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Carers Procedure

Introduction and Aim

Cardiff and Vale UHB recognises the vital role of Carers, both paid (known as Formal Carers for the purpose of this document), and unpaid, in the provision of direct and indirect care prior to and upon discharge from hospital. We aim to encourage their active involvement in order to support patient advocacy, choice and safety throughout the inpatient stay. Carers have a greater insight into the patient's individual requirements and are able to offer insight and direction into how patients manage their condition and care needs within their own home environment. This means that Carers often have the most comprehensive understanding of the specific care needs of patients, including their psychological and emotional needs, as well as how best to communicate with them. It is crucial, therefore, that we identify, involve and support Carers in the clinical setting to ensure the right care is provided to our patients.

The aim of the procedure is to promote a three-way relationship between patients, Carers and staff members, ensuring that Carers are able to continue in the caring role where appropriate and if they so wish, thereby improving patient experience, promoting well-being and supporting the discharge process. It aims to do this by setting out clear guidance to enable staff to work effectively with patients and all Carers, to make a patient's hospital visit as straightforward as possible.

For the purpose of this document, 'Carers' will refer to both paid and unpaid carers unless otherwise highlighted.

Objectives

- Define the different types of Carer who may provide care on UHB premises
- Promote a three-way relationship between patient, Carer and staff member
- Define the roles and responsibilities of Health Board employees in the supervision of Carers
- Define the roles and responsibilities of Carers in the delivery of care and support whilst in the organisation
- Identify services and support that should be offered to Carers
- Set out clear guidance to enable staff to work effectively with patients and Carers

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Scope	
This procedure applies to all healthcare professionals employed by the UHB, including those on temporary or honorary contracts, students and bank or agency staff. In this procedure, all staff groups will be referred to as employees.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact identified.
Documents to read alongside this Procedure	See section 9
Approved by	Nursing Midwifery Board

Accountable Executive or Clinical Board Director	Executive Nurse Director
Author(s)	Nurse Advisor Standards and Professional Practice
<u>Disclaimer</u>	
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	14/02/2019	05/04/2019	New document.

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1.0 Definitions

1.1 Formal Carers – throughout the community there are patients who are supported to maintain independent living by paid carers; either self-funded or as part of a care package from social care services and/or health. Formal Carers will therefore be of working age. Most are not required to support patients during their time in hospital e.g. domiciliary care workers; however, some may need to continue supporting patients in hospital, particularly patients with additional or complex needs.

1.2 Unpaid Carers – provide unpaid care to a relative, friend or neighbour who requires care and support. For some Unpaid Carers the role has been introduced suddenly through accident or sudden illness; for others the needs of the individual have increased over time, and the caring role has been absorbed as part of an existing relationship. This means that many Unpaid Carers do not necessarily recognise themselves as such, and may not identify themselves as a carer. However, if they are undertaking the role of an Unpaid Carer as outlined, it is vital that they are identified and engaged by ward staff, and supported regardless of how they see themselves. Unpaid carers can be of any age.

1.3 Young Carers – are defined as children and young people under the age of 18 who have caring responsibilities for someone who has a physical or mental illness, a physical or learning disability, or drug or alcohol problem. The person they look after may be a parent, a sibling, a grandparent or other relative. They may provide practical or physical care, help with personal care, and help with domestic tasks and/or emotional support.

1.4 Young Adult Carers – are young people aged 16-25 who provide frequent unpaid care, to someone, usually a family member. The person they care for may be suffering from: a disability, long-term illness, mental health problem or other condition which results in a need for care, support or supervision. The level of care they provide can range from primary care to low levels of caring, depending on their situation and level of support.

1.5 Parent Carers – are parents or guardians who have legal responsibility for a child or young person with a disability under the age of 18 years.

1.6 Employee Carers – are defined as an employee who is, or expects to be caring for an adult who is married to or the partner or civil partner of the employee, is a near relative of the employee, or falls into neither category but lives at the same address as the employee.

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2.0 RESPONSIBILITIES

2.1 Executive Nurse Director, Medical Director, and Director of Therapies and Health Science

The Executive Nurse Director, Medical Director and Director of Therapies and Health Science have delegated responsibility for ensuring that the UHB has a clear procedure outlining its commitment to providing guidance to staff when a Carer maybe involved in providing care to a patient on UHB premises, along with supporting Carers providing that care.

2.2 Clinical Board Directors and Clinical Board Directors of Nursing

The Clinical Board Directors and Clinical Board Directors of Nursing will ensure that:-

- 2.2.1 Their employees are aware of the contents of the Carers Procedure and the arrangements for identifying a Carer and providing support where required within their Clinical Board.
- 2.2.2 The training needs of staff are assessed in accordance with the Knowledge and Skills Framework (KSF) and that where further development is required this is reflected within Personal Appraisal Development Plans.
- 2.2.3 The Quality and Safety Meeting, or other appropriate forum, monitors the implementation of this procedure.

