POLICY SIGN OFF AGREEMENT

Policy Name: Additional Employment

The undersigned agree to HR Policy above on behalf of the staff:

Staff Representative: Kenny Davidson  
(Name in Print)

Signed:  

Union: UNITE  
Date: 16/5/18

Staff Representative: Tracy Jemim  
(Name in Print)

Signed:  

Union: UNISON  
Date: 16/5/18

Staff Representative:  
(Name in Print)

Signed:  

Union:  
Date:  

Director of Human Resources and Organisational Development

Name:  
(Name in Print)

Signed:  
Dated:  

# HR POLICIES & PROCEDURES (HR/C06)

## ADDITIONAL EMPLOYMENT POLICY

<table>
<thead>
<tr>
<th>DOCUMENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong> Melanie Saunders, Assistant Director HR (Operations)</td>
</tr>
<tr>
<td><strong>This document replaces:</strong> Additional Employment Policy 2011</td>
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<tr>
<td><strong>Equality Impact Assessment:</strong></td>
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<tr>
<td><strong>Original Date of Issue:</strong></td>
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<td><strong>Reviewed:</strong> January 2018</td>
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<td><strong>Version:</strong></td>
</tr>
</tbody>
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APPENDICES

1. Application for Permission to Undertake Additional Employment or Declaration of intention to undertake additional employment where SCAS is secondary employer
2. Form for Recording Line Manager’s Decision
3. Form for Declaration of Additional, Additional or Self Employment
4. Additional, or Self, Employment Divisional Register

EQUALITY IMPACT ASSESSMENT
1. **INTRODUCTION**

1.1 The South Central Ambulance NHS Foundation Trust (the Trust; SCAS) recognises that, in some instances, employees take on other employment, self-employment and/or voluntary work. The Trust considers it acceptable for employees to hold additional employment providing it does not adversely affect the employee's ability to perform their duties for the South Central Ambulance NHS Foundation Trust.

2. **PURPOSE**

2.1 The purpose of this policy is to ensure employees know they must not:-

- engage in other work that may conflict with their role and responsibilities within the Trust, including commercial competitors;
- engage in other work that may adversely affect their performance or attendance;
- contravene legislation on working hours, including total hours' work and breaks between shifts.

3. **SCOPE**

3.1 This policy applies to all Trust employees but is of particular relevance to whose main employer is SCAS.

3.2 This policy continues to apply to employees who are absent from work for extended periods, including maternity leave, paternity leave, adoption leave, sickness absence and agreed employment breaks, and should be read in conjunction with the relevant Trust policy.

3.3 The definition of Additional Employment includes:

- Part-time work outside of SCAS;
- Self-employment;
- Bank agreement within the Trust and/or wider NHS.

3.4 It may also include voluntary work, which falls into the categories defined at s2.

3.5 Some employees will have contracts of employment which may contain specific provisions about additional employment. In such cases, these apply in addition to the provisions of this policy.

4. **EQUALITY STATEMENT**

4.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.

4.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

4.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of age, marriage and civil partnership, disability, race,
gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law, length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

4.4 Where there are barriers to understanding; e.g. an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resource Department.

5. WORKING TIME REGULATIONS

5.1 Employees are not exempt from Working Time Regulations even if they hold additional employment.

5.2 Employees must ensure that their total weekly working hours do not exceed the limits as laid out with the Trust’s Working Time Regulations Policy and that they comply with the Working Time Regulations in respect of taking required rest periods.

5.3 Employees wishing to ‘opt out’ of the maximum 48 hour working week (including overtime and/or additional employment) may exercise their right under Regulation 5 of the Working Time Regulations by agreeing to sign a Waiver Agreement, the full details of which can be found in the Trust’s Working Time Policy.

