

**SOUTH CENTRAL AMBULANCE SERVICE
NHS FOUNDATION TRUST**

**QUALIFIED STAFF
RESPONDERS POLICY /
HANDBOOK**



OPERATIONAL POLICY & PROCEDURE No 16

GOVERNANCE FRAMEWORK QUALIFIED STAFF RESPONDERS

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1. INTRODUCTION

- 1.1 This document relates to the activities of Qualified Staff Responders acting on behalf of the South Central Ambulance Service Trust.
- 1.2 The Trust is committed to continually improving its response to life threatening emergencies by categorising emergencies and targeting resources more effectively. Evidence continues to show that patients who suffer cardiac arrest, suspected acute myocardial infarction (AMI), unconsciousness or other life threatening emergencies require a much faster response if the outcome is to be favourable.
- 1.3 The current national average survival rate for an out of hospital cardiac arrest stands at just 8%. The National Service Framework for Coronary Heart Disease has provided further drive for the concept
- 1.4 The advent of alternative pathways to correctly direct patients to obtain the best level of appropriate care will require the full level of clinical and diagnostic skills available by qualified staff.
- 1.5 To enable the qualified member of staff to use their full range of skills, the appropriate level of medical equipment and a suitable vehicle will be provided enabling the Category demand performance measurements of the Trust to be counted.
- 1.6 The Trust will adopt a dynamic approach to meeting the challenges of this framework with a view to improved patient outcome for those living, working and visiting the operational area served by the Trust.

2. STRUCTURE

- 2.1 Qualified Staff Responders must be either a Clinical Manager with an allocated response vehicle, or a Registered Paramedic NQP 2 level or above.
- 2.2 A Qualified Staff Responder is defined as a member of staff acting alone in their area as opposed to a scheme. It is possible, however, to have more than one Qualified Staff Responder in the same locality and the kit can be shared.
- 2.3 Clinical Managers usually carry response equipment and have a lease car. They are an available resource to the Clinical Coordination Centre (CCC) whilst carrying out their Trust business; when on normal duty these staff do not come under the Qualified Staff Responder scheme or this policy. However, when they volunteer to make themselves available when off duty at their home address, then that activity is covered by the Qualified Staff Responder scheme. It is reminded that should a manager make themselves available from home they must ensure they are working within the parameters of the Working Time Regulations

3. EQUALITY STATEMENT

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marital status, disability, race, nationality, gender, religion, sexual orientation, gender reassignment, ethnic or national origin, beliefs, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law or relevant to the requirements of the post.

- 3.2 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.
- 3.3 The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.
- 3.4 Where there are barriers to understanding; eg, 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 HR Department.

4. REGULATION

- 4.1 As Qualified Staff Responders, individuals should make themselves familiar with all Single Response Vehicle Trust operational policies and procedures.
- 4.2 When a Qualified Staff Responder makes him or herself available then these policies and processes will apply, with some exceptions for uniform as the mandatory requirement: trousers, stout footwear and the wearing of high visibility PPE.

5. RESPONSIBILITIES

- 5.1 The Community Engagement & Training Officer (CETO) that covers the specific area will provide the support and local management of the Qualified Staff Responder and will encompass the following areas:
- Supporting and motivating Qualified Staff Responders;
 - Raising the profile of the Responder Scheme throughout their Division by establishing new local contacts;
 - Offering assistance to any Responder who may need it;
 - Offering assistance in the resolution of any problems;
 - Ensuring the welfare of staff acting as Qualified Staff Responders and take appropriate action in line with the procedure for post incident support;
 - Establishing and maintaining systems (Make Ready Teams) for the servicing and replacement of equipment, replenishing group stock items and dealing with any equipment faults that are reported;
 - Collating and maintaining any relevant paperwork and;
 - Assisting in the event of any complaint or dispute relating to any part of the Responder Scheme.
- 5.2 The main responsibilities of a Qualified Staff Responder when logged on are to:
- attend emergency calls in their area;

- provide appropriate treatment to patients prior to the arrival of an ambulance resource;
- document their actions on the appropriate Electronic Patient Report Form or paper version (CAS101) should EPR not be available; and
- when required, provide continuing care, with the agreement of the attending Ambulance Crew.