Note: Where a Clinical Board does not have a Clinical Board Director of Nursing the Clinical Board Director and Head of Operations and Delivery will ensure that the responsibilities detailed above have been appropriately discharged.

2.3 Clinical/Community Directors and Directorate/Locality Lead Nurses/Heads of Service

Clinical/Community Directors and Clinical Board/Locality Lead Nurses/Heads of Service are responsible for ensuring that:-

- 2.3.1 Their employees are aware of the contents of the Carers Procedure and the arrangements for identifying a Carer and providing support where required within their Clinical Board.
- 2.3.2 The training needs of staff are assessed in accordance with the Knowledge and Skills Framework (KSF) and that where further

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development is required this is reflected within Personal Appraisal Development Plans.

- 2.3.3 Circumstances where it has not been possible to adhere to this procedure are reported and investigated in accordance with the Incident Reporting and Investigation Procedure (2013).
- 2.3.4 The Directorate/Locality Quality and Safety Group meeting, or other appropriate forum monitors the implementation of this procedure.
- 2.3.5 Reports are provided to the Clinical Board Quality and Safety Meeting, or equivalent, when requested.

Note: Where a Directorate/Locality does not have a Lead Nurse the Clinical Director and Directorate/Locality Manager will ensure that the responsibilities detailed above have been appropriately discharged.

2.4 Elective Admission Team/Specialist Nursing Teams

The Pre-Assessment Team/Specialist Nursing Teams are responsible for:

- 2.4.1 Identifying if a patient has Carers involved in their every-day activities.
- 2.4.2 Identifying the role of the Carer in supporting the patient's needs at pre-assessment
- 2.4.3 Including the detail of the role of the Carer in the plan of care/clinical pathway that the patient will undergo.
- 2.4.4 Identifying any on-going Carer involvement and support as part of the care planning, and where necessary, this should be discussed and include relevant specialist or liaison nurses.

Note: This section offer guidance on the responsibilities of Specialist Nursing Teams who are involved with a patient's care.

2.5 Emergency Admissions/Assessment Units

The emergency admissions/assessment units are responsible for:

- 2.5.1 Identifying those patients who have Carers involved in their daily care.
- 2.5.2 Contacting Carers to obtain relevant information about the patients' needs and to agree any continuing involvement of Carers whilst the patient is in hospital.

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2.5.3 Completing a Carers Agreement (appendix1).

2.5.4 Identifying on-going Carer support; refer to Carer's Resource List and 'Do You Look After Someone' leaflet (appendix 2 and 3).

2.6 Role of the Ward Sister/Charge Nurse

The Ward Sister/Charge Nurse is responsible for ensuring that:

2.6.1 The role of Carers is identified for patients in the clinical area and that Carers are supported by the ward team and involved in discussions and decisions regarding patient care, where appropriate.

2.6.2 The outcome of these discussions are documented within the Carers Agreement.

2.6.3 The level of support for each patient is reviewed daily in response to the changing needs of the individual.

2.7 All Ward Staff

All ward staff are responsible for ensuring that:

2.7.1 Carers are identified and included in care planning and discussions regarding a patient's care (with patient consent or in their Best Interests).

2.7.2 The delegation of care to a Carer remains the responsibility of the registered practitioner at all times, as does the communication and support of that Carer in their care role on the ward.

2.7.3 All agreed care to be delivered by the Carer is documented in the patient's care plan and in the Carers' Agreement.

2.7.4 Carers are supported with regular meal breaks and time to maintain their own health and wellbeing.

3. SUPPORTING CARERS IN THE CLINICAL SETTING

3.1 Formal Carers

3.1.1 A Registered Nurse must make an assessment of the patient's ongoing needs in hospital and assess what role Formal Carers have in this care. If the patient requires the usual level of support only this should be negotiated with the care-provider organisation.

