

Professional Registrations Policy

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What is in this policy?

As part of ensuring safe professional practice for patients, certain professional bodies require their members to maintain ongoing registration to practice. In many instances this is a statutory requirement and it is the responsibility of the employing organisation to ensure that staff comply with the necessary regulations.

This document applies to all staff who are obliged to register with a professional body in order to practice, and to those staff within University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) whose responsibility it is to ensure that staff who lack the relevant, current registration do not practice.

The Trust's Workforce Diversity & Inclusion Strategy sets out the ambition to be 'committed to inclusion in everything we do'. Ensuring dignity and respect for patients and staff is a core principle within this strategy, and promoting equality, diversity and human rights while challenging any form of inequality, discrimination and harassment is central to the Trust's Values.

Document Change Control				
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Sign off Process and Dates	
Groups consulted	Date agreed
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Staff Partnership Forum	19/05/2020

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Table of Contents

1.	Introduction	4
2.	Purpose	4
3.	Scope	4
4.	Definitions	4
4.1	Acronyms	4
4.2	Substantive Medical Staff	5
4.3	Directly Employed Staff	5
4.4	Agency staff	5
4.5	Medical locums	5
5.	Duties, Roles and Responsibilities	5
5.1	Hr Services	5
5.2	Employee Responsibility	6
5.3	Manager/Lead Doctor Responsibility	6
6.	Policy Statement and Provisions	6
6.1	Recruitment to the Trust	6
6.2	Taking up Employment	7
6.3	Renewal of Registration	8
6.4	Action when Registration Lapses	9
6.5	Statutory Registration Alerts	9
7.	References	10
8.	Associated Internal Documentation	10
9.	Appendix A – Monitoring Table for this Policy	11
10.	Appendix B – Registration Checks prior to Appointment	13
11.	Appendix C – Renewal of Registration Checks	14
12.	Appendix D – Professional Registration Bodies	15
13.	Appendix E – Monitoring Table for this Policy	16
14.	Appendix F – Dissemination, Implementation and Training Plan	18
15.	Appendix G – Equality Impact Assessment (EIA) Screening Tool	18

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1. Introduction

As part of ensuring safe professional practice for patients, certain professional bodies require their members to maintain ongoing registration to practice. In many instances this is a statutory requirement and it is the responsibility of the employing organisation to ensure that staff comply with the necessary regulations.

This document applies to all staff who are obliged to register with a professional body in order to practice, and to those staff within University Hospitals Bristol and Weston NHS Foundation Trust whose responsibility it is to ensure that staff who lack the relevant, current registration do not practice.

It is the personal responsibility of individual members of staff to ensure they are registered with their professional body and where a statutory obligation for registration exists, to ensure compliance with this. It is the responsibility of the Trust to ensure that anyone practising on behalf of the Trust, in a profession that requires statutory registration, is registered appropriately.

Failure of a member of staff to maintain registration and provide original documentation as evidence, at any stage of employment, will result in the necessity to remove the individual from duties which require professional registration. Further details are provided in paragraph 6.4.

2. Purpose

This policy sets out the responsibilities of both the Trust and individual members of staff, and the process by which both parties will ensure the maintenance of the highest standards of practice and quality of patient care.

3. Scope

‘This policy relates to all permanent and temporary employees, volunteers, agencies and agency staff working for and on behalf of the Trust’.

4. Definitions

4.1 Acronyms

NMC – Nursing & Midwifery Council

GDC – General Dental Council

GMC – General Medical Council

ESR – Electronic Staff Record

TSB – Temporary Staffing Bureau

HRIS – Human Resources Information Systems

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HCPC – Health and Care Professional Council

4.2 Substantive Medical Staff

For the purpose of the policy to include fixed term doctors in training posts, fixed term clinical fellows, fixed term specialty doctors, locum appointments for service, locum appointments for training and locum consultants.

4.3 Directly Employed Staff

All staff on permanent, fixed term and temporary contracts (including the above), and TSB staff, who are directly employed by the Trust.

