

Supporting Staff Involved in a Traumatic Incident, Complaint or Claim Policy

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Lincolnshire Community Health Services NHS Trust

Supporting Staff Involved in a Traumatic Incident, Complaint or Claim Policy

Version Control Sheet

Version	Section/Para / Appendix	Version/Description of Amendments	Date	Author/ Amended
1		New Policy	September 2010	Sheila Manning
1.1	Page 8 Heading Whole Document	Amended to read "Ongoing support where staff are experiencing difficulties" Policy realigned following implementation of the transforming community services agenda & new legal entity	March 2011	Rachael Ellis-Ingamells
1.2	Whole document	Review and rewrite of whole document	September 2012	Annie Burks Kim Todd
3	Whole document	Footers updated with new CEO details	August 2014	Annie Burks
	Introduction	Additional information regarding attendance at court proceedings to list	August 2014	Annie Burks
	Line manager duties	Update of hyperlink to policy	August 2014	Annie Burks
	Additional support section	Update process to Initial Investigation in line with Disciplinary	August 2014	Annie Burks
	Specific support section	Additional information regarding supporting information	August 2014	Annie Burks
	Appendix one	Update process to Initial Investigation in line with Disciplinary	August 2014	Annie Burks
4	Whole document	Updated Practitioner Performance details and streamlined document	December 2016	Emily Jarvis

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Lincolnshire Community Health Services NHS Trust

Supporting Staff Involved in a Traumatic Incident, Complaint or Claim Policy

Policy Statement

Background	Lincolnshire Community Health Services NHS Trust recognises that staff involved in serious incidents and/or investigation processes may find them traumatic and stressful, regardless of the extent of their involvement or where any allegation(s) may exist.
Statement	This document is designed to provide best practice guidance for all managers in offering support to staff involved in incidents and/or investigation processes and to reduce the likelihood of staff being absent from work or leaving as a consequence of poor experiences following traumatic and stressful incidents or investigations. It needs to be used in conjunction with the complaints and risk governance teams to ensure that on-going support and advice is available to staff involved in traumatic /stressful incidents, complaints or claims.
Responsibilities	The duties and responsibilities of Director of Workforce and Transformation, Senior HR Business Partner (SHRBP), Head of Clinical Services (HOCs), Line Managers, Practitioner Performance (PP), Safeguarding Team and individual staff members are documented in the policy.
Training	Where required training should be identified through the Training Needs Analysis Process.
Dissemination	Website
Resource implication	High employee stress levels and loss of confidence which could result from traumatic incidents are likely to lead to high levels of sickness or absence which is very costly to the organisation, as is the cost of reduced productivity at work due to mental distress and ill-health. This is due to 'presenteeism' which is defined as 'the loss in productivity that occurs when employees come to work but function at less than full capacity'.

Lincolnshire Community Health Services NHS Trust

Supporting Staff Involved in a Traumatic Incident, Complaint or Claim Policy

1. Introduction

Lincolnshire Community Health Services NHS Trust (LCHS) recognises that staff involved in incidents and/or investigation processes may find them traumatic and stressful, regardless of the extent of their involvement and/or of where any blame may exist.

The following are examples of incidents and investigations where staff may require support; either because they are directly involved, or are the focus of the investigation, or because they are giving information to assist in the investigation itself.

- Coroners Inquests
- Complaints
- Allegations of Negligence (Clinical Negligence claims)
- Non-Clinical Litigation (e.g. claims brought by staff or visitors)
- Police Enquiries or Investigations including attendance at court proceedings
- Serious Case Reviews
- Professional Conduct Hearings (e.g. General Medical Council, Nursing and Midwifery Council)
- Child Protection / Care Proceedings
- Court Hearings (such as Clinical Negligence claims)
- Tribunals
- Disciplinary and competency investigations and hearings

In all instances staff should be encouraged to share their concerns with their line manager and/or Senior Human Resources Business Partner (SHRBP), their staff side representative or Practitioner Performance.

Inherent within all of its practices the organisation is committed to the principles of diversity, equality of treatment and equality of opportunity and believes that direct or indirect discrimination against any person is unacceptable.

This policy aims to ensure that no employee receives less favourable treatment on the grounds of gender, sexual orientation, civil partnership/marital status, colour, race, nationality, ethnic or national origins, creed, religion/belief, disability, age or trade union membership, or is disadvantaged by conditions or requirements which are not justified by the job.

2. Purpose

This document is designed to provide best practice guidance for all managers in offering support to staff involved in traumatic incidents at work and/or investigation processes and to reduce the likelihood of staff being absent from work or leaving the organisation as a consequence of poor experiences following their involvement in traumatic and stressful incidents and/or investigation processes.