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- 3.1.2 Patients in receipt of Direct Payments for their Formal Carers may wish to continue this level of care whilst in hospital and can do so using their usual funding, with the agreement of the ward sister/charge nurse. The funding of Direct Payment provision is usually reviewed by the Local Authority after 6 to 8 weeks, so this provision may change if there is a prolonged period of hospitalisation.
- 3.1.3 There may be occasions when, due to additional care needs that the patient requires, it may not be appropriate for the Formal Carer to continue to provide care; this will be at the Registrant's discretion, after discussion with the patient. Formal Carers will only deliver the level of care normally provided by them outside of the hospital setting.
- 3.1.4 For all patients who require the continuation of formal care in hospital, a discussion should be had with all parties to ensure that the needs of the patient are reviewed and clarified and the continued support from Formal Carers agreed. A Carers Agreement should be completed that clearly indicates the responsibilities of ward staff and Formal Carers; this should also be documented in the patients' plan of care.
- 3.1.5 The Ward Sister/Charge Nurse is responsible for ensuring that the level of support for each patient is reviewed daily or in response to the changing needs of the individual. If additional support is required that will incur additional staffing costs, this must be discussed with and agreed by the Lead Nurse for that area.
- 3.1.6 In certain circumstances, such as those patients with a learning disability, the patient may have an element of 1:1 funding within their usual package of care. If it is felt that the patient would benefit from continuation of 1:1 care whilst in hospital, this can be maintained; however, any increase in staffing cost would need to be discussed with and agreed by the Lead Nurse for that area.
- 3.1.7 When considering the need for additional staffing the Ward Sister/Charge Nurse, in conjunction with those who know the patient well, should consider whether the patient requires staff who know them or whether it would be appropriate to use the usual nursing bank system.
- 3.1.8 Each ward is responsible for completing a detailed care plan for all patients where Formal Carers are providing support, and a copy of the care plan should be given to the provider.
- 3.1.9 If a child receives Formal Care at home, an assessment must be made of the child's continued need for Formal Carer support whilst in hospital; this will be dependent on patient condition and reason for

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admission. For all children who require the continuation of Formal Carer support in hospital, this should be negotiated with the care-provider organisation.

Unpaid Carers

- 3.2.1 The Unpaid Carer needs to be identified as soon as possible in an episode of care. Unpaid Carers frequently fail to think of themselves as such, regarding themselves as partners, parents, relatives, friends or neighbours. Good communication skills are needed by staff to elicit this information positively.
- 3.2.2 Once identified, the Unpaid Carer should be involved in discussions about the care and treatment of the patient while in hospital. A Carer's Agreement should be completed along with a patient care plan to clearly reflect these discussions. Treatment plans must be fully explained to the carer and they should be involved in the discharge planning process. Carer's must be listened to and their views and concerns must be taken into account and documented within the patient record.
- 3.2.3 The Carer's Agreement should be reviewed daily, since responsibilities may change. Any changes to the caring responsibilities should be clearly documented.
- 3.2.4 The Carer's Agreement should be kept with the patients' notes or nursing records and referred to by all members of the multidisciplinary team.
- 3.2.5 Ideally the patient should identify his or her Carer to staff; however, if the patient lacks the mental capacity to do so, or is too unwell to give any information, staff may need to approach visitors, social care or the patient's GP to gain information on the care arrangements in the patients' home.
- 3.2.6 The patient will need to be asked if he/she wants the nominated Carer to continue in their role, and patient's consent regarding the disclosure of personal information about his/her diagnosis, treatment and care needs must be recorded. Patients can change their level of consent at any time.
- 3.2.7 Staff should ask the Unpaid Carer for confirmation that he or she is willing and able to take on or continue looking after the patient following discharge home. This should be asked in private to facilitate an open discussion. Carer's can change their level of involvement at any time.

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3.2.8 The patient-carer relationship must be confirmed and documented.

3.2.9 The boundaries of what is safe for an Unpaid Carer to do in a hospital setting should be openly discussed, agreed and documented within the Carers' Agreement. Staff should use their professional judgment to negotiate whether it will be appropriate for the Carer to assist. The Registered Nurse should ensure that Carers are aware of any specific care needs of the patient, before agreeing their involvement. At all times, consideration should be given to the patients' needs and wishes.

3.2.10 In exceptional circumstances an Unpaid Carer may wish to stay with a patient overnight, e.g. where a patient is very vulnerable, emotional or confused, and the care required can only be provided by the carer. The decision as to whether an Unpaid Carer can stay overnight must be at the discretion of the nurse in charge, and made on a case by case basis, taking into account the needs of the patient, whether the carer is able to safely stay and take care of their own needs, and the facilities available. The privacy and dignity of all patients on the ward must be considered. Where it is possible for an Unpaid Carer to stay, it will be necessary for staff to review the arrangement on a day by day basis, since changes in ward circumstances can affect what is manageable.

3.2.11 The Unpaid Carer must be aware that they are responsible for their own actions during the care process and the Ward Manager is responsible for ensuring that the Carer is aware of this.

3.3 Young Carers / Young Adult Carers

3.3.1 All services have a role to play in identifying Young Carers /Young Adult Carers ensuring that they are supported and able to make informed choices about the level of caring responsibility that they take on.