4.4 Agency staff

To include locum doctors of any grade provided by an external agency, no contract of employment with the Trust

4.5 Medical locums

Honorary external locums of any grade who cover ad hoc locum shifts/sessions, paid directly by the Trust via claim forms.

5. Duties, Roles and Responsibilities

5.1 Hr Services

- (a) The Trust (through the Resourcing Team) will ensure that where statutory registration is required, no member of staff will be allowed to commence duties without verification from the professional body. This will include confirmation that the named person is registered to undertake the specific duties of their post (including being on the correct part of the register for nursing, midwifery, and health visiting staff).
- (b) The Trust (through the HRIS, Medical HR and Employee Services Teams) will ensure that every individual who is required to register to practice will have their renewal checked prior to expiry.
- (c) The Trust (through the HRIS Team) will ensure that notification of changes to any professional body's register is reviewed against staff lists within the Trust. Where any match is found the appropriate remedial action will be taken.
- (d) The Trust (through the appropriate HR practitioner) will inform the appropriate professional body of issues relating to individual professional misconduct and any subsequent events (for example appeals). Where it is deemed appropriate to notify the professional body, notification will be made with reference to guidance from the relevant Executive lead and any other guidance from the professional bodies. The member of staff concerned will be informed in writing of this action.
- (e) The Trust (through the HR Governance Board) will monitor the checking of professional registration of all (registrable) clinical staff.

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5.2 Employee Responsibility

- (a) It is the responsibility of the individual employee who is required to be registered in order to practice to ensure that they are continuously registered on the relevant professional register, including any requirements for re-registration (including revalidation) and annual renewal.
- (b) It is the responsibility of the employee to ensure that payment and paperwork (including all requirements for revalidation) is submitted to their professional body in time to ensure that their registration does not lapse.
- (c) Where an employee is aware of a lapse or change in their registration for whatever reason, they are required to inform their line manager immediately and not undertake duties for which registration is required.
- (d) It is the responsibility of the employee to ensure that their professional body and the Trust are informed of any changes in their circumstances (e.g. change of name or address) which might affect their registration details.
- (e) It is the responsibility of the employee to confirm or submit any evidence of registration to their line manager at the point of renewal and/or when requested.
- (f) For further guidance on Revalidation, please see the [Revalidation](#) page on Connect which provides links to the NMC and RCN websites.

5.3 Manager/Lead Doctor Responsibility

- (a) Managers are responsible for ensuring that all employees in their ward/department who are required to be professionally registered in order to carry out their role are appropriately and currently registered. Managers will be notified when all employee registrations are due to expire via email and will be part of the process detailed in section 6.3.
- (b) Managers are responsible for ensuring that staff in their ward/department who are not registered do not undertake any clinical duties requiring registration.

6. Policy Statement and Provisions

6.1 Recruitment to the Trust

General Principles

NHS Employment Check Standards are mandatory for all applicants for NHS positions and staff in ongoing NHS Employment. Professional Registration and qualification checks are covered in the standard detailed via the following link:

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Registration%20and%20qualification%20checks.pdf>

Person Specification

The person specification for a position states whether Professional Body membership/registration is an essential or desirable criteria for the post holder to have.

Application Form

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Details of the Professional Body, Membership or Registration type, Membership/Registration PIN, Expiry/Renewal will be requested of a prospective employee on the Trust's application form. The Trust uses the NHS Jobs application form.

Shortlisting

Applicants will be selected for interview against the criteria set out in the person specification. If Professional Body membership/registration is essential then the applicant will need to have demonstrated membership/registration on the application form.

Interview

Confirmation of Professional Body membership/registration may be sought at interview.

Appointments

Those successful at interview are offered employment subject to satisfactory completion of employment checks, including Professional Body membership/registration when required. These checks are carried out by the Trust's Resourcing Department.