6. RECRUITMENT OF QUALIFIED STAFF RESPONDERS

6.1 With the assistance of our Emergency Operations Centres, the aim of the Trust is to identify employees who live in localities of demand. An appropriately qualified staff member will be offered the opportunity to take a Qualified Staff Responder vehicle and operate from their home location. This will be done by advertising the areas through Staff Matters.

6.2 Staff responder will undertake the following recruitment process:

- Informal meeting to discuss the car, processes and explanation on how the system works;
- Analysis to see if a Qualified Staff Responder is required in that area;
- Issue policy including acceptance form and;
- Issue individual volunteer agreement.

6.3 Qualified staff responders will complete a 3-month trial period after which an informal discussion will take place with a view to the individual becoming a permanent Qualified Staff Responder. The individual's line manager will also be consulted as to their suitability to become a Qualified Staff Responder, taking into consideration issues such as their previous attendance concerns and any warnings issued under the Sickness Absence Policy.

6.4 The Trust will not make any Qualified Staff Responder available for deployment until such a time as all of the above information has been received by the CETO and deemed to be satisfactory.

6.5 The Qualified Staff Responder must inform the CETO at the earliest opportunity if, after submission of the above details, any information relating to that individual changes.

7. TRAINING

7.1 The Trust ensures that Qualified Staff Responders are appropriately trained for their role.

7.2 Records of all training activity will be maintained by the individuals and those held by the Educational Training Department on OLM.

8. EQUIPMENT

8.1 The standard equipment carried by a Qualified Staff Responder will be known as the Officers Response Kit and in general is as follows:

- 3-lead or 12 lead ECG
 - Oxygen / Entonox
 - Paramedic Kit
- 8.2 There is a need to modify equipment and communications systems due to the limitations of the vehicles. There is no practical solution to plugging in vehicles in a home environment. Therefore the equipment has been selected to have a low current demand and to make best use of smart charging systems.
- 8.3 Wherever possible, the make ready teams will clean and stock the vehicle; however, when this is not possible, qualified staff responders are individually responsible for checking the kit bag and any defective equipment should be replaced / reported at the earliest opportunity to the CETO or to the CCC for replacement.
- 8.4 Extra equipment may be carried depending on the Qualified Staff Responder's skill level and prior consultation with their local CETO. However, it is **not acceptable** for qualified staff responders to add items of equipment to the kit without specific permission.
- 8.5 The equipment must be made available for inspection if required.
- 8.6 Each vehicle will have medicines, and these will be managed in accordance with the Trusts Medicines Management Policy.
- 8.7 Controlled drugs will be made available in accordance with the Trusts Controlled Drug Policy.

9. DEPLOYMENT OF QUALIFIED STAFF RESPONDERS

- 9.1 As qualified staff responders are qualified members of staff, they can be sent to any category of call as deemed appropriate by the CCC. However staff responders should be allocated as follows to the below criteria:
- Send to all CAT 1 NOC's where no other resource is closer
 - Send to all Confirmed CAT 1's where no other resource is closer
 - Send to CAT 2 incidents where no other available resource is within 30 minutes of the incident
 - Send to any CAT 3 / 4 incidents
- 9.2 It must be remembered, however, that the key areas where it has been identified qualified staff responders can make a difference are:
- early defibrillation in cardiac arrest;
 - management of the unconscious patient, airway management;
 - control of major haemorrhage;
 - oxygen/entonox administration to acute medical emergencies and;
 - Clinical support to a community responder.
- 9.3 The Trust's Command and Control processes will text and phone selected emergency calls within a reasonable radius of the Qualified Staff Responder's dwelling based on geographical factors, drive times and the principles of Call Connect dispatch.

- 9.4 The decision on whether to initially back up a Qualified Staff Responder rests with the Mobilising Officer in the CCC, based on the information presented.
- 9.5 Escalation text messages may be received and will need to be acted on as per the Escalation Policy.