3.3.2 Young Carers / Young Adult Carers are often unrecognised and easily overlooked by the clinical team. Many say that they are happy to continue their caring roles, but they do need recognition and support for what they are doing. Unfortunately on occasion, they are not always consulted with, for example in regards to the care and discharge of the cared for person.

3.3.3 A Young Carer / Young Adult Carer may want to stay with the cared for patient. Every opportunity should be made to ensure that they are involved in decision making however the primary focus is to maintain their wellbeing and routine, e.g. appropriate rest, school attendance etc. If there are any concerns about their welfare the Safeguarding Team should be contacted for advice.

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3.3.4 It is important to remember that all children are required to be in full time education until they are aged 16 years and that they are entitled to enough leisure time to meet their own social/emotional and developmental needs. Support for them is available through Social Care Services, and details of such support projects can be found on the Carers pages of the Cardiff and Vale UHB intranet.

3.3.5 Young Carers/ Young Adult Carers may wish to stay overnight. If this extraordinary situation arises a multi-agency discussion would be required to take place due to the exceptionality of the request. This would then require escalation and further discussion and agreement with the Clinical Board Director of Nursing and Executive Nurse Director / Deputy Executive Nurse Director before a decision is made to allow the Young Carers/ Young Adult Carers to remain with the cared for person.

3.3.6 If they are not staying reassurance should be given to them that any issues arising during the night will be resolved in the best interest of the whole family.

3.4 Parent Carers

3.4.1 Personal health information can usually be given to parents or Carers of children under 16 years without obtaining consent. This may differ if the child is looked after by the Local Authority, and this should be clarified with the Local Authority involved from the outset.

3.4.2 Exceptions to providing personal health information without consent may include a child seeking confidential care or advice where they are deemed to be competent, such that they have the capacity to understand and make decisions for themselves. This wish should be considered with regard to the overall safety and wellbeing of the child.

3.4.3 Consent should be requested from 16 and 17 year olds to share health information with their parents or Carers. The transition to requesting consent should be handled sensitively with involvement of parents.

3.5 When the Patient Admitted is a Carer

3.5.1 For planned admissions, Social Care Services should already be aware of the admission of a Carer and alternative arrangements for the provision of care for the person being cared for should have been arranged. Where this is not the case, staff should contact Social Care Services to inform them that alternative caring arrangements may need to be put in place.

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3.5.2 Staff should also contact Social Care Services if a Carer is admitted to Cardiff and Vale UHB in an emergency; this is to ensure alternative caring arrangements have been put in place.

3.5.3 Young Carers and Young Adult Carers may not have support from Social Care Services, if this is the case then staff should contact them to ensure alternative caring arrangements are in place for the cared for person.

4. SUPPORT FOR STAFF WHO ARE CARERS

4.1 A staff member who is an Unpaid Carer for a patient admitted to hospital will have their caring responsibilities considered and discussed by their line manager and support will be implemented wherever possible. Staff members who are carers will be treated sympathetically and supportively and will not be discriminated against in any way. Where caring responsibilities relate to a dependent being admitted to hospital, the Manager will make every effort to try and accommodate the requirements of an individual by application of the UHB's, Special Leave Policy, Annual Leave, Unpaid Leave and Parental Leave. In some circumstances the Flexible Working Policy and the Employment Break Policy will also need to be considered.

4.2 The Special Leave Policy enables employees to take action to deal with an unexpected or sudden problem concerning a dependant and to make any necessary long-term arrangements.

5. COMMUNICATION AND DOCUMENTATION

5.1 Clear communication with the patient and Carer is required throughout the whole process.

5.2 It is important that the name and relationship of the Carer present is documented in the patient's notes.

5.3 Record keeping must be contemporaneous and reflect the communication between healthcare professional, patient and Carer.

5.4 The Carers' Agreement and Patient Care Plan must be reviewed and updated daily.

6. CONCERNS

6.1 Very occasionally, some relationships between Carers and patients can be dysfunctional or even abusive. Emotional, sexual and/or

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physical abuse can occur, as well as emotional or physical neglect; fraud and financial irregularities can also occur. If any of these are suspected, staff should inform their line manager, and contact the Safeguarding Team for advice on how to proceed.

7. TRAINING

- 7.1 All employees must to be aware of their own formal code of conduct in relation to their own clinical area of expertise.
- 7.2 It is the responsibility of the line manager to ensure that employees are made aware of this procedure and any local arrangements, along with their role and responsibilities, at local induction.

8. IMPLEMENTATION

- 8.1 The procedure will be implemented by the UHB and will apply to all healthcare providers in all care settings across the UHB.