An online check of the Professional Body membership/registration is carried out, where online checking is available. A printout of the online check is held on the applicant's recruitment file, details entered onto their Electronic Staff Record, and details noted on a checklist. Applicant recruitment files are reviewed and signed off as complete prior to the issue of a final offer of employment.

6.2 Taking up Employment

Substantive Staff (Directly employed)

- As part of Trust employment checks, the Resourcing Team will ask to see evidence of a successful applicant's professional registration. The validity of this registration will be checked with the appropriate professional body via their website (see list at Appendix D). A screen-print of this information will be included in the successful candidate's file and marked on the recruitment checklist.
- The Resourcing team is responsible for ensuring that details of registration, membership numbers and expiry dates are entered onto the Electronic Staff Records system.

Bank Staff (Temporary Staff Bureau) (Directly employed)

- Staff wishing to join the Trust's Temporary Staff Bureau (TSB) are recruited by the Resourcing Team using the same procedures and checks as for substantive staff.
- The E-Rostering Central Admin Team is responsible for entering the employee's details including the Registration number on the Trust's rostering system. The E-Rostering Central system prohibits the Temporary Staffing Bureau staff booking employees who do not have a valid Registration number.
- Lapsed or invalid registration numbers are flagged up on the system and the individual is contacted if the appropriate website shows the registration to be invalid. No shift can be physically booked until evidence is provided to the Temporary Staff Bureau Office that registration has been updated.

Agency Staff

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- Clinical staff working through an agency are booked by the Trust's Temporary Staff Bureau and are subject to the same checks by the agencies as stipulated by the TSB Manager, in compliance with NHS Employment Checks Standard, as Temporary Staff Bureau nursing and midwifery staff. Worker placement checklists/worker profiles are kept by the Temporary Staff Bureau.
- The Temporary Staffing Bureau maintain compliance information about clinical agency staff used by the Trust and check the individual's registration is valid before booking any shifts.
- The Temporary Staffing Bureau audits contracted agencies annually. The Trust's internal auditors audit processes for checking and compliance, and report to the Chief Nurse and Director of Finance annually.
- Registration Alerts (see Section 6.5) are recorded by the Temporary Staffing Bureau.
- The Trust uses agencies under a local framework which are part of the national Buying Solutions (from July 2012 this will be the Crown Commercial Services) and has Service Level Agreements with these agencies. *(A time frame for changes to National Frameworks is held by Procurement)*

Medical Locums

- The Medical HR team will request the details of a potential locum, including his/her Professional Registration.
- The Medical HR team will check that Professional registration is valid using the on-line professional registration system. A screen print of this information is taken and kept with the locum's paperwork.
- The Temporary Staffing Bureau is responsible for checking professional registration details of Medical locums taken on out of hours. In exceptional circumstances this will be done by the out of hours duty managers.
- Long term agency and long term locum staff have their details recorded on the Electronic Staff Records system as per a new starter.

6.3 *Renewal of Registration*

Substantive Staff (Directly Employed), including TSB Staff

- A spreadsheet is sent by the HRIS Data Manager to Medical HR, Employee Services and the Employee Services Manager, and the TSB, at least 10 days before the end of each month. The spread sheet lists all staff (including Medical and Dental) with missing, incorrect or about to lapse registrations. It also includes employees who are on long-term sickness, maternity leave or a career break.
- The member of staff and their line manager are notified by Medical HR, Employee Services or the TSB that registration is missing, incorrect or about to lapse. They will also get notified via the Trust's rostering system.
- If a lapse in registration does occur, it is the **responsibility of the line manager or the Lead Doctor** to ensure that the member of staff is aware of the registration lapse and that they must not undertake clinical duties without confirmation of registration.
- The TSB booking system does not allow a shift to be booked unless the registration is in date. This applies to both substantive and TSB only staff.

- If the registration of substantive staff shows as lapsed on the TSB system, a shift will not be allocated until the appropriate professional website has been checked to ensure that registration has been updated.
- TSB only staff will not be allocated a shift until evidence of re-registration has been seen by a member of Temporary Staffing Bureau staff. The appropriate professional website is also checked before records are updated.