5.4 Employees undertaking a significant amount of voluntary work outside their employment with SCAS, including any on-call responsibilities, should ensure their line manager is aware of the commitment. No work, voluntary or paid, should compromise the performance of the role in SCAS. It is the individual’s responsibility to ensure, when reporting for work, they are in a fit state to undertake their duties so achieving a good work life balance is very important.

5.5 It is good practice and is recommended that any SCAS employee who has additional employment ensures that the other employer is aware of their SCAS employment and the number of hours worked.

6. NEW EMPLOYEES

6.1. When someone has another role in a different organisation, whether paid or unpaid and SCAS may be either the secondary employer or the primary employer, this should be declared at the recruitment stage of engagement. When recruitment receive such information, they will forward it to the recruiting manager who will make the decision whether the other role is viable with role at SCAS. If it is considered not to be acceptable the candidate will be informed.

7. ADDITIONAL EMPLOYMENT AND SICK PAY

7.1 If an employee believes it is possible/appropriate to undertake additional work whilst receiving statutory sick pay or occupational sick pay from the Trust they must seek, and be granted, permission to do so by their line manager and Human Resources before undertaking any work. Any permission may be considered in conjunction with Occupational Health involvement and must be in writing. In all other circumstances it is not appropriate and may constitute a criminal offence.

7.2 An employee who undertakes any form of additional or self-employment in these circumstances (i.e., during a period of sickness absence) without having been granted permission to do so by their line manager and Human Resources) may be subject to
investigation and criminal proceedings, in accordance with the Trust's Counter Fraud and Corruption Policy, and/or be subject to disciplinary action.

7.3 An employee who is absent as the result of injury connected with their duties with another employer will not necessarily be entitled to occupational sickness pay from the Trust.

7.4 For further information on sick pay entitlements refer to the Trust's Sickness Management policy.

8. CONFLICTS OF INTEREST

8.1 All employees should declare any conflict of interest at the point of recruitment or at any time it occurs during their employment. This would include both paid and unpaid roles such as directorships, non-executive directorships, employment and self-employment, consultancy, charitable trustee or not for profit roles and any role or interest, including personal relationships, in any organisation with the potential to do business with the Trust.

8.2 Where an employee holds additional or self-employment with an organisation or person that contracts with, provides services to, or applies to contract or provide services to the Trust, they must declare that interest in order that it can be included in the Corporate Register of Interest. This is in accordance with the Standards of Business Conduct & Conflicts of Interest Policy (FPP1) and the Trust’s Anti Fraud and Bribery Policy (FPP2).

8.3 Where such an interest occurs the employee must not be involved in any meeting, discussion or decision-making process in relation to the use of that company, service or payments to that company or service. Failure to do so may result in action in accordance with the Trust’s Business Conduct and Conflicts of Interest Policy (FPP1) and Antir Fraud and Bribery Corruption Policy (FPP2), and/or be subject to disciplinary action.

9. DECLARATION OF ADDITIONAL OR SELF EMPLOYMENT

9.1 Employees who undertake additional or self-employment (in particular those for whom SCAS is their main employer), must declare this to the Trust without unreasonable delay.

9.2 The declaration form provided at appendix 3 may be used for this purpose. If subsequently there are changes to the existing external working arrangements, the employee must update the information held on file by completing a new form and passing it to their line manager.

10. PROCEDURE FOR APPROVAL OF ADDITIONAL EMPLOYMENT

10.1 All full time employees wishing to undertake Additional Employment must seek written approval from their line manager/ head of department. For this purpose forms are attached as Appendix 1 and 2.

10.2 Employees who are employed on a part time basis or where SCAS is the secondary employer, are still required to declare any additional employment to SCAS via their line manager. This should be done prior to committing to any additional employment and the forms in Appendix 1 and 2 can also be used for this purpose.

10.3 The request will be approved or confirmed by the individual’s reporting manager, in writing using the forms provided at Appendix 2. All requests to be forwarded electronically to the local HR Team for retention on the individual’s e-file.