9. FURTHER READING

All Wales Child Protection Procedures 2008;

http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/CHILD_HEALTH/CHILD_PROTECTION_CP/CLINICAL%20GUIDANCE/ALL%20WALES%20CHILD%20PROTECTION%20PROCEDURES%202008%5B1%5D.PDF

Cardiff and Vale UHB (2017) Employment Break Policy (2017)

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/All%20Wales%20Employment%20Break%20Policy%202017%20-%20adopted%20PPP%2016.05.17.pdf>

Cardiff and Vale UHB (2009); Flexible Working Policy

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Flexible%20Working%20Policy%20approved%20at%20PPD%2029%2007%2014%20%28hyperlinks%20updated%2001%2016%29.pdf>

Cardiff and Vale UHB (2013) Incident Reporting and Investigation Procedure

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Incident%20Reporting%20Policy%20with%20new%20App%209%20V1.1.pdf>

Cardiff and Vale UHB (2014); NHS Wales Special Leave Policy

http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/MENTAL_HEALTH_SERVICES_NEW/INFORMATION./SPECIAL%20LEAVE%20POLICY.PDF

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Cardiff and Vale UHB (2015) Procedure for NHS Staff to Raise Concerns
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/FINAL%20Procedure%20for%20NHS%20Staff%20to%20Raise%20Concerns%20Nov%2017%20%28UHB%20formatted%29.pdf>

Cardiff and Vale UHB Intranet; Carers page
http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,118234939,253_118234940&_dad=portal&_schema=PORTAL

Cardiff and Vale UHB Intranet; Read About Me page
http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,4945741,253_4945810&_dad=portal&_schema=PORTAL

Carers UK
https://www.carersuk.org/?gclid=EA1aIQobChMIrDG1diQ1wIVBbcbCh3rIA29EAYASAAEgLLP_D_BwE

Department of Health (2005); Mental Capacity Act 2005
<http://www.wales.nhs.uk/sites3/Documents/744/MCA%20amended.pdf>

General Medical Council (2009); Confidentiality
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>

John's Campaign
<http://johnscampaign.org.uk/#/>

NICE (2009); Patient experience in adult NHS services: improving the experience of care for people using adult NHS services
<https://www.nice.org.uk/guidance/cg138/resources/patient-experience-in-adult-nhs-services-improving-the-experience-of-care-for-people-using-adult-nhs-services-35109517087429>

Office of National Statistics; 2011 Census
<https://www.ons.gov.uk/census/2011census>

Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse(2010)
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Safeguarding%20Adults.pdf>

Welsh Government (2014); Social Services and Well-Being (Wales) Act 2014
http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

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10. EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan Fair Care 2016-2020. The responsibility for implementing the plan falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

11. AUDIT

- 11.1 Adherence to the policy will be appropriately audited by the Clinical Boards, and may include the recording of the numbers of Carers providing care.
- 11.2 Any concerns raised, and reported breaches of the policy will be formally investigated.

12. DISTRIBUTION

- 12.1 This procedure will be available via the UHB Clinical Portal, Intranet and Internet web sites. Where staff do not have access to these resources, the line manager must ensure that they are aware of the content where appropriate.
- 12.2 Responsibility for distribution within Clinical Boards will be undertaken by the Clinical Board Director,

13. REVIEW

The procedure will be reviewed to reflect any changes in guidance or legislation. As a minimum, it will be reviewed three years after the date of approval.



Appendix 1

Carers' Agreement

Informal Carer

Formal Carer

Addressograph (to include hospital number and DOB)

Ward:

Date:

Review Dates:

This agreement sets out how we can support you in caring for _____ whilst they are in this hospital.

This is a written agreement between you, as the patient's carer, and the nursing staff on the ward; where the patient is able to exercise choice they should also be included in this agreement.

It describes how we can work in partnership for the benefit of _____. It specifies what involvement in caring for the patient, if any, you may wish to have during the hospital stay.

Arrangements for visiting/extended visiting hours

- Discussion of visiting hours/visiting outside of hours to provide care
- Discussion of regular breaks and arrangements for these

How you can support hospital staff in maintaining an appropriate environment to care for all patients

- The right to dignity and privacy for all patients is respected
- Be sensitive to the care needs of other patients as well as the needs of your family member/friend, e.g. allowing patients quiet times to rest
- Keep noise levels to a minimum so other patients are not disturbed

Aspects of personal care you wish to provide whilst on the ward

- Agreement to be reached between patient, carer and nursing staff

Aspects of personal care that will be provided by hospital staff

- All personal care is the responsibility of hospital staff; carers may assist if they wish, as deemed appropriate above
- Manual handling is the responsibility of hospital staff

Aspects of feeding or assisting in giving medication that you wish to be involved in