6.4 Action when Registration Lapses

- Where there is no evidence on the appropriate professional body website of current and/or valid registration for whatever reason, **the line manager** will place the individual on unpaid leave or on suspension without pay. In some circumstances it may be more appropriate for the member of staff to be removed from duties required in their professional capacity/role and placed in a role that does not require registration, with appropriate pay. Alternatively annual leave can be taken whilst resolving the issue.
- Discretion as to whether to remove from duty, whether to suspend, whether to place on unpaid leave, what constitutes a suitable alternative role pending renewal or investigation, and what appropriate pay will be, may be exercised by the Lead Nurse/Lead AHP/Lead Doctor/Lead Professional in the Division and not by the line manager acting alone. Advice can be taken from Employee Services in this circumstance
- **It is the responsibility of the line manager to investigate the circumstances surrounding the failure to have current and/or valid registration, which should be done in conjunction with the Employee Services or the Medical HR team.**
- A member of staff will only be reinstated to full duties when registration has been verified by the line manager and confirmed to the Employee Services /Medical HR Manager.
- Continued failure to renew registration or unwarranted delays will result in disciplinary action and could lead to dismissal.

6.5 Statutory Registration Alerts

- Each professional body with a statutory requirement to maintain a register of people able to practice will from time to time alert the organisation to changes, through internal procedures, to that list.
- Alert notices are checked for any employee, ex-applicant or ex-employee matching those identified within it.
- Alert notices concerning a current employee received through the HRIS team are forwarded to Medical HR, Employee Services or the TSB as appropriate.
- For substantive members of staff the information is logged and passed to the appropriate HR Business Partner and Divisional Lead for appropriate action, which may include suspension.
- Details of alerts received by the TSB are recorded on the Trust E-Rostering System, where an alert shows to prevent an individual being booked onto a shift.

- Monthly Fitness to Practice lists received from the NMC are checked and circulated as above.
- Fitness to Practice letters from the GMC are sent to the Medical Director's Office for investigation

7. References

Maintaining High Professional Standards NMC Register (<http://www.nmc-uk.org/Employers-and-managers/Your-responsibilities/Checking-our-register/>)

GMC Register (<https://www.gmc-uk.org/>)

Links to other professional body registers can be found via their websites as at Appendix D

NHS Employment Checks Standard: Professional Registration and Qualification Checks (<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/Pages/RegistrationAndQualificationChecks.aspx>)

8. Associated Internal Documentation

[Trust Disciplinary Policy and Procedure](#)

[Trust Recruitment Policy](#)

[Temporary Staffing Bureau Standard Operating Procedure](#)

9. Appendix A – Monitoring Table for this Policy

Starters

Type of Staff	Type of Monitoring	By whom / Frequency
Directly employed	Peer review of all new starter files Audit of new starter files	Resourcing / ongoing Resourcing managers / monthly
Bank (TSB)	NMC – lapsed or invalid PIN numbers flagged on the Trust’s e-rostering system	TSB / as shifts booked
Agency	Planned audits of agencies on ‘Buying Solutions framework’ (all employment checks). On each booking on appropriate website	Temporary Staffing Bureau / annually Internal Audit
Medical locum	Professional Registration checked on GMC website at time of booking	Medical HR / TSB

Staff in Post

Type of Staff	Type of Monitoring	By whom / Frequency
Substantive	Registration expiry reports Spot checks Missing / incorrect data reports Professional Body Alerts	Employee Services / Medical HR / TSB monthly HRIS Data Manager / weekly Employee Services HRIS / Employee Services / Medical HR / TSB
Bank	The Trust’s E-rostering System flags lapsed registration. Appropriate website checked	Temporary Staffing Bureau / as required
Medical locum	Professional Registration checked on GMC website at time of booking	Medical Staffing / as required

- The manager of the Temporary Staffing Bureau will ensure that planned audits on external agencies are undertaken on an annual basis. Results from these audits will be presented to the Workforce & Organisational Development Group.