10. CALL OUT PROCEDURE

- 10.1 Staff responders will be deployed using the protocols described in Section 9 of this document but do not form part of the SSP. The staff responder will identify themselves with name and pin number at the start of their shift; this pin number must then be added to the unit properties functionality within I/CAD Only selected calls within the designated radius of a Responder will be sent to their mobile phone or tetra handsets for those that have them mobile phone or tetra handsets for those that have them.
- 10.2 If the Qualified Staff Responder is available, a text message will be sent backed up with a telephone call from the CCC where possible.
- 10.3 If a text message is received when the Qualified Staff Responder is not available but they find themselves in a position to respond, they should immediately contact the CCC on the priority number provided and offer to attend.
- 10.4 The same would apply should a Qualified Staff Responder be notified of an emergency by any other means, e.g. neighbour knocking on the door; they must immediately contact the CCC. If approached whilst off duty, responders should dial '999' for ambulance assistance.
- 10.5 Qualified Staff Responders must, under no circumstances, deploy to an emergency without the prior knowledge and permission of the CCC.
- 10.6 As Qualified Staff Responders volunteer to be On Call, they are under no obligation to attend an emergency call offered to them. However, responders are encouraged to make themselves available when On Call to ensure a high level of service to their community. If a Qualified Staff Responder repeatedly turns down calls having previously booked available, then the CETO will contact them to see if there are any issues that he / she may be able to offer relevant support.

11. COMMENCEMENT OF LOCAL COVER

- 11.1 At the commencement of an agreed cover period, the Qualified Staff Responder is expected to make sure all the equipment is:
- Checked against the equipment list for completeness;
 - Any items of equipment which may be missing are replaced (Make Ready Team);
 - All equipment is clean and in full working order (Make Ready Team);
 - The defibrillator is showing ready for use;
 - Test the mobile telephone and ensure it is fully charged;
 - Ensure all necessary documentation such as patient report forms, incident forms etc. are available and;
 - Book on with the CCC.
- 11.2 In the event that any item of equipment is not in full working order, the Qualified Staff Responder must try and replenish at a local level or inform the CETO or the CCC.

12. ENDING LOCAL COVER

- 12.1 At the end of the cover period, the Qualified Staff Responder must:
- replace any consumable equipment used and;
 - ensure they have booked unavailable with the CCC.
- 12.2 There is an expectation that at the completion of the local cover; the vehicle will be handed over to the next Qualified Staff Responder. If there is not consecutive cover, the vehicle should be left at the local ambulance station.

13. PERSONAL APPEARANCE

- 13.1 A Qualified Staff Responder will normally be off duty when responding so they will be in civilian dress. But should ensure they are wearing either a staff responder polo shirt or their high viz. In an emergency this is rarely a problem from the patients' point of view; the patient, relatives and other parties involved should be able to identify them as an ambulance service responder.
- 13.2 This builds confidence in the responder and is important for helping to ensure their safety on scene. All Qualified Staff Responders must therefore wear a minimum of a visible ID card and a high visibility jacket whilst on an emergency call.
- 13.3 All responding staff must be aware of the requirements for PPE and must wear their issued PPE accordingly as per Trust policies. This is to include hard hats where appropriate.
- 13.4 Qualified Staff Responders may be asked to attend an RTC. They must ensure that they are wearing the appropriate footwear, so it is suggested that issued safety boots are carried in the car for this eventuality.

14. ISSUES DIRECTLY RELATED TO PARAMEDIC QUALIFIED STAFF RESPONDERS

- 14.1 Paramedics should be aware that it is possible that a crew backing them up may be an ECA or a technician AAP crew. In such circumstances, there may be a requirement in the interests of the patients' continuing care to accompany the patient. Early sit-reps will, wherever possible, enable the CCC to allocate appropriate resources.
- 14.2 The Trust will undertake to return the Qualified Staff Responder back to the vehicle. If there is likely to be a delay a manager/supervisor will be dispatched to ensure the Qualified Responder is not away from their home environment unnecessarily.

15. HOURS OF AVAILABILITY

- 15.1 It is the duty of the employee to ensure that they are fully aware of his/her responsibility not to work hours as a Qualified Staff Responder which are so long that they may impair his/her efficiency or expose the Trust, colleagues, the public or property to risk, nor make themselves available at times where a callout would make them late for a shift.
- 15.2 The cut off time for logging on is therefore a minimum of 11 hours prior to commencement of the shift start time as per the working time directive. Factors such as distance from work and the individual responder's catchment area must be taken into consideration when deciding on the most appropriate cut-off time.
- 15.3 Working Time Directives will also need to be adhered to and the relevant waiver form as detailed in the Trust's Working Time Regulations Policy (HR/C11) Appendix 2(ii)

may need to be completed by active Qualified Staff Responders as deemed necessary by the Community Engagement & Training department.

