthcare/services-and-teams/carers-information/carers-documents/info-for-staff-who-are-carers-update-10-september-2020/>

## 9. 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 as follows:

- Ensure that employees are familiar with this policy and aware of the support that is available for Carers.
- Support employees to fulfil their potential in work and to meet their caring responsibilities.
- Give sympathetic consideration to requests for support from employees with caring responsibilities, with due regard to issues of confidentiality and based on a shared understanding of the situation and the impact it is having.
- Ensure reasonable adjustments are considered for employees who are Carers.
- Deal with requests in a confidential manner and only share information when the Carer has requested that this happens.
- Be aware of and adhere to relevant legislation and Health Board organisational policies.
- Be aware of and understand the range of options available to support leave and working hours.
- Support staff with completion of the Carers Passport in line with guidance provided.
- Operate the policy fairly and reasonably, considering the wellbeing of the employee and facilitating measures that enable them to feel valued and able to contribute to the workplace.

### 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.

In requesting any change to their working arrangements, either short or long term, the employee must:

- Be as open with their manager as they feel able about their caring responsibilities to enable them to provide appropriate support utilising the Carers Passport within the guidance provided.



## HYWEL DDA UNIVERSITY HEALTH BOARD

- Work together with managers in exploring all viable options to remain effective workers to balance work and caring commitments.
- Communicate with colleagues and involve them where possible in decisions which may have an impact on their work.

### Workforce and OD

- Provide support and guidance to managers on the application of this policy including the Management Passport.
- Support the employee with any redeployment options if available.
- Communicate policies / provisions for Carers to all levels and members of staff.
- Ensure that managers are trained and kept updated on this policy and the issues facing staff who may have caring responsibilities through management training offered by the Health Board.
- Monitor the use and effectiveness of the policy and review on a periodic basis with Carers.
- Ensure recruitment campaigns include promotion of support for staff who are unpaid Carers to encourage a diverse workforce.

## 10. Source of Evidence base and References

The source of our evidence base includes:

Juggling Work and Unpaid Care (2019), Carers UK

[http://www.carersuk.org/images/News\\_and\\_campaigns/Juggling\\_work\\_and\\_unpaid\\_care\\_report\\_final\\_0119\\_WEB.pdf](http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf)

Supporting Working Carers, The University of Sheffield, June 2020

[http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/8008-Supporting-working-carers\\_WEB-1.pdf](http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/8008-Supporting-working-carers_WEB-1.pdf)

NHS Terms and Conditions of Service Handbook (considered in policy development)

Employers for Carers [www.employersforcarers.org](http://www.employersforcarers.org)

Carers Trust [www.carers.org](http://www.carers.org)

Carers UK [www.carersuk.org](http://www.carersuk.org)

## 11. Appendices

Appendix 1 – Carers Passport Guidance for Managers (insert link for intranet)

Appendix 2 – Carers Passport Template (insert link for intranet)

## 12. Useful links

### Our Statement of Intent

Link to be included to the attachment once policy approved

**Staff Fact sheet** <https://hduhb.nhs.wales/healthcare/services-and-teams/carers-information/carers-documents/info-for-staff-who-are-carers-update-10-september-2020/>

### Carer Aware E Learning

Link to be included to attachment once policy approved

## Appendix 1 – Carers Passport Guidance for Managers

If a member of staff identifies themselves as a Carer, their manager should arrange a confidential one to one meeting to discuss the details. The meeting will give both parties the opportunity to discuss the issues and talk through the following questions, which are provided as guidance rather than an exhaustive list:

# HYWEL DDA UNIVERSITY HEALTH BOARD

- What are your caring responsibilities?
- How do they affect your work?
- What impact does work have on your caring responsibilities?
- Do you already receive any support in work to help combine caring with work?
- 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?
- What would help ensure that the needs of the team / Health Board continues to be met?
- Do you need any support from psychological wellbeing / occupational health or external organisations?
- How do you expect your caring responsibilities to change in the future?

It is up to the employees to decide how much information to share, it is important that employees give their manager enough information for them to understand the issues and challenges faced by the employee.

Any actions and a review date should be recorded on the Carers Passport, see Appendix 2. Employees will need to follow relevant Health Board procedures e.g. flexible working policy 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 needs 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.

## Appendix 2 – Carers Passport Template

**Carers Passport**  
(to be completed by the employee)

## HYWEL DDA UNIVERSITY HEALTH BOARD

Employee Name:	Name of Manager:
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### 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 between you and your manager:

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. Reviews should take place every 12 months.