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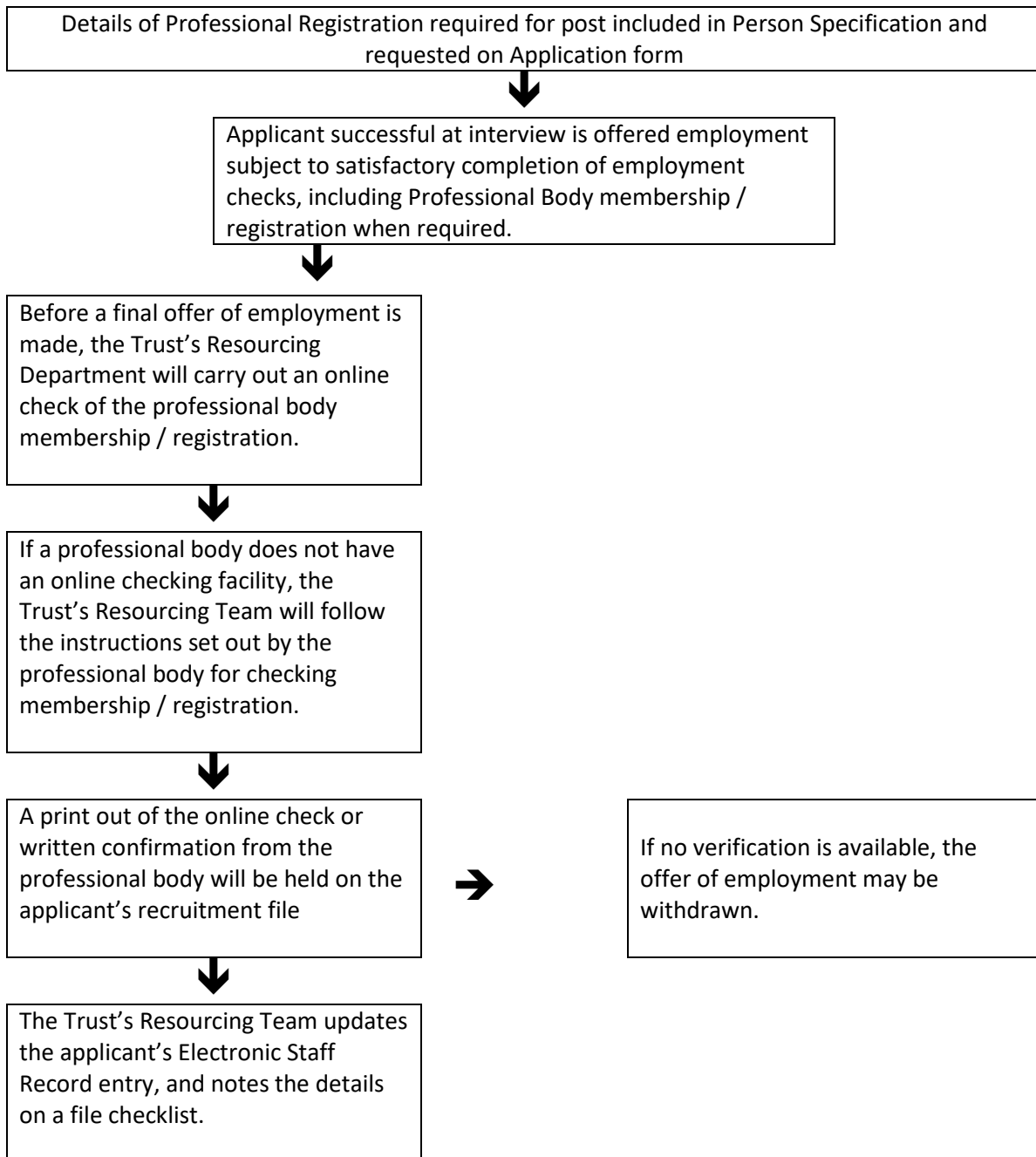
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- All employment checks on new starters employed via the Resourcing Teams are subject to a peer review
- New starter files are subject to a monthly audit by the Resourcing Managers