- 15.4 Those staff that participate in this Scheme will be monitored for their availability and the frequency of their call outs. Should these fall below a reasonably acceptable number then the CETO will reserve the right to remove the responder from the scheme and all benefits associated with it.

POST INCIDENT SUPPORT

- 16.1 The closest Bronze Officer should be activated via CCC for any Qualified Staff Responder who has attended any call out that leaves them feeling distressed or requires post incident support.

17. REMUNERATION

- 17.1 The Trust currently offers a £15 (gross) call out payment. For those incidents that go over the hour then any additional time is claimed through their e-timesheet (Epay) as time and a half. In the case of qualified staff responders using their own cars specifically to collect the responder vehicle, they will be eligible to receive a mileage allowance in line with current Agenda for Change rates.
- 17.2 On occasions and in the interests of patient care, when qualified staff responders are required to crew up with the attending ambulance resource and subsequently extend their time over an hour, then their overtime rate will apply. Staff responders will also where applicable transport patients to hospital or stand an attending crew down as they are happy to deal with the incident.
- 17.3 When the trust is at REAP Level 3 and the Escalation Opel level is 3 or above in the staff responders area (via text from CCC) then staff responders can be placed in the CCC plan, if they so wish, as an RRV and claim overtime instead of the individual payment of £15 for the hours they give to the Trust.

18. COMPLETION OF DOCUMENTATION

- 18.1 Paperwork should be completed as normal according to Trust operational policy and passed to the attending ambulance resource or delivered to an ambulance resource centre as soon as is practically possible. To ensure patient confidentiality, no patient details should be held at the Qualified Staff Responder's home or in their vehicle for longer than reasonable required.
- 18.2 For the sake of clarity a call is designated when the Qualified Staff Responder Vehicle is mobile (actually turning a wheel)
- 18.3 Using the Epay system select Start New Claim, on Organisation Name select the CFR area you are working in then go into the timesheet. Go to Other allowances, select the day you are working on, press Maintain, press add new allowance, select First Responder, in the description field write 'Staff Responder' in the reason field write the incident number of the incident attended in the units field enter the number of incidents attended on that day. Press Save and Close

You must on a monthly basis provide a detailed account of logged on hours, incidents attended along with Incident numbers and mileages to either the Indirect resources manager and if appropriate the West Berks Rapid Response Charity (WBRRC).

19. LITIGATION

- 19.1 Qualified Staff Responders, when authorised to act on behalf of the Trust, are covered for clinical negligence under arrangements with the National Health Service Litigation Authority.
- 19.2 Likewise, when officially on call and performing the duties of a Qualified Staff Responder, personal injury and third party liability cover is provided for under the arrangements with the insurers of the Trust.

20. COMPLAINTS

- 20.1 The Trust views complaints, whether verbal or written, as an opportunity to improve the services we provide and are always taken seriously. In the event of a complaint being received about a Qualified Staff Responder, it will be investigated in line with standard Trust procedures. If driving-related, it will be dealt with by the Driving Standards Department.
- 20.2 The Trust's normal complaints policy applies.

21. VEHICLES - USAGE AND RESTRICTIONS

- 21.1 The vehicle **must at all times** be driven in accordance with road traffic regulations, vehicle lighting regulations and the Highway Code.
- 21.2 The driver must have the permission of the Trust to drive the vehicle. Permission is demand granted on completion of the signed volunteer agreement. Under exceptional circumstances it may be necessary for a different person to drive the vehicle. This decision will be made on a clinical/safety risk basis and only granted by the Control Duty Manager within the Emergency Operations Centre.
- 21.3 The vehicle can only be driven **under emergency driving conditions** when the CCC have dispatched the member of staff to an emergency call and the individual is suitably qualified, having undertaken the Solo Response Vehicle (SRV) training course.
- 21.4 **Under no circumstances** is the vehicle to be driven under emergency driving conditions with non – SCAS employees on board unless they are authorised observers and the relevant paperwork is completed in line with operational policy.
- 21.5 **Under no circumstances** should the staff responder use this vehicle for any private use. This is deemed as a benefit in kind and they will face tax implications if they do.

22. INCIDENT REPORTING

- 22.1 Any incident involving the vehicle or when the presence of the vehicle could be considered to have been a contributory factor, must be reported in accordance with the Road Traffic Act and the Driving and Care of Trust Vehicles Policy.