10.4 Where service delivery requirements change, if it conflicts with the new service requirements, management reserve the right to review the agreement for additional employment and any difficulties will be discussed with HR and the member of staff.
10.5 Employees must not commence additional employment until approval has been granted, using the forms provided at Appendix 2, copies of which should be forwarded to the Divisional HR Team for retention on the individual's personal file. Managers must provide a response to any request within 14 calendar days.

10.6 In the event the request is deemed against the interest of the Trust the line manager will confirm this decision in writing outlining the reasons for refusal. A copy of this letter will be sent to the local HR Team for retention on the individual's personal file.

10.7 Failure to comply with this procedure may result in action being taken in accordance with the Trusts Discipline and Conduct Policy and/or in accordance with Counter-fraud Guidelines if appropriate.

11. APPEALS PROCEDURE

11.1 Employees appealing against a decision made under this policy have a single right of appeal which must be submitted within 14 calendar days of receipt of the decision. The appeal should clearly outline the employee's grounds for appeal and include any additional supporting information the employee wishes to be considered.

12. MONITORING AND REVIEW

12.1 The effectiveness of this policy will be monitored regularly by HR who will provide data on the use of the policy as and when required. Annual report will be provided to the Trust board at the end of each financial year. The results of the annual staff survey will also provide a valuable indicator of any problems.

12.2 In advance of the review date, the HR team will review and produce recommendations which will be shared via the recognised policy approval process (HR Policy Review Group) in time for the policy review date. An early review can be triggered by the Trust Board, HR or joint staff side if they have serious concerns about the policy or its implementation.

13. RELATED POLICIES

13.1 Please read this policy in conjunction with the following policies:

- Working Time Regulations
- Standards of Business Conduct and Conflicts of Interest (FPP1)
- Anti Fraud and Bribery Policy (FPP2)
- Bank
- Sickness Management
- Maternity, Paternity, Adoption and Shared Parental Leave
- Paid and Unpaid Leave
Request for Permission to Undertake Additional or Self Employment

OR

To declare intention to undertake additional or self employment where SCAS would be the secondary employer

Section 1 Existing employment with South Central Ambulance Service NHS Foundation Trust

Surname: ........................................... Forename(s) .................................................................

Location: .......................................................... Start Date: .....................................................

Post held: .................................................................................................................................

Number of days' sickness in the previous rolling twelve months: ...........................................

Current working hours per week: .................................................................................................

Section 2 Additional employment (complete if applicable; for Self-Employment go to Section 3)

Name of proposed employer(s) ..................................................................................................

Address of proposed employer: ................................................................................................

..................................................................................................................................................

..................................................................................................................................................

Postcode: ..................................................................................................................................

Please describe the main activities that you would be required to undertake:

Enclose a job description & person specification where available

Please confirm whether insurance cover will be in place in the event of injury sustained in this employment. (see note 8).

Yes/No

Please provide copies of your insurance cover.

Average hours to be worked per week (or per month if appropriate): ........................................

Work pattern (eg, average 4 sessions of 6 hours per month): ......................................................
Please enclose a copy of the work pattern/rota where available and if applicable

List the risks associated with this employment: .............................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................

When will this employment cease (if known): .....................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................

Does the proposed Additional Employer (business, company or individual), tender for, contract to or undertake any work for, or on behalf of, SCAS? If so, please provide details in relation to this and details of your potential involvement with any of that work:
.....................................................................................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................

Please indicate if you consider SCAS will be your: Primary or Secondary employer

Section 3 (Self-employment)

Please describe the main activities that you propose to undertake:
.....................................................................................................................................................................................
.....................................................................................................................................................................................
.....................................................................................................................................................................................

Please confirm whether insurance cover will be in place in the event of injury sustained in this work. (see note 8).

Yes/No

Name of business/organisation: ........................................................................................................................................

Average hours to be worked per week (or per month if appropriate):
.....................................................................................................................................................................................