Assurance

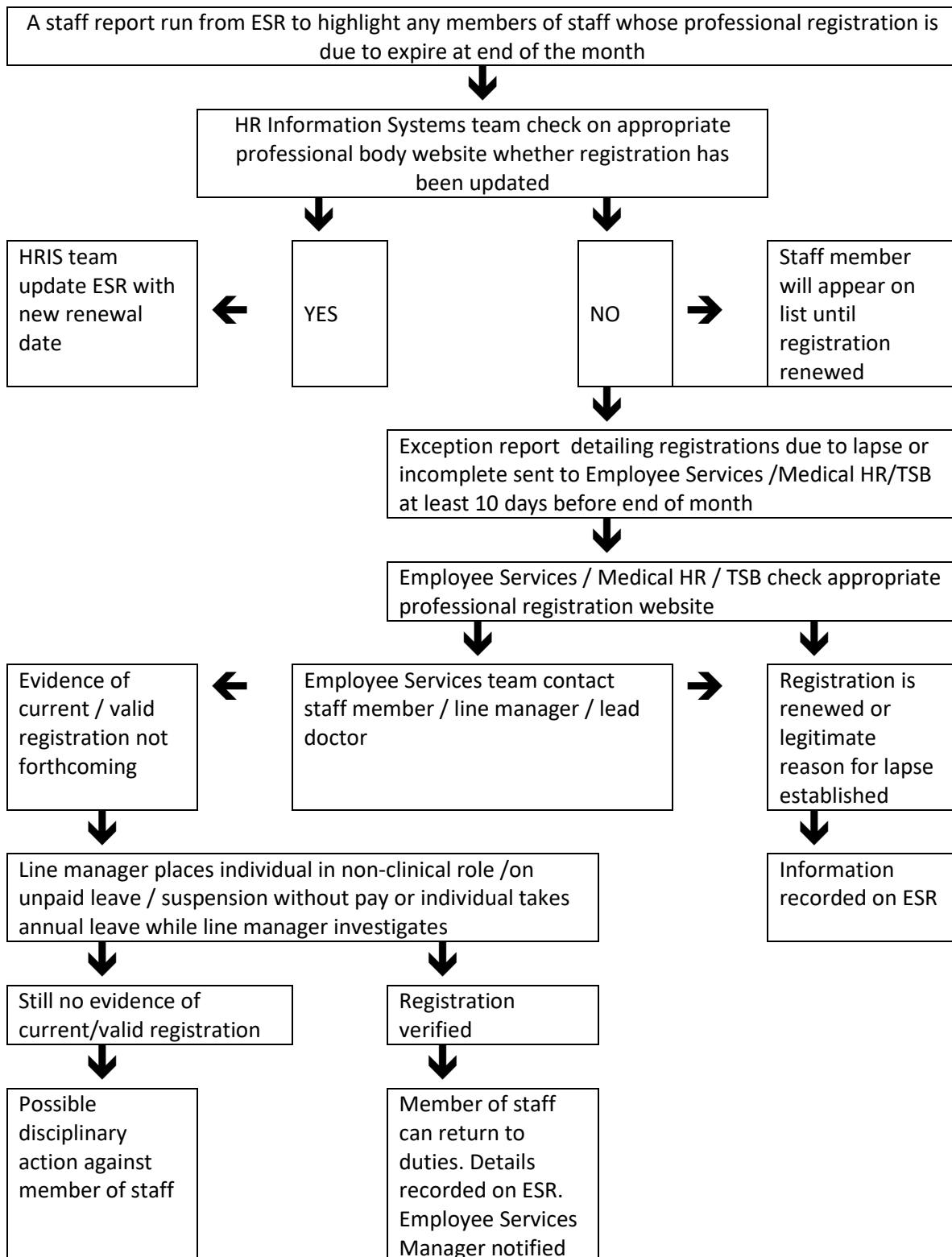
The People Management Group will receive a quarterly report on staffing governance, including any outstanding professional registration exceptions and audits from internal or external bodies as they fall due. Minutes from W&OD Group will include actions to address shortfalls. Human Resources Business Partners will be required to raise outstanding issues at their Divisional Boards and follow up any necessary remedial actions.