3. Scope

This policy applies to all staff directly employed or contracted by Lincolnshire Community Health Services (LCHS). It provides processes to ensure the provision of immediate and ongoing support for staff involved in potentially traumatic or stressful incidents, complaints and claims, as well as for staff who may be required to appear as a witness.

Separate arrangements will apply to support offered to staff in relation to, and through, the following policies though not exhaustively:

- Special Leave Policy
- Bullying and Harassment Policy
- Whistle Blowing Policy
- Managing Stress at Work Policy
- Lone Worker and Violence and Aggression at Work Policy
- Your Behaviour Matters - Disciplinary Policy and Procedure Incorporating Investigation Process
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Allegations of Abuse Policy

4. Definitions

A traumatic incident is defined as an incident that invokes unusually strong emotions which overcome a person's normal coping abilities. Examples of traumatic incidents at work may include the following, though not exhaustively:

- Serious Untoward Incidents
- Medication errors
- Unexpected patient death
- Any other situation that the member of staff considers to be of a traumatic nature.

A complaint is an expression of discontent or dissatisfaction concerning LCHS services or employees. In LCHS all complaints are dealt with in accordance with the 2009 Complaints Regulations. Examples may include:

- Lack of / deficits within care provision
- Unreasonable behaviour and/or attitudes of staff
- Poor communication
- Allegations of misconduct
- Unexpected patient death

A claim is an action taken out against an organisation to assert right to demand money as a result of an alleged breach or failure. Examples may include:

- Failings in care provision resulting in harm to an individual
- Breach of duty resulting in personal loss or injury
- Loss of patient property

5. Roles and Responsibilities under the Policy

Director of Workforce and Transformation will:

- Ensure that there are approved processes in place to adequately support and safeguard the health and wellbeing of staff involved in a work related traumatic incident, complaint or claim.
- Ensure that the Occupational Health Service monitors the implementation of this policy and ensures that an annual report is provided to Clinical Governance Committee.
- Ensure a fair and consistent approach to individuals involved in a traumatic incident, complaint or claim.

Head of Clinical Services / SHRBP will:

- Review incidents, claims and/or allegations of negligence, to ascertain whether there is a need to offer support to individual members of staff.
- Ensure that support and guidance is offered to staff in appropriate cases during the course of the incident.
- Offer support and guidance to the line manager when required.
- Act on concerns raised by the line manager in line with incident reporting and management; seeking advice as appropriate.
- Review the support offered to individuals to determine any learning for future cases.
- Commission a formal investigation when appropriate.
- Liaise with Practitioner Performance (PP) as appropriate.

Line Managers will:

- Be the first point of contact (the Named Contact) for an individual seeking support. If there is any conflict of interest, the line manager will seek assistance from the Head of Clinical Services / Senior HR Business Partner, who will ensure appropriate support is offered.
- Respond positively and promptly to staff that highlight an issue, need or a concern. Work through the staff support checklist (See Appendix 2) with any employee covered under the scope of this policy, to identify and offer support and assistance as required.
- As soon as they are aware, be responsible for providing immediate and ongoing support to staff who are involved in a work related stressful or traumatic incident, complaint or claim; including appropriate referral for occupational health assessment and/or counselling services if required.
- The Line Manager/Named Contact should record all communication with staff and keep a log of their weekly contact with staff to keep them updated and identify any new areas of support required (see Appendix 1 in the Your Attendance Matters Manager's Toolkit for a Contact/Communication Record Log template that could be used in this instance).
- Facilitate staff attendance at appointments with occupational health and/or counselling services as required
- Ensure that any recommendations from occupational health department and counselling services are considered and followed through in relation to individuals and their workplace environment.
- Be aware of all the Lincolnshire Community Health Services NHS Trust policies in existence to support staff at times of need e.g. Managing Stress at Work Policy.
- Escalate concerns via electronic incident reporting processes i.e. DATIX. Where concern exists, the member of staff must be contacted and where appropriate the Staff Support Checklist completed and support offered as required.
- Where formal investigation is initiated ensure that the investigating officer is informed of any potential issues that may affect witness availability and staff support requirements; ensure these are documented.
- Ensure that the principles of fairness and reasonableness are applied in every case.
- Arrange for the de-briefing of staff following traumatic incidents and deal with any subsequent

absence in a compassionate manner.