- This is the responsibility of hospital staff, but maybe undertaken by the carer as deemed appropriate
- Recording of intake must be recorded by the hospital staff
- Recording of administration of medication is the responsibility of hospital staff

Your involvement when the patient is examined, receives treatment, or has a consultation with a doctor

- Consent of patient must sought whenever possible

Information about the patient's condition that you feel would be helpful to share

- See 'Read about me' documentation if completed
- Patient's routine to be documented
- Patient's level of care needs to be documented

Involvement in decision-making regarding the patient's care, treatment and discharge

- If more than one carer involved, a main carer to be identified to cascade information
- The estimated discharge date to be shared from outset
- Provide sufficient information to care for patient on discharge
- Provide access details for support and information

Name of Carer: _____

Signature of Carer: _____

Signature of Patient: _____

Signature of Nurse: _____

Print Name and Designation: _____

Date Agreed: _____



Carers Resource List

The following documents can be requested from the Patient Experience Team:

- ❖ **Carers Handbook/Factsheets**
- ❖ **Carers Directory**
- ❖ **Do you look after someone leaflet**
- ❖ **A Carers Guide to Managing Medicines**
- ❖ **Emergency Card Leaflet**

There are a number of organisations that you are able to order or download Carers (and general) information for free. The following websites are used to stock our Information and Support Centres. This is not an exhaustive list and many conditions have large Charities associated with them so they may also have information for you to use.

- ❖ **Age UK**

<http://www.ageuk.org.uk/publications/home-and-care-publications/>

- ❖ **Arthritis UK**

<http://www.arthritisresearchuk.org/Shop/Publication-Bulk-Order-Form.aspx>

- ❖ **Bipolar UK (these leaflets are only available to download and print)**

<https://www.bipolaruk.org/information-leaflets>

❖ **British Heart Foundation**

<https://www.bhf.org.uk/publications/heart-conditions/caring-for-someone-with-a-heart-condition>

❖ **British Lung Foundation**

<https://shop.blf.org.uk/collections/hcp/products/looking-after-someone-with-a-lung-condition-hcp>

❖ **Carers UK (Nutritional Information for Carers)**

<https://www.carersuk.org/help-and-advice/health/nutrition/nutrition-resources>

❖ **Carers Wales (there is a charge for these leaflet, to organisations, but they cover some useful topics such as Carers Assessment and Carers Allowance – they are free to download and print or if you signpost the carer to the website they can go on themselves and order one copy for free)**

<http://www.carersuk.org/wales/help-and-advice/factsheets-carers-wales>

❖ **Macmillan Cancer**

<https://be.macmillan.org.uk/be/s-750-caring-for-someone-with-cancer.aspx>

❖ **Parkinson's**

https://s3-eu-west-1.amazonaws.com/puk-live-1-d8-ie/2017-03/information_resources_catalogue.pdf

❖ **RNIB (Nothing specifically for carers but some really useful information they could use if needed)**

<http://shop.rnib.org.uk/reading-and-learning/publications/all-publications.html>

Appendix 3

ation (there is a charge for these leaflet, to organisations they are free to download and print)

<https://www.stroke.org.uk/resources/stroke-carer%E2%80%99s-guide>

Do you look
after someone?



We care for
those who care

At Cardiff and Vale

Some carers wish to continue their caring role while the person they care for is in hospital. Once the main carer has been identified a Nurse on the ward will discuss with the carer what involvement in caring for the patient, if any, they may wish to have during the hospital stay. At this stage the carers agreement documentation can be completed. The agreement will be reviewed on a regular basis, as we are aware carers circumstances may change. We would not expect carers to carry out elements of care that are normally undertaken by hospital staff unless they so wish to.

As a Health Board we welcome this and **PROMISE**

If you wish to help with any of the elements of care mentioned in this leaflet, please discuss with the Nurse in Charge so that a carers agreement can be completed.

The hospital staff will always try and honour our promises, but there are times when this might not be possible. All we ask is that at these times you **PLEASE** understand and work with us.

Respect other patients

As a carer you could have agreed with ward staff more flexible visiting, but please respect the other patients on the ward by keeping the noise at a



At Cardiff and Vale we are adopting the
principles of Johns Campaign

Equality & Health Impact Assessment for Carers Procedure

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Carers Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Nursing Nurse Advisor Standards and Professional Practice Tel: 029 2071 5891 beverley.evans7@wales.nhs.uk