10. Appendix B – Registration Checks prior to Appointment



Recruitment files are reviewed prior to a final offer being made. Regular audits are made of recruitment files.

11. Appendix C – Renewal of Registration Checks



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12. Appendix D – Professional Registration Bodies

All employees' registration should be verified by double-checking the status with the appropriate website registry list.

Profession	Registration Year
Health and Care Professions Council	www.hpc-uk.org
Art Therapists (Art, Music and Drama Therapists) (2 yearly)	1 June - 31 May
Biomedical Scientists (2 yearly)	1 December – 30 November
Chiropodists / podiatrists (2 yearly)	1 August - 31 July
Clinical scientists (2 yearly)	1 October – 30 September
Dieticians (2 yearly)	1 July – 30 June
Hearing aid dispensers (2 yearly)	1 August - 31 July
Occupational Therapists (2 yearly)	1 November – 31 October
Operating Department Practitioners (2 yearly)	1 December – 30 November
Orthoptists (2 yearly)	1 September – 31 August
Physiotherapists (2 yearly)	1 May – 30 April
Practitioner Psychologists (2 yearly)	1 June – 31 May
Prosthetists/Orthotists (2 yearly)	1 October – 30 September
Radiographers (2 yearly)	1 March – 28 February
Speech and language therapists (2 yearly)	1 October – 30 September
General Dental Council	www.gdc-uk.org
Dentists	1 January - 31 December
Hygienists/Dental Therapists	30 July – 31 July
Dental Nurses and Technicians	30 July – 31 July
General Pharmaceutical Council	http://www.pharmacyregulation.org
Pharmacists (old registrations)	1 January - 31 December
Pharmacists (new registrations)	Personal Annual Contract
Pharmacy technicians	Personal Annual Contract
General Optical Council	www.optical.org
Optometrists	1 April - 31 March
General Medical Council	www.gmc-uk.org
Doctors	Personal Annual Contract
Nursing & Midwifery Council	www.nmc.uk.org
Nurses	On a personal 1 – 3 yearly basis
Midwives	1 April – 31 March

13. Appendix E – Monitoring Table for this Policy

Objective	Evidence	Method	Frequency	Responsible	Committee
The organisation has an approved documented process for ensuring that all clinical staff are registered with the appropriate professional body that is implemented and monitored	Trust-wide policy applies to all clinical staff required to be professionally registered	Ratification of policy documented in minutes of Trust Partnership Forum	Every two years or sooner if revised legislation requires	Policy author	Trust Partnership Forum
Description of duties on initial appointment and on an ongoing basis	The Trust's Professional Registration Policy	Ratification of policy documented in minutes of Trust Partnership Forum	Every two years or sooner if revised legislation requires	Policy author	Trust Partnership Forum
How the organisation checks registration with the relevant professional body, in accordance with their recommendations, for all directly employed clinical staff, both on initial appointment and on an ongoing basis	New starter recruitment checklists & screen print of proof of registration on personal files	Annotated monthly exception report sent to Employee Services Manager Spot checks undertaken by HRIS data manager	Monthly	Resourcing Recruitment Co-ordinator HRIS Data Manager and Employee Services Assistant HRIS Data manager	Trust Partnership Forum
How the organisation makes sure that registration checks are being carried out by all external agencies (such as NHS Professionals, recruitment agencies etc.) used by the organisation in respect of all clinical staff	Service Level Agreements	Audit of N&M agencies Completed Agency Locum Checklist Forms	Annually	Temporary Services Bureau Manager	Trust Partnership Forum
How the organisation	Email correspondence	Correspondence from Line	As required	Employee Services/Line	Trust Partnership