# HYWEL DDA UNIVERSITY HEALTH BOARD

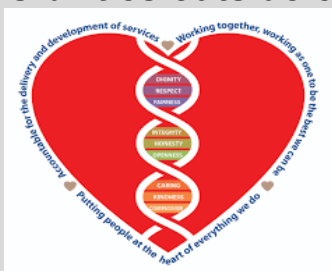
Action Agreed	Date of Implementation	Date to Review Action
<b>Any other actions agreed at the meeting:</b> This section might include for example contacting the Occupational Health Team, Staff Psychological Services or Employee Counselling Service, Carers Assessment or Signposting Services.		
I consent to my manager keeping a copy of the passport. It is important to remember that the passport belongs to the employee involved and is confidential. Should the manager or employee move to another post, the manager should not pass the form to the next manager without permission of the employee concerned. <u>Only with the employee's consent should a copy be saved in the employee's file.</u>		
Employee Signature:	Date:	
Manager Signature:	Date:	
Date of Next Review Meeting:		

## Supporting our staff who are juggling work and looking after a family member or friend (unpaid Carers)

### Statement of Intent v7 LU 02.10.20

This Statement of Intent provides a vision for providing a supportive working environment for staff in Hywel Dda University Health Board who are looking after a family member or friend in their personal lives.

Our Health Board Values are the foundations of the culture and behaviour that colour our personal and professional lives. Our values include people striving together and **as a caring employer we want to support our staff who are juggling work and their caring responsibilities outside of work.**



*'Carers are employees with significant caring responsibilities that have a substantial impact on their working lives. These employees are responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves'. (Carers UK definition).*

The intention is to create an organisational culture which allows staff to be open about their situation and to create a workplace that is supportive to Carers enabling them to continue to work and care.

## Background and Context

Anyone can become a Carer, and Carers come from all walks of life, cultures and can be of any age. Being a Carer can impact upon the Carers' family life and friendships and can also affect health and well-being, finances and the ability to work and pursue education or leisure activities.

According to the most recent Census data it is estimated that there are 47,000 unpaid Carers in the Hywel Dda area (Census 2011). The Census data reflects people of all ages. It is also evident that a proportion of Carers will be in employment.

Most people's lives will include at least one episode of unpaid caring. Already 1 in 7 of the workforce will be caring for someone who is older, disabled or seriously ill. But with the number of Carers in the UK set to rise from 6.5 million to 9 million over the next 20 years, the proportion of Carers in our workforce is also likely to grow significantly.

Figures from the Office for National Statistics resulting from the 2011 Census showed that there has been an increase of 600,000 (11%) in the total number of Carers since the last census in 2001 – with the national figure now standing at 6.5 million Carers in the UK. The gender ratio has remained the same; 58% of Carers are women and 42% are men.

In 2019 Carers UK released research that suggests figures have increased significantly since the 2011 census. The Juggling Work and Care Report found that there are around 4.87 million people in the UK combining work and caring responsibilities, compared with the 3 million in the census 2011. This is 1 in 7 of all workers, compared with the previous figures of 1 in 9 workers.

- Eight out of ten Carers are of working age, i.e. between 16 and 65.
- 90% of working Carers are aged 30+ - in their prime employment years.

Relevant research reports conducted by Carers UK, the CIPD and University of Sheffield released in June, 2020 found that

- Each year over 2 million people have given up work at some point to care and 3 million have reduced working hours;
- Caring for as little as five hours a week can have a significant impact on employment prospects, with those caring for more than 10 hours a week at marked risk of leaving the labour market altogether;
- Over 7 in 10 working Carers have felt lonely or isolated in the workplace as a result of their caring responsibilities;
- There is evidence to show that the impact of staff turnover, absence and stress as a result of juggling work and caring could be costing UK businesses over £3.5 billion every year, so there are significant savings to be made by better supporting Carers to manage work alongside caring.

- A quarter of workers with caring responsibilities for someone who is older, disabled or seriously ill have considered giving up their job entirely, with many struggling to balance their caring role without employer support.

The research found that:

30% of working carers had reduced the hours they work because of their caring role and 36% had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.

28% hadn't talked to anyone at work about their caring responsibilities. Among them, 39% said this was because they did not believe anything would change.

Working Carers who receive employer support are less likely to find it difficult to concentrate, to be considering reducing their hours or leaving their jobs, to turn down promotions or to take sick or unpaid leave.