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • Define the different types of Carer who may provide care on UHB premises • Promote a three-way relationship between patient, Carer and staff member • Define the roles and responsibilities of Health Board employees in the supervision of Carers • Define the roles and responsibilities of Carers in the delivery of care and support whilst in the organisation • Identify services and support that should be offered to Carers when they are undertaking patient care in hospital • Set out clear guidance to enable staff to work effectively with patients and Carers
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in 	<ul style="list-style-type: none"> • The 2011 Census shows there are 370,230 people providing unpaid care in Wales, representing 12.1 per cent of the population. Since 2001, there has been an increase of approximately 30,000 people providing unpaid care in Wales; the percentage of the population providing care in Cardiff in 2011 was 10.1% (35,005) with 12.3% (15,575) in the Vale of Glamorgan. • The ONS National Population Projections 2016 based statistical bulletin indicates the number of people aged 65 and over is projected to increase by 232,000 (36.6 per cent) between 2016 and 2041, with the potential for an increase in the number of people taking on the caring role. • A Google search of the policy undertaken on the 24th June 2016 found a number of Trusts had a similar policy; the list below is not exhaustive, however it is representative of what was found in relation to this policy <p>University College London Hospitals NHS Foundation Trust https://www.uclh.nhs.uk/PandV/Visitorinformation/Documents/Carers%20Policy%20and%20Guidelines.pdf</p> <p>Croydon Health Services NHS Trust https://www.croydonhealthservices.nhs.uk/Downloads/Policies%20and%20procedures/Visitors%20and%20Carers%20Guidelines%20July%202012.pdf</p> <p>Royal Devon and Exeter NHS Foundation Trust http://www.rdehospital.nhs.uk/docs/patients/help/carers/RDE%20Carers%20policy.pdf</p>

	<p>the development stages</p> <ul style="list-style-type: none"> • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>Kingston Hospital NHS Foundation Trust https://www.kingstonhospital.nhs.uk/media/178149/a05673_carers_policy_-2-.pdf</p> <ul style="list-style-type: none"> • Consultation has taken place with Clinical Boards between 6.12.17 and 22.12.17; UHB wide consultation occurred between 01.12.17 and 22.12.17. Minor changes were requested to the document but no impact was highlighted. • Consultation took place with SOLACE, Hafal, third sector representatives, the Carers Support and Information Network Group, the Vale of Glamorgan Older People's Strategy Co-ordinator and the Vale 50+ Forum, Nexus, Cardiff and Vale Parents Federation and local authority colleagues between 19.12.17 and 22.01.18. There was no impact highlighted by those consulted with, however, we accept that absence of evidence is not evidence of absence, and so would look at this again when we next monitor the policy in 2020. • Consultation took place with the Cardiff and Vale Welsh Language Officer between 24th January 2018 and 2nd February 2018; comments detailed that conversations between staff patient/carer should take place using the patient/carers preferred language choice; if not, this could have a negative impact. • Consultation took place with Rainbow LGBT+ FFlag Network between 24th January and 2nd February 2018; no impact was highlighted. <p>Emily Esplen. et al (2009) GENDER and CARE- Overview Report – This research takes the view that for women and girls in particular, their socially prescribed role as carers can undermine their rights and limit their opportunities, capabilities and choices – posing a fundamental obstacle to gender equality and well-being. In the same research it is stated on page 5 it is stated: It is a striking fact that women continue to provide a larger amount of care than men across <i>all</i> societies, especially in respect of unpaid care (United Nations Development Programme (UNDP) 1995, 2007; “</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>All healthcare professionals employed by the UHB, including those on temporary or honorary contracts, students and bank or agency staff.</p> <p>Patients who may require the assistance of a carer to assist with their needs. This may be identified at the outset of</p>