follows up those directly employed clinical staff who do not satisfy the validation of registration process	from Employee Services/Medical HR to Line Manager/ Divisional HR Business Partner and Head of Service	Manager / Divisional HR Business Partner and Head of Service		Manager/HR Business Partner	Forum
How the organisation monitors compliance with all of the above	As per tables in Appendix A	Report for HR Governance Board	Quarterly	HRIS Data Manager/ Governance & Improvement Officer/Employee Services/ Employee Engagement	Trust Partnership Forum
Evidence implementation of the documented process in relation to how the organisation checks registration with the relevant professional body, in accordance with their recommendations, for all directly employed clinical staff	Spot checks undertaken by HRIS data manager	Annotated monthly exception report sent to Employee Services Manager	Monthly	HRIS Data Manager/ Employee Services Assistant/ Employee Services Manager (Heads of Nursing and Lead Doctors for ongoing lapses)	Trust Partnership Forum
Monitoring of how registration checks are made with the relevant professional body, in accordance with their recommendations, for all directly employed clinical staff both on appointment and on an ongoing basis	On appointment: Sample audit of recruitment episodes (recruitment file checklist) Resourcing Service Key Performance Indicators On an ongoing basis: Annotated exception report sent to Employee Services Manager monthly.	Areas of concern reported to Chief Nurse / Professional Lead as necessary Exception report to HR Governance Board	Monthly/ Quarterly	Head of Resourcing, Head of HR, HR Governance Board	Trust Partnership Forum

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Monitoring of how the Trust is assured that registration checks are being carried out by all external agencies (such as NHS Professionals, recruitment agencies, etc) in respect of all clinical staff.	Agency Worker Placement Checklists	Results of audits and assurance from external agencies	Quarterly	Head of Resourcing, Head of HR, Service Leads	Trust Partnership Forum
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14. Appendix F – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Head of Employee Relations
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	A
If answer above is B: Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	The policy will be available on HR Web.
Method of dissemination:	Hr Web
Is Training required:	No
The Training Lead is:	[DITP - Training Lead Job Title]

Additional Comments
[DITP - Additional Comments]

15. Appendix G – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:
<http://www.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
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What is the main purpose of the document?	To ensure that staff comply with the necessary regulations with regards to their professional registration.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input type="checkbox"/> Visitors <input type="checkbox"/> Carers <input type="checkbox"/> Others <input type="checkbox"/>

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		<input checked="" type="checkbox"/>	No impact identified
Disability (including physical and sensory impairments, learning disabilities, mental health)		<input checked="" type="checkbox"/>	No impact identified
Gender reassignment		<input checked="" type="checkbox"/>	No impact identified
Pregnancy and maternity		<input checked="" type="checkbox"/>	No impact identified
Race (includes ethnicity as well as gypsy travelers)		<input checked="" type="checkbox"/>	No impact identified
Religion and belief (includes non-belief)		<input checked="" type="checkbox"/>	No impact identified
Sex (male and female)		<input checked="" type="checkbox"/>	No impact identified
Sexual Orientation (lesbian, gay, bisexual, other)		<input checked="" type="checkbox"/>	No impact identified
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		<input checked="" type="checkbox"/>	No impact identified
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		<input checked="" type="checkbox"/>	No impact identified

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		<input checked="" type="checkbox"/>	No impact identified
Will it help to get rid of discrimination?		<input checked="" type="checkbox"/>	No impact identified
Will it help to get rid of harassment?		<input checked="" type="checkbox"/>	No impact identified

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Will it promote good relations between people from all groups?		<input checked="" type="checkbox"/>	No impact identified
Will it promote and protect human rights?		<input checked="" type="checkbox"/>	No impact identified

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? YES

Date assessment completed: 25/11/19

Person completing the assessment: L Haines