Not all Carers recognise themselves as such and the Health Board has been working to raise awareness and support for employees who have caring responsibilities. In a staff survey conducted by Hywel Dda University Health Board during 2019, 40% of respondents said that caring has a negative effect on their job (tiredness, anxiety and stress). Many reported taking annual leave to manage appointments and care for relatives and not applying for promotion and feeling excluded due to their caring role. Whilst the number of people was small the impact can be great.

Since January 2019, the health board has been a joint member along with its three Local Authority partners in the Employers for Carers (EfC) scheme. EfC is an employer membership service provided by Carers Wales and Carers UK.

In May, 2020 Hywel Dda University Health Board achieved the Employers for Carers Carer Confident Level 1 (Active) Award in recognition of the work undertaken to build a supportive workplace for staff who are juggling work with caring duties.

The Health Board's work to support unpaid carers is an ongoing priority and our ambition is to achieve the 'Ambassador' (Level 3) Carer Confident Award within the next two years.

We will encourage individuals with caring responsibilities to identify themselves as part of an open and positive culture in the workplace. We recognise that if we help employees to stay in work while undertaking caring responsibilities we will retain them as a valuable employee



## Key Priorities

1. To benchmark our current approach to identifying and supporting employees who are Carers in their home lives.
2. To develop a Carers Policy for Hywel Dda.

### ACTION

- Identify national benchmarking tools (and any associated costs).
- Benchmark ourselves against a national quality framework.
- Collate evidence and data and produce a benchmarking report with recommendations that will help inform a Carers Policy.
- Gain an excellent insight into the number and situations of Carers and the arrangements we need to have in place to support them to help inform any new opportunities on an ongoing basis.

3. Develop a communication and engagement plan to raise awareness and improve communication and support available to staff who have caring responsibilities and their managers.

### ACTION:

- Delivery of awareness raising campaigns during Carers Rights Day, Carers Week, Young Carers Day and other similar events. With the aim of encouraging staff to come forward and identify themselves helping to achieve an increased knowledge of working Carers throughout the health board.
- Raise awareness of the support available internally and externally for staff who have caring responsibilities.
- Develop an Information pack for staff and line managers so they can support and promote caring.
- Provision of updated information and resources on the staff intranet.
- Development of case studies to record staff experience for training and awareness raising.
- Delivery of training / awareness raising for staff and managers to include Induction for all staff, Management Passport, Managing Attendance at Work and others as appropriate.
- Identify opportunities for the establishment of a Carer Network for staff and promote throughout the Health Board.
- Ensure recruitment campaigns include promotion of support for staff who are unpaid Carers to encourage a diverse workforce.
- Promote case studies of staff who are Carers that have been supported in their career development.

4. Raise awareness of the organisational responsibility to support and understand the issues facing staff who are Carers and how to support them, maximising opportunities to learn and share best practice through the network of 'Employers for Carers'.

**ACTION:**

- To attend Employer for Carer Network events, make links and share best practice.
- To review Employer for Carers resources, website and booklets and how these may benefit staff in Hywel Dda.
- To work towards Employers for Carers, 'Carer Confident' Level 3 Ambassador Award for our support to staff who are Carers.
- Ensure staff who have caring responsibilities are treated fairly and with dignity and respect in their working environment and support them to continue to work and care.
- Support staff to understand what is meant by the terms Carer and Caring through increased take up of the Carers Aware E Learning Module.
- Develop an insight into the number and situations of staff who are Carers to evidence and reflect on the experience of Carers working within our organisation.
- Ensure Carers are recognised within new and existing policies.
- Ensure consideration from a Carers perspective on future policies and guidance.
- Ensure Carers are considered in the wider Equality, Diversity and Inclusion Policy of the Health Board.
- Ensure Carers are encouraged and supported in recruitment, internal job opportunities / career development and progression.
- Offer new opportunities for practical support for Carers on an ongoing basis.
- Pilot a Carers Peer Support Network in each of our acute settings so that Carers can engage and support each other.
- Champion Carer issues internally and externally including other employers and wider community.

## 5. Monitoring and Evaluation

**ACTION:**

Develop systems to:

- Evaluate and monitor the uptake of Carers accessing support with their caring responsibilities as specified in the Health Board's Carers Policy.
- Periodically review with our staff the support the organisation offers for those staff with caring needs and explore opportunities for increased practical support outside formal guidance.
- Review the effectiveness and sustainability of internal Carer Peer Support Networks.