- Recognise that staff may have other support mechanisms that they choose to access and that some staff may require time away from the workplace; such requests should be dealt with sensitively and compassionately and at the Line Manager's discretion.
- Seek advice and guidance from SHRBP and/or Practitioner Performance.
- Is obliged to consider and manage the requirements for patient and public communications in line with the organisations Open and Honest Care Policy (Incorporating Duty of Candour)

Practitioner Performance/Safeguarding Team will:

- Provide staff with support and guidance, in appropriate cases, throughout the course of the incident
- Ensure a fair and consistent approach to any incidents across the organisation.
- Conduct investigations in line with LCHS Disciplinary Process and Procedure including Investigation Process policy.

Individual Staff Members:

- Are encouraged to inform their line manager if they are experiencing difficulties associated with a complaint, incident of claim or as a result of the requirement to act as a witness, to enable their line manager to support them directly.
- Will provide all appropriate information to enable the appropriate response to their situation.
- Will work in partnership with their manager, colleagues and staff representatives where appropriate to ensure that any requirements are facilitated e.g. time to attend counselling sessions.
- May self-refer to Occupational Health service if experiencing difficulties associated with an event in relation to this policy.
- Will attend Occupational Health appointments and will consider and/or access the information and support package offered.
- Will participate in any formal investigation as either a witness or respondent as required.

6. Investigations and Proceedings

Investigations and proceedings following an incident, complaint or claim can be quite lengthy and time consuming for staff, as some cases may take years to conclude. This is particularly the case with claims against the Trust, police investigations and professional conduct investigations and/or hearings.

Lincolnshire Community Health Services NHS Trust is committed to supporting all staff at these difficult times. Provision is made within the internal processes to ensure staff have access to an appropriate representative or, alternatively, can be supported by a work colleague, providing there is no conflict of interests. Managers will ensure that their staff members are offered support, with access to the appropriate representative, occupational health, and referral to the counselling service, if required. See Appendix 1 'Guidance to line managers'.

7. Process for providing support to staff

The organisation recognises that staff can feel vulnerable when involved in investigations and/or proceedings and so it is therefore crucial that staff are offered support.

Specific support:

If a member of staff is required to attend, as a witness, a formal hearing e.g. Coroners Court, Criminal Court, Family Court, Professional Body Hearing and/or Tribunal; then the Trust will ensure time off without loss of earnings for that attendance.

Prior to the hearing the member of staff will receive the following support:

- Discussions with Practitioner Performance and/or Safeguarding Team to ensure that witness statements are fit for purpose and accurate. In all cases, any release of information to an external organisation will be facilitated by Practitioner Performance and/or Safeguarding Team in conjunction with the Information Governance Team where appropriate, in order to minimise potential reputational damage to the organisation.
- Legal advice will be sought by Practitioner Performance and will be shared with the member of staff concerned as appropriate.
- A full briefing of the formal hearing process will be shared with the member of staff in preparation for the event and supporting information supplied.
- When attending the event staff will be supported by Practitioner Performance and/or a member of the Safeguarding Team in conjunction with organisational legal support and staff side representation if required.
- After the event there will be an opportunity for staff to debrief with Practitioner Performance and/or Safeguarding Team and their line manager to discuss the events, outcome of the case and lessons learnt for the organisation.

Ongoing Support where staff experience difficulties:

Individuals, regardless of grade or position, may feel anxious about their involvement and their future role in the process. Support needed may vary, depending on the issues and the specific needs of the individual. The following are examples of support arrangements that may be made available to staff:

- Provision of a Named Contact, usually line manager in the first instance, who will ensure that appropriate support is made available as required. However, where this is deemed as inappropriate then another person can be identified as the Named Contact as agreed by the Head of Clinical Services.
- Agree an individual timetable for review and communication with the member of staff to facilitate timely and accurate communication.
- Advice from relevant professional groups e.g. NMC, GMC,
- Advice from staff side organisations e.g. Unison, RCN
- Referral to Occupational Health as required; where urgent access to Occupational Health assessment is required then the Senior HR Business Partner or line manager must contact the Occupational Health Department immediately to request urgent access.
- Provision of regular, concise information regarding any investigation or proceedings.
- Individual and specific support for witnesses in preparation for hearings e.g. Practitioner Performance.

- Access to legal and professional advice either via LCHS Legal Services or via Staff Side Organisations, if appropriate.
- Review of case outcomes and recommendations and regular updates shared within the organisation.

In circumstances where a conflict of interest exists between the organisation and a member of staff, staff will be encouraged to seek external advice from professional groups for example the NMC, GMC or their Staff Side Representative. They may also seek external legal advice from groups such as the Medical Defence Union or Medical Protection Society.

8. Appendices

Appendix 1 – Guidance for Managers

A summary of this policy to provide a quick reference for managers to identify the process and procedures they will need to follow.