23. INTERNAL DRIVING POINTS SYSTEM

- 23.1 The driving points system will continue to be applied to incidents in which the presence of the vehicle could be deemed to have been a contributory factor. .

24. RELATED POLICIES

- 24.1 Please read this policy in conjunction with the following policies (most up-to-date versions will be found on the intranet and SCAS website).

- Management of Violence and Aggression Policy and Procedure;

- Security Policy;
- Compliments, Comments, Concerns and Complaints Policy (The Four Cs);
- Discipline & Conduct Policy;
- Medicines Management Policy;
- Escalation Policy;
- Lone Worker Policy and;
- Working Time Regulations Policy.

Equality Impact Assessment Form: Section One – Screening

Name of Function, Policy or Strategy: Qualified Staff Responder Policy

Officer completing assessment: David Hamer

Telephone: 07770437063

<p>1. What is the main purpose of the strategy, function or policy?</p>
<p>The Trust is committed to continually improving its response to life threatening emergencies by categorising emergencies and targeting resources more effectively. Evidence continues to show that patients who suffer cardiac arrest, suspected acute myocardial infarction (AMI), unconsciousness or other life threatening emergencies require a much faster response if the outcome is to be favourable.</p> <p>To enable the qualified member of staff to use their full range of skills, the appropriate level of medical equipment and a suitable vehicle will be provided enabling the Category 1 performance measurement of the Trust to be counted</p>
<p>2. List the main activities of the function or policy.</p>
<p>For Clinical Managers and paramedics to have the use of a Trust vehicle to provide extra resources for responding to emergency calls outside of their Operational duties.</p>
<p>3. Who will be the main beneficiaries of the strategy/function/policy?</p>
<p>All managers, patients and employees of the Trust.</p>
<p>4. Use the table overleaf to indicate the following:</p>
<p>Where do you think that the strategy/function/policy could have an adverse impact on any equality group; ie, it could disadvantage them?</p> <p>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?</p>

Protected Characteristic		Positive Impact	Negative Impact	Reasons for impact
GENDER	Women	N/A	Yes	Work-life balance – especially with reference to the care of children and elderly relatives/dependents.
	Men	N/A	Yes	Work-life balance – especially with reference to the care of children and elderly relatives/dependents.
RACE	Asian or Asian British people	N/A	Yes	Possible language difficulties for those whose first language is not English
	Black or Black British people	N/A	Yes	
	Chinese people and other people	N/A	Yes	
	People of Mixed Race	N/A	Yes	
	White (inc Irish) people	N/A	Yes	
	Disabled People	N/A	Yes	Possible learning difficulties and problems with understanding
	Lesbians, gay men and bisexuals	N/A	N/A	
AGE	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	N/A	N/A	
	Faith Groups	N/A	N/A	
	Equal Opportunities and/or improved relations	N/A	Yes	Yes – ensuring that a fair and consistent process is followed for all Trust staff and that the policy is clear & available on the Trusts Website.

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:

	Yes	No
Legal <i>(it is not discriminatory under anti-discriminatory law)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High <input type="checkbox"/>	Low <input checked="" type="checkbox"/>

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.

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

Clear, simple language 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.

6b) 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:

Date:

Equality Impact Assessment Form Section Two: Full Assessment

Name of Function, Policy or Strategy: Qualified Staff Responder Policy

Officer completing assessment: David Hamer

Telephone: 07770437063

Part A

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

Gender

Race

Disability

Sexuality

Age

Faith

- Summarise the likely negative impacts:-

..... Possible disproportionate effect on sickness levels for those with caring responsibilities

..... - perceived or otherwise. Possible difficulties with understanding relating to language

..... problems and/or learning disabilities. No perceived issues relating to other groups.

- 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 it noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	None – conclusions based on experience and discussion with HR peers, including E&D Manager .

Equality Target Groups	Summary of consultation planned or taken place
Race	As above
Disability	As above
Sexuality/Transgender	N/A
Older People	N/A
Younger People	N/A
Faith	N/A

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 consultation with all staff is planned prior to policy being approved.....
.....and signed off......
.....

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:-

Equality Target Groups	Title / type of / details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	

Equality Target Groups**Title / type of / details of research/report**

Faith

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)

Detail given in Action Plan

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?