# Carer Aware E-Learning Course Information



## Introduction

The 2011 census estimated that there are 47,000 Carers in Hywel Dda but only a small proportion of these are known or identify themselves as carers. Through the West Wales Regional Partnership Board, HDUHB is helping to co-ordinate the delivery of actions which respond to the needs of Carers.

## Who is the e-learning course for?

Everyone! But especially all health and social care staff, including 3<sup>rd</sup> sector and volunteers who provide care to patients and their families.

## Course Summary

This course will help you to understand the legal and professional responsibilities to Carers and their entitlements. Carer Aware e-learning is structured into separate sections enabling you to study it in short sessions. It should take approximately 30 minutes and covers:

- **Who are Carers of any age?**
- **Carers' legal rights**
- **Meeting the needs of Carers**
- **Test your knowledge & completion certificate**

## Key features and benefits of Carer Aware

- Both Welsh and English language versions are available
- Reflects current legislation and Welsh Government priorities for Carers
- Provides links to national policy and local support that's available in your area
- The e-learning is flexible and enables learners to study at their own pace, whether in work or at home
- Provides interactive, real life case studies and scenarios to develop your understanding about the needs of carers and to provide practical advice and assistance.
- Provides you with a certificate on completion.

## How do you access the course?

### **NHS staff with access to ESR (Electronic Staff Record):**

- Log into your ESR and go to your Learner Home page.
- Using the search function ensure the first box is showing “Course” and in the second box type **000%Wales%Carer** and click go.
- You now have the option to choose to complete the course in English or Welsh. Click on the version you wish to enrol on and then “play” to go through the programme.
- When completed you have the option to please print your certificate.

### **For GP Surgeries:**

- If you have a NHS Learning account please log in and locate the Carers Aware e-learning course:  
<https://learning.wales.nhs.uk/course/view.php?id=1126>
- If you don't you will need to register, this can be done by a bulk upload form (for a number of new accounts) or a single new account form and forms are available on request. The forms should be returned to the all Wales eLearning Helpdesk  
[elearning@wales.nhs.uk](mailto:elearning@wales.nhs.uk) or call 01443 848636.

### **For staff working in Ceredigion (LA or 3rd Sector organisations):**

- If you are a Ceredigion Council employee, you can access the Carer Aware module by using our usual eLearning platform:  
<https://learning.wales.nhs.uk/course/index.php?categoryid=184>
- Your username is CCC+payroll number (e.g. CCC1234567). If you've never accessed the site, your password is changeme01% If you've forgotten your password, please email [dysgu@ceredigion.gov.uk](mailto:dysgu@ceredigion.gov.uk) or call the Learning & Development Team on 01545 572670. Once you have selected the module in your preferred choice of language and you'll need to click on “Enrol Me” to continue. The enrolment key is: **Cere104%**
- If you work for an agency in Ceredigion and don't already have a login, you will need to email or call us requesting a username and password for the NHS eLearning platform.

### **For all staff in Carmarthenshire including LA's 3rd Sector & Others:**

- If you have a NHS Learning account please log in and go to Carers Aware e-learning course:  
<https://learning.wales.nhs.uk/course/index.php?categoryid=56>
- Carmarthenshire County Council staff who do not have an account please email [LD@carmarthenshire.gov.uk](mailto:LD@carmarthenshire.gov.uk) with your employee number for an account to be created.
- If you are not an employee then please email [LD@carmarthenshire.gov.uk](mailto:LD@carmarthenshire.gov.uk) and request an External E-Learning application.

### **For all staff working for Pembrokeshire County Council**

- If you are an employee of Pembrokeshire County Council, you should access this module through your AWA Login.
- If you do not have an AWA login please email POD at [pod@pembrokeshire.gov.uk](mailto:pod@pembrokeshire.gov.uk) to request one.

### **For other staff in Pembrokeshire working for the 3rd Sector and others**

- Access the course in the same way as for non-health board staff/GP Surgeries. if you have an NHS Learning account please log in and locate the Carers Aware e-learning course:  
<https://learning.wales.nhs.uk/login/index.php>
- If you do not have an account you will need to register and a form needs to be completed on request and sent to [elarning@wales.nhs.uk](mailto:elarning@wales.nhs.uk).
- If you don't you will need to register, this can be done by a bulk upload form (for a number of new accounts) or a single new account form and forms are available on request. The forms should be returned to the all Wales eLearning Helpdesk [elarning@wales.nhs.uk](mailto:elarning@wales.nhs.uk) or call 01443 848636.