Work pattern (eg, average 4 sessions of 6 hours per month):
.....................................................................................................................................................................................

Risks associated with this work:
.....................................................................................................................................................................................
.....................................................................................................................................................................................

When will this work cease (if known):
.....................................................................................................................................................................................

Does the proposed business, company or individual for which this request applies, tender for, contract to or undertake any work for or on behalf of SCAS?

South Central Ambulance Service Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR
Additional Employment Policy
Section 4 Notes for information concerning additional, or self employment

1. No employment may be entered into until permission has been given.

2. Permission will not be unreasonably withheld.

3. No employment should be allowed to compromise the performance of your role within South Central Ambulance NHS Foundation Trust.

4. Some employment may be in conflict with the interests of the Trust. This must be declared and will be considered on a case by case basis.

5. If any details given above change, you are required to inform the Trust without delay. See 9.2

6. No item of Trust property, including uniform or equipment, may be used in the course of other employment.

7. Under no circumstances should the impression be given that you are working under the auspices of South Central Ambulance NHS Foundation Trust.

8. An employee who is absent as the result of injury connected with other insured employment is not necessarily entitled to Occupational or statutory sick pay from the Trust.

9. Any employee who undertakes additional, self-employment or voluntary work whilst receiving statutory sick pay or occupational sick pay from the Trust may be subject to disciplinary action. In addition, a Counter Fraud investigation may be undertaken which could result in criminal proceedings.

10. Any employee wishing to opt out of the maximum 48 hour working week (including overtime and/or additional employment) may exercise their right under Regulation 5 of the Working Time Regulations by agreeing to sign a Waiver Agreement, the full details of which can be found in the Trust’s Working Time Regulation Policy.

Declaration

Having read and understood the Trust’s Additional Employment Policy, I agree to comply with its requirements.

Signed: ..........................................................  ESR No: ..........................................................

Name in Print: ..........................................................  Date: ..........................................................

Please return the completed form to your Line Manager for approval, enclosing any further information which may support your application.
Additional or Self Employment Line Manager Decision

Section 1 Employee Details

Date Application Received: ..............................................................................................................
Surname: ................................................................................................................................. Forename(s) ...........................................................................................................................
Location: ................................................................................................................................. Start Date: .............................................................................................................................
Post held: ........................................................................................................................................
Number of days' sickness in the previous rolling twelve months: ............................................
Current working hours per week: .............................................................................................
Current warnings on file: ...........................................................................................................
Decision: Approved/Declined (delete as necessary)

Please state full reasons for decision (continue overleaf if necessary)

..................................................................................................................................................

Date Employee Notified of Decision (attach copy of notification letter)

Signed: ................................................................................................................................. PIN: .................................................................................................................................
Print Name ............................................................................................................................ Date: ............................................................................................................................

Please return the entire file to the HR Team for retention on the employee’s personal file.
Appendix 3

Declaration of Existing Additional, or Self Employment

Section 1 Existing employment with South Central Ambulance Service NHS Trust

Surname: ................................................. Forename(s) ..........................................................
Post held: ........................................................................................................................................
Location: .................................................. ESR No: .................................................................
Current weekly working hours: ........................................................................................................

Please indicate if you consider SCAS to be your: Primary or Secondary employer

Section 2 Additional employment (for Self-Employment, go to Section 3)

Name of employer(s) ........................................................................................................................
Address of employer: ........................................................................................................................
............................................................................................................................................................ Postcode: ................................

Please describe the main activities of this role:

Enclose a job description & person specification where available

Please confirm whether insurance cover will be in place in the event of injury sustained in
this employment. (see note 6). If yes, please provide copies of insurance cover.

Yes/No

Average hours worked per week (or per month if appropriate): ......................................................

Work pattern (eg, average 4 sessions of 6 hours per month): ..............................................................

Please enclose a copy of the work pattern/rota where available and if/ applicable

List the risks associated with this employment: ..................................................................................