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

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

		<p>their stay in hospital, or may become apparent through the course of their admission.</p> <p>Unpaid carers who provide care to a relative, friend or neighbour.</p> <p>Formal carers (paid carers) who support patients to maintain independent living.</p>
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>There may be a negative impact against children of school age who are carers, since they will not be able to provide care to the patient during school hours and overnight. Evidence also suggests that young carers are often overlooked when a person they care for is admitted to hospital (Listening to Children and Young People in Healthcare Consultations; Redsell S & Hastings A; 2016).</p>	<p>Good communication with all carers at all times relating to the care provided to the patient by staff, but particularly during carers' absence.</p>	
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health</p>	<p>Potentially a positive impact. There will be the opportunity for all patients, regardless of disability, to receive aspects of care from a carer who is known to them.</p>	<p>Good communication with all carers at all times relating to the care provided to the patient by staff. Staff to be made aware of the interpretation and translation</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes	Interpretation and translation services available via WITTS	services policy.	
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Positive impact.</p> <p>There will be the opportunity for the patient to receive aspects of care from a carer who is known to them, and for the carer to provide care, regardless of gender.</p>	<p>'It's Just Good Care – A guide for health staff caring for people who are trans*' to be made available to staff.</p> <p>Good communication with all carers at all times relating to the care provided to the patient by staff.</p>	
<p>6.4 People who are married or who have a civil partner.</p>	<p>Positive impact identified.</p> <p>There will be the opportunity for the patient to receive aspects of care from a carer who is known to them, and for the carer to provide care, regardless of marital status.</p>	<p>Good communication with all carers at all times relating to the care provided to the patient by staff.</p>	N/A
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby,</p>	<p>Positive impact identified for those women who are parent carers</p>	<p>Good communication with all carers at all times relating to</p>	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	during the 26 week period post delivery.	the care provided to the patient by staff	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive impact identified. There will be the opportunity for the patient, to receive aspects of care from a carer who is known to them, and for the carer to provide care regardless of race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers and migrant workers.	Good communication with all carers at all times relating to the care provided to the patient by staff. Staff to be made aware of the interpretation and translation services policy.	N/A
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Positive impact identified. There will be the opportunity for the patient to receive aspects of care from a carer who is known to them, and for the carer to provide care, regardless of religion or	Good communication with all carers at all times relating to the care provided to the patient by staff.	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	belief or regardless of no religion or belief.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	Positive impact identified. There will be the opportunity for the patient to receive aspects of care from a carer who is known to them, and for the carer to provide care, regardless of their sexuality.	N/A	N/A
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is the potential for a negative impact.	Staff to be encouraged to display the Working Welsh / Iaith Gwaith logo to enable patients and their carers to identify them. Staff to be made aware of the interpretation and translation services policy.	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-	Positive impact identified as the policy recognises the unpaid carer's role. There will be the opportunity for the patient, to receive aspects of	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
health	care from a carer who is known to them, and for the carer to provide care, regardless of their income group.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Although there is no specific impact relating to the procedure it is recognised that there is the potential for a negative impact for those carers who live a long distance from the hospital and as such, may be unable to travel daily to continue with their caring role. However whilst the carer is on site, they will have the same access to services and facilities as other carers.	All care to be provided by health care staff. Good communication with the carer relating to the care provided to the patient.	N/A
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A This group includes prisoners, the homeless, asylum seekers or refugees	N/A	N/A

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>No impact identified.</p>	<p>N/A</p>	<p>N/A</p>
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,</p>	<p>Positive impact. There will be the opportunity for the patient to receive aspects of care from a carer who is known to them and who may already be involved in helping the patient to improve/maintain a healthy lifestyle.</p> <p>Patient/visitor information is also available within ward areas to assist patients and their carers in</p>	<p>Good communication with the carer relating to the care provided to the patient</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	improving/maintaining healthy lifestyles		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No impact identified. As stated in the policy “Unpaid Carers do not necessarily recognise themselves as such, and may not identify themselves as a carer. However, if they are undertaking the role of an Unpaid Carer as outlined, it is vital that they are identified and engaged by ward staff, and supported regardless of how they see themselves.”	Good communication with the carer relating to the care provided to the patient.	N/A
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the	No impact identified.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Positive impact. There will be the opportunity for the patient to receive aspects of care from a carer who is known to them and who may already be part of their community/social network.</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	No impact identified.	N/A	N/A

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<ul style="list-style-type: none">• The Carers' Procedure will assist staff in recognising and carrying out their responsibilities when a carer is providing care to a patient on UHB premises.• The patient will have the opportunity to continue to be in receipt of care that is provided by somebody that they know and trust, who is not a member of UHB staff.• There will be the opportunity for all patients, regardless of disability, to receive aspects of care from a carer who is known to them.• The unpaid carer will be able to continue to provide care to a relative, friend or neighbour if they so wish and a formal (paid) carer can continue to support a patient to maintain independent living.• Children who are young carers and of school age, will not be able to provide care during school hours or overnight.• Carers who live a long distance from the hospital may be unable to travel daily to continue their caring role.• Patients and carers who are Welsh speakers may not always be able to conduct conversations with staff in Welsh.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<ul style="list-style-type: none"> • To ensure good communication at all times relating to the care provided to the patient by staff, but particularly during the carers/young carers absence. • 'It's Just Good Care – A guide for health staff caring for people who are trans*' to be made available to staff. • Staff to be encouraged to display the Working Welsh / Iaith Gwaith logo to enable patients and their carers to identify them. • Staff to be made aware of the interpretation and translation services policy. 			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	Not required			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>No significant negative impact identified. Mitigated actions will be utilised where necessary.</p> <p>The policy will be submitted to the ?? on.</p> <p>Once the policy has been approved the documentation will be placed on the intranet and internet.</p> <p>The EHIA and Policy will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.</p> <p>The Policy and EHIA will be published once the policy/proposal has been approved.</p>			