Appendix 2 – Staff Support Checklist

This should be completed by the Named Contact in discussion with a member of staff seeking support, to ensure that all appropriate action to support the member of staff has been taken. Both the Named Contact and the member of staff should retain a copy for future reference.

A copy of the checklist should also be sent to the Workforce Services team to be saved on the member of staff's electronic HR file.

GUIDANCE FOR MANAGERS

When an employee is involved in an incident, complaint or claim it is very likely that they will experience increased levels of anxiety, and so they will require support as they may well find the whole episode traumatic, stressful or both. This is often caused by fear of the unknown or feeling that they are alone.

WHEN SUPPORT SHOULD BE GIVEN:

Line managers should be the first line of support for the employee and should be involved early in the process. Much of the reassurance required by the employee can be given by the manager explaining the process, sharing the rationale for why actions are taken and referring onto appropriate resources as required; e.g. Practitioner Performance Team

Dependent on the nature of the incident the manager has two significant roles. In those incident that are of a more minor nature; for example when a patient is disruptive, unwilling to listen to or cooperate with immediate staff delivering care then the manager should offer support and advice during the incident to the employee and take appropriate actions to resolve the issue.

When more serious or significant incidents happen then the manager will be required to investigate the incident e.g. Initial Investigation (II) / Root Cause Analysis (RCA). During this time the manager should share information regarding the process with the employee and involve and advise them of the outcome.

In the event of a complaint or claim then the support for the employee is likely to be after the event and the employee must be informed of the details of the complaint / claim and supported to gather and provide information in a timely way. The employee should be informed of the process; relevant LCHS policy identified to them and advised of potential possible actions that may follow.

For staff appearing as a witness, the support needs to be given before, during and after the appearance; during this time it is likely that the line manager will seek the advice and guidance of the Practitioner Performance Team.

In all cases the staff support checklist must be completed (Appendix 2) and a copy forwarded to the Practitioner Performance team.

GIVING SUPPORT – FACTORS TO CONSIDER

Immediate Support:

- In all cases the manager must complete an initial scoping of the incident to understand the details of the event and the potential risks to the organisation
- Maintain confidentiality
- Ensure that the employee is given time to talk and is listened to; provide reassurance at an early stage and demonstrate a commitment to this
- Assess the level of support required and consider the types of intervention available e.g. referral to services, provision of a mentor locally, communication pathway agreed
- Consider the medical impact of the incident for the employee i.e. does the employee require medical assessment due to levels of shock and/or anxiety or does the employee have a pre-existing medical and/or mental health condition that may be exacerbated by the levels of anxiety being experienced.

Make arrangements as required i.e. Occupational Health referral and/or advise regarding GP assessment.

- Consider the employees' fitness to undertake or continue with their full range of duties and whether temporary adjustments to duties and/or responsibilities are required. It is important to consider the employees feelings regarding this and their competence whilst balancing the potential risks to the organisation and service delivery.
- Consider whether there is a potential for the employee to find the same working environment or working with colleagues potentially involved in the incident, complaint or claim too challenging and whether temporary redeployment or restriction of duties is required.
- Discuss referral for Occupational Health assessment and facilitate the referral if required ensuring that if urgent access for assessment is required then this is requested via telephone.
- If a formal statement is required to be written then ensure the employee is aware of the organisations 'Statement and Report Writing guideline' and is aware of the support available via the Practitioner Performance team.

Ongoing Support:

- Employees may require further time on a one to one basis and a further debrief once they have had time to reflect; the manager must facilitate this process and ensure protected time is allocated to complete this
- Employees may require a 'phased' approach to enable them to return to their full duties and responsibilities following a significant event.
- When training and competency development is identified then protected time for this must be facilitated. The employee must be aware of the managers expectations and given information has to how achievement will be measured and subsequently monitored.
- When staff continue to suffer from the effects of an event then the manager must consider engaging further support for the employee from both internal and external sources.

STAFF SUPPORT CHECKLIST

Appendix 2

Employee Name		Job Role	
Manager Name		Named Contact	
Date Completed			
Nature of Incident <i>(tick)</i>	Incident	Complaint	Claim

SECTION ONE – ALL STAFF			
What immediate support was offered to the employee?			
Was a copy of a policy shared with the employee?	Yes	Name	
	No	Rationale:	
Was a Occupational Health referral discussed and what was the outcome?	Yes	Rationale:	
	No		

Was the employee advised regarding counselling support available and what was the outcome?	Yes	Rationale:
	No	
Have temporary role adjustments, redeployment or reassignment of duties been considered and what was the outcome?	Yes	Rationale / Detail any changes:
	No	
Is there a need to debrief with the employee at this stage?	Yes	Rationale:
	No	
What lessons, if any have been learnt, for the organisation at this stage?		
Has the need for ongoing / long term support been discussed?	Yes	Rationale / Detail of support agreed e.g. Chaplaincy / Staff Side representation / professional body:
	No	