South Central Ambulance Service Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR
Additional Employment Policy
Section 3 (Self-employment)

Name of business/organisation: .................................................................

Average weekly or monthly hours worked: ..................................................

Work pattern (eg, average 4 sessions of 6 hours per month): .........................

Risks associated with this work: ...................................................................

When will this employment cease (if known): ..............................................

Does this business, company or individual tender for, contract to or undertake any work for or on behalf of SCAS?

Please provide any details in relation to this and details of your involvement with any of that work:

..........................................................................................................

Please describe the main activities:

..........................................................................................................

Please confirm whether insurance cover will be in place in the event of injury sustained in this employment (see note 6). If yes, please provide copies of insurance cover.

Yes/No
Section 4 Notes for information concerning additional, or self employment

1. No employment may be entered into until permission has been given.

2. Permission will not be unreasonably withheld.

3. No employment should be allowed to compromise the performance of your role within South Central Ambulance NHS Foundation Trust.

4. Some employment may be in conflict with the interests of the Trust. This must be declared and will be considered on a case by case basis.

5. If any details given above change, you are required to inform the Trust without delay. See 9.2

6. No item of Trust property, including uniform or equipment, may be used in the course of other employment.

7. Under no circumstances should the impression be given that you are working under the auspices of South Central Ambulance NHS Foundation Trust.

8. An employee who is absent as the result of injury connected with other insured employment is not necessarily entitled to Occupational or statutory sick pay from the Trust.

9. Any employee who undertakes additional, or self-employment whilst receiving statutory sick pay or occupational sick pay from the Trust may be subject to disciplinary action. In addition, a Counter Fraud investigation may be undertaken which could result in criminal proceedings.

10. Any employee wishing to opt out of the maximum 48 hour working week (including overtime and/or additional employment) may exercise their right under Regulation 5 of the Working Time Regulations by agreeing to sign a Waiver Agreement, the full details of which can be found in the Trust’s Working Time Policy.

Declaration

*Having read and understood the Trust’s Additional Employment Policy, I agree to comply with its requirements.*

Signed: ..........................................................  ESR No: ..........................................................

Name in Print: ..................................................  Date: ..........................................................

*Please return the completed form to your Line Manager, enclosing any further requested information.*

South Central Ambulance Service Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR
Additional Employment Policy
## Additional Employment or Self-employment Register

**Area/Department:**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name</th>
<th>Gender</th>
<th>Ethnic Origin*</th>
<th>Department</th>
<th>Outline Summary – Additional Employment including weekly hours</th>
<th>Agreed / Not agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Totals:

**National Ethnicity Code:**

White A = British; B = Irish; C = Any other white background. Mixed D = White and Black Caribbean; E = White and Black African; F = White and Asian; G = Any other mixed background. Asian or Asian British H = Indian; J = Pakistani; K = Bangladeshi; L = Any other Asian background. Black and Black British M = Caribbean; N = African; P = Any other Black background. Other ethnic groups R = Chinese; S = Any other ethnic group. Other Z = not stated
**Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy:  
Additional Employment Policy

Officer completing assessment:  
Geraldine Shepherd

Telephone:  
01869 365056

---

1. **What is the main purpose of the strategy, function or policy?**

To ensure that Trust employees are aware of any conflict with additional employment and the need to declare at recruitment stage any existing additional employment and gain permission before undertaking any.

2. **List the main activities of the function or policy? (for strategies, list the main policy areas)**

Awareness of Working Time Regulations; conflict of interest; how to apply for additional employment.

3. **Who will be the main beneficiaries of the strategy/function/policy?**

Trust employees and managers.

---

1. **Use the table overleaf to indicate the following:**

   a. **Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?**

   b. **Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?**
<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Younger People (17 to 25) and children</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British People</td>
<td>N/A</td>
<td>Yes</td>
<td>Non-native English speakers may have difficulty understanding the procedure.</td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>N/A</td>
<td>Yes</td>
<td>Non-native English speakers may have difficulty understanding the procedure.</td>
</tr>
<tr>
<td>Chinese people and other people</td>
<td>N/A</td>
<td>Yes</td>
<td>Non-native English speakers may have difficulty understanding the procedure.</td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>N/A</td>
<td>Yes</td>
<td>Non-native English speakers may have difficulty understanding the procedure.</td>
</tr>
<tr>
<td>White (inc Irish) people</td>
<td>N/A</td>
<td>N/A</td>
<td>Non-native English speakers may have difficulty understanding the procedure.</td>
</tr>
<tr>
<td>Disabled People</td>
<td>N/A</td>
<td>Yes</td>
<td>Ability to understand policy and/or procedures may be affected by disability</td>
</tr>
<tr>
<td>Lesbians, gay men and bisexuals</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Faith Groups</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Equal Opportunities and/or Improved relations</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes – ensuring that a fair and consistent process is followed for all Trust staff</td>
</tr>
</tbody>
</table>

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.
5. If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong> (it is not discriminatory under anti-discriminatory law)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Intended</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Level of Impact</strong></td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:

Plain English used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.

6(b). Could you improve the strategy, function or policy positive impact? Explain how below:

By using clear and simple language.

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?

N/A

Please sign and date this form, keep one copy and send one copy to the Trust’s Equality Lead.

Signed: ........................................................................................................

Name:  **Geraldine Shepherd** ........................................................................

Date:  ...........................................................................................................
Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Additional Employment Policy

Officer completing assessment: Geraldine Shepherd

Telephone No: 01869 365056

Part A

1. Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

   Gender
   Race X
   Disability X
   Sexuality/Transgender
   Age
   Faith

2. Summarise the likely negative impacts:

   Possible difficulties with understanding relating to language problems and/or learning.

   Disabilities – risk not perceived as major

   No perceived issues relating to other groups.

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Summary of consultation planned or taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexuality/Transsexuality</td>
<td></td>
</tr>
<tr>
<td>Equality Target Groups</td>
<td>Summary of consultation planned or taken place</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Older People</td>
<td></td>
</tr>
<tr>
<td>Younger People</td>
<td></td>
</tr>
<tr>
<td>Faith</td>
<td></td>
</tr>
</tbody>
</table>

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

- **Standard 21-day policy consultation with whole Trust – didn’t take place on review – there were no significant changes.**

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Title/type of/details of research/report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexuality/Transsexuality</td>
<td></td>
</tr>
<tr>
<td>Older People</td>
<td></td>
</tr>
<tr>
<td>Younger People</td>
<td></td>
</tr>
<tr>
<td>Faith</td>
<td></td>
</tr>
</tbody>
</table>
6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

☐ Yes (Please list them and explain how you will obtain their views)

☐ No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection? (You may want to add this information directly on to the action plan at the end of this assessment form)

8. Will the changes planned ensure that negative impact is:

Legal ☐
Not discriminatory under anti-discriminatory legislation ☐
Intended ☐
Low Impact ☐

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes ☐  No ☐
9b. How will this monitoring/evaluation further assess the impact on the equality target
groups/ensure that the strategy/policy/function is non-discriminatory?

Details: 

Please complete the action plan below, sign the EQIA, retain a copy and send a copy of the
full EQIA and Action Plan to the Trust's Equality Lead.

Signed: 

Name: 

Date: 

**EQIA ACTION PLAN**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale</th>
<th>Resource Implications</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties of understanding</td>
<td>Plain English, simple language</td>
<td>JEM</td>
<td>During drafting</td>
<td>Built into process</td>
<td></td>
</tr>
<tr>
<td>Ditto</td>
<td>Managers to support staff to understand</td>
<td>All Trust Managers</td>
<td>In use, ongoing</td>
<td>Shouldn't be any.</td>
<td></td>
</tr>
</tbody>
</table>

Please continue on another sheet if you need