Have any training needs been identified? If so give details		

SECTION TWO – WITNESS APPEARANCES AT FORMAL HEARING		
Has the witness been offered support to prepare and write a statement?	Yes	Referred to: Date:
	No	
Has the witness been offered support in the preparation for appearing as a witness	Yes	Rationale:
	No	
Has the witness been briefed regarding the process	Yes	Comments:
	No	
Has witness had access to legal advice / representation where appropriate	Yes	Comments:
	No	
Is the Head of Practitioner Performance aware?	Yes	Referral Date:
	No	
Have arrangements been	Yes	To be accompanied by:

made to support the witness on the day of the hearing?	No	Comments:	
If the case is concluded has a debrief been completed?	Yes	Rationale:	
	No		
What organisational lessons have been learnt and how will they be shared?			
Any additional comments			
MANAGER SIGNATURE		DATE	
EMPLOYEE SIGNATURE		DATE	

9. Monitoring and review

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individual s/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
All traumatic incidents to be reviewed.	Audit within organisational business units of completion of checklists	Operational managers	Annual	JCNC Trust Board Local Business Unit Clinical Governance	Operational managers Practitioner Performance Assurance Committee	Operational managers Local Business Unit Clinical Governance Practitioner Performance Assurance Committee

Equality Analysis

Name of Policy/Procedure/Function* Supporting Staff Involved in a Traumatic Incident,
Complaint or Claim Policy

Equality Analysis Carried out by:	Emily Jarvis
Date:	December 2016
Equality & Human rights Lead:	Rachel Higgins
Director\General Manager:	Maz Fosh

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Rachel Higgins, Equality and Human Rights Lead.

Equality Analysis

Title: Supporting staff involved in a traumatic incident, complaint or claim policy

Relevant line in:

What are the intended outcomes of this work? *Include outline of objectives and function aims*

To ensure that there is a standardised process in place for the organisation

Who will be affected? *e.g. staff, patients, service users etc*

All staff employed by LCHS NHST

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

LCHS NHST Policies and Procedures including e.g.

- Special Leave Policy
- Bullying and Harassment Policy
- Whistle-Blowing Policy
- Health Wellbeing and Prevention of Work-related Stress Policy
- Violence and aggression at work policy
- Disciplinary process and procedure including investigation Process Policy
- Safeguarding Adults Policy
- Safeguarding Children's Policy
- Allegations of Abuse
- CQC Quality standards including:

CQC Outcome 6 - Co-operating with other providers

CQC Outcome 7 - Safeguarding People who use services from abuse CQC

Outcome 9 – Management of medicines

CQC Outcome 13 – Staffing

CQC Outcome 14 – Supporting workers

CQC Outcome 17 – Lead effectively to manage risk - complaints CQC

Outcome 20 – Notification of other incidents

MONITOR Independent Regulator of NHS Foundation Trust Quality Standards Professional Standards e.g. NMC / GMC / NCAS / GDC

Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.

Regardless of any disability this policy applies to all staff.

Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).

All staff regardless of their sexual orientation will be treated equitably and without prejudice.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

Regardless of race or ethnicity this policy applies to all staff however any identified special requirement e.g. English not a first language requiring interpreter, will be considered and accommodated as appropriate.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

No barriers to age

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

All staff regardless of their gender will be treated equitably and without prejudice.

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

All staff regardless of their sexual orientation will be treated equitably and without prejudice.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

All staff regardless of their religion or belief will be treated equitably and without prejudice.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

Regardless of whether a member of staff is pregnant and/or maternity leave this policy applies, however any identified special requirement will be accommodated to ensure that the individual receives the same support that is afforded to others.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Regardless of whether a member of staff is a carer this policy applies, however any identified special requirement will be accommodated and addressed to ensure that the individual receives the same support that is afforded to others.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

None

• Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)?

No

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Policy developed and ratified by

- Employment Policy Group
- Joint Consultative Negotiation Committee (JCNC)
- LCHS Trust Board

How have you engaged stakeholders in testing the policy or programme proposals?

No

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

None identified

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

None – policy applies to all staff within the organisation

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

None identified

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Arrangements for continued monitoring and evaluating the policy or service for its impact on different groups as the policy/service is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

For the record

Name of person who carried out this assessment:

Emily Jarvis

Date assessment completed:

December 2016

Name of responsible Director/ General Manager:

Marie Fosh

Date assessment was signed: