Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Document Type: **POLICY**		**Unique Identifier:** CORP/POL/504
Title: **Appraisal Policy For Medical Staff**		**Version Number:** 1
		Status: Ratified
Scope: Trust Wide		**Classification:** Organisational
Author/Originator and title: Sonya Clarkson, Head of Medical Workforce		**Responsibility:** Human Resources
Replaces: New Policy	**Description of amendments:** N/A	
Name Of: **Divisional/Directorate/Working Group:** Human Resources Policy Forum	**Date of Meeting:** 18/07/2013	**Risk Assessment:** Not Applicable
		Financial Implications Not Applicable
Validated by: Jacqui Bate, Interim Director of HR&OD	**Validation Date:** 22/10/2013	**Which Principles of the NHS Constitution Apply?** Principle 3
Ratified by: JNCC	**Ratified Date:** 22/10/2013	**Issue Date:** 22/10/2013
Review dates may alter if any significant changes are made		**Review Date:** 01/07/2016

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment

CONTENTS

1 PURPOSE....4
2 SCOPE....4
3 POLICY....4
3.1 General Principles....4
3.2 Relevance of Medical Appraisal....4
3.3 Principles of Strengthened Medical Appraisal....5
3.4 Inputs to Appraisal....7
3.4.1 Supporting Information....7
3.4.2 Doctor's commentary on achievements, challenges and aspirations....7
3.4.3 Scope and Nature of Work....7
3.4.4 Review of last year's Personal Development Plan....7
3.4.4.1 Appraiser's assessment of supporting information and the doctor's accompanying commentary....7
3.4.5 Declarations before the appraisal discussion....8
3.4.6 The confidential appraisal discussion....8
3.5 Outputs of Appraisal....9
3.5.1 The doctor's personal development plan (PDP)....9
3.5.2 The summary of appraisal discussion....9
3.5.3 The doctor's post-appraisal statement....9
3.5.4 The appraiser's statement....9
3.5.5 Confidentiality....9
3.6 Organisational Support for Medical Appraisal....10
3.7 Fitness to Practice....10
3.8 Training....10
3.9 Multisource Feedback....11
3.10 Appraisal Programme....11
3.10.1 Appraisal Cycle....11
3.10.2 Appraisers Employment Status....11
3.10.3 Appraiser workload....11
3.10.4 Appraiser/Appraisee Matching....11
3.10.5 Appraiser Network....12
3.10.6 Appraiser Personal Specification....12
3.10.7 Medical Appraiser Terms of Reference....12
3.11 Speciality Specific....12
3.12 Clinical Academics....12
3.13 Links with Organisational and Service Objectives (Job Planning)....12
3.14 Integration....13
4 ATTACHMENTS....15
5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION....15
6 LOCATIONS THIS DOCUMENT ISSUED TO....15
7 OTHER RELEVANT/ASSOCIATED DOCUMENTS....15
8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS....15
9 CONSULTATION WITH STAFF AND PATIENTS....15
10 DEFINITIONS/GLOSSARY OF TERMS....15
11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL....15
Appendix 1: Appraiser Person Specification....16
Appendix 2: Appraiser Terms of Reference....17

Appendix 3: Information / Data Provided by the Trust 18
Appendix 4: Equality Impact Assessment Form.....19

1 PURPOSE

This Policy sets out the Blackpool Teaching Hospitals NHS Foundation Trust's (the Trust) approach to Medical Appraisal. It is designed to help doctors to understand:-

- The purpose of Appraisal;
- The Appraisal process;
    - The safety of confidential information;
    - Support for Medical Appraisers and Appraisees;
- What is expected from appraisal;
- Where Appraisal fits into Revalidation;
- Where Appraisal sits within the organisation;
- Where Appraisal fits with job planning.

2 SCOPE

The content of this policy applies to all Medical Staff in non-training grades, (Consultants, Staff Grade and Associate Specialists, Trust Grades and locum appointments over six months) and Medical Staff who work across more than one Trust where the main body of the work is contracted with Blackpool Teaching Hospitals.

3 POLICY

3.1 General Principles

All medical staff employed within the Trust, including those with sessional, part-time or temporary appointments must have an annual appraisal.

Medical staff whose main employer is another NHS Trust, with honorary contracts with BTH, will have their appraisal at their main employer. The BTH Medical Director/Responsible Officer will request evidence from the doctors concerned that this has been done. Further information is provided in section 3.7 (Organisational Support for Medical Appraisal.

Locum staff will be appraised after 6 months of employment. For further information please refer to the Policy Appraisal for Locum Medical Staff.

3.2 Relevance of Medical Appraisal

Medical appraisal is relevant to the Trust in terms of:

- Ensuring medical staff are equipped with all the skills for their role
- Providing assurance the Board and public that doctors remain fit to practice
- Ensuring medical staff revalidate every 5 years
- Supporting medical staff to develop and also to address areas of concern
- Valuing staff through the developmental nature of appraisal;

- Identifying needs and opportunities for networking and partnership working and helping build a mutual accountability across the Trust in achieving our strategic plan
- Maintaining and improving the quality of patients' experience
- Avoiding litigation and reducing insurance premiums

3.3 Principles of Strengthened Medical Appraisal

The core of information given herein is taken from the Medical Appraisal Guide (*see link below*), produced by the Revalidation Support Team.

http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/RSTMAGforReval0312.pdf

Medical appraisal is undertaken annually at a meeting between a doctor (the appraisee) and a colleague who is a trained appraiser. The doctor is required to collect supporting information about all areas of their practice and present this to their appraiser, alongside information provided by the Trust and from multisource feedback (Edgecumbe 360). This portfolio of supporting information is discussed at the appraisal meeting. The appraisal includes:

a. An assessment by the appraiser that the doctor continues to practise in accordance with the professional behaviours described in the Good Medical Practice framework for appraisal and revalidation (*see link below*)

b. A review of achievements and challenges over the preceding year and the formulation of a plan to address the learning needs and career development of the doctor.

http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

There are three stages in the appraisal process (see Fig 1):

1. Pre-appraisal, where the inputs to appraisal are assembled;
2. Appraisal discussion, where the appraisal takes place;
3. Post appraisal, where the outputs of appraisal are decided.

Inputs to appraisal:

- Supporting Information and doctor's commentary on it.
- Doctor's commentary on achievements, concerns & aspirations
- Appraiser's assessment of portfolio and doctor's commentary
- Doctor's pre-appraisal statement

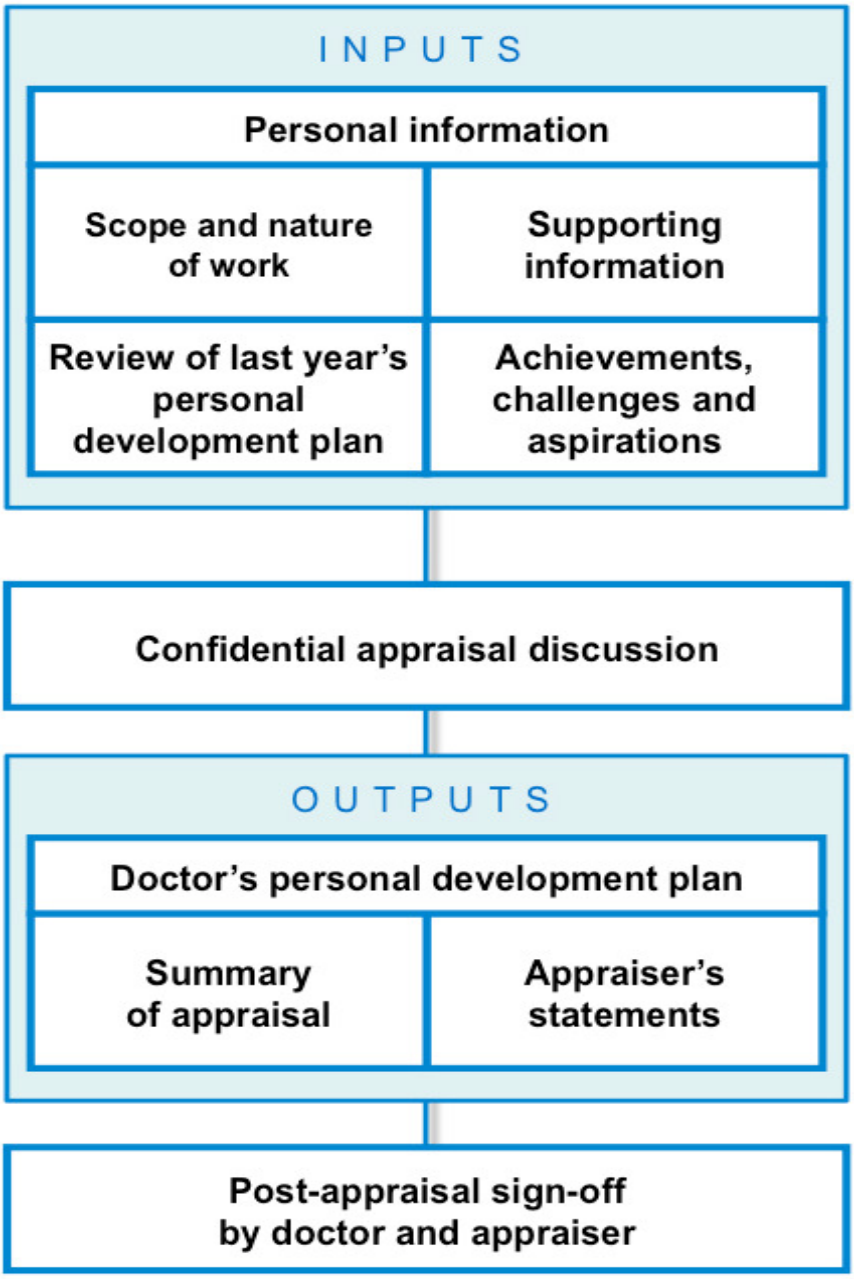
Outputs from Appraisal:

- Doctor's Personal Development Plan
- Summary of Appraisal Discussion
- Doctor's Post-appraisal statement

- Appraiser's statement.

Fig 1

The Three stages of Appraisal:



3.4 Inputs to Appraisal

3.4.1 Supporting Information

The GMC document, *"Supporting information for appraisal and revalidation"* (*see link below*) describes the types and breadth of supporting information that a doctor must produce for their annual appraisal. Appraisers will need to use this guidance. In addition, the Trust will produce information to be included. A written commentary on the supporting information must be provided by the doctor. Further practical guidance on the content of supporting information for doctors (in whichever areas of practice they are engaged) will be found in MAG User Guide.

http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/pdfs/ro_resources/Supporting_information__for_appraisal_and_revalidation.pdf

The supporting information is required to support appraisal constituting a whole practice assessment, meaning all activity must be included, such as:

- Private practice
- Charity/voluntary work
- Medico-legal work
- Independent commercial activity
- Educational activity.

3.4.2 Doctor's commentary on achievements, challenges and aspirations

In addition to the doctor's commentary on their supporting information, there is an important opportunity for a more general commentary on achievements, concerns and aspirations. This is in line with the function of appraisal as a developmental process, offering the doctor an annual opportunity to review practice, chart progress and plan for development.

3.4.3 Scope and Nature of Work

The doctor should record the scope and nature of the work that they carry out as a doctor to ensure that the appraiser and the responsible officer understand the doctor's work and practice. This should include all roles and positions in which the doctor has clinical responsibilities and any other roles for which a licence to practise is required.

This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles.

3.4.4 Review of last year's Personal Development Plan

The doctor should provide commentary on the previous year's personal development plan (PDP) and may also wish to comment on other issues arising from the previous year's appraisal discussion.

3.4.4.1 Appraiser's assessment of supporting information and the doctor's accompanying commentary

The appraiser's assessment of thesupporting information, the doctor's accompanying commentary, and the appraisal discussion combined should allow the appraiser to make a judgement as to whether the doctor continues to practice in accordance with the

professional behaviours described in Good Medical Practice, using the framework for appraisal and revalidation.

- If the quality of the portfolio of supporting information and / or the accompanying commentary appears incomplete or inadequate, the appraiser should discuss this with the doctor, with a view to the doctor amending or supplementing the supporting information provided where possible. If the appraiser is satisfied as to why the portfolio and commentary are as they are, the appraisal discussion can proceed, and the appraiser should record the reasons given as part of the appraisal summary.
- If the discussion does not provide this reassurance, and if the doctor is unable or unwilling to make any corrections to the portfolio or commentary, the appraisal discussion should be deferred, and the matter referred to the Responsible Officer, or other delegated manager. The criteria on which an appraiser will make the assessment of the portfolio against Good Medical Practice, examples of which are further discussed in the MAG User Guide, together with descriptions of the basis for making a judgement whether an appraisal is either satisfactory, unsatisfactory, or causes concern (together with examples of these situations) will be made available in the Medical Appraisal Guide.

3.4.5 Declarations before the appraisal discussion

Doctors should make a declaration that is visible to the appraiser that demonstrates:

- Acceptance of the professional obligations on doctors in *Good Medical Practice* in relation to probity and confidentiality;
- Acceptance of the professional obligations on doctors in *Good Medical Practice* in relation to personal health;
- Personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

The Trust has an obligation to assist doctors in collecting supporting information for appraisal. It has a large amount of data which should be made available to the individual to bring as supporting information , alongside that gathered by the individual (see Appendix 3 for a list of information).

A doctor cannot be held responsible for genuine errors in information that has been supplied to them.

3.4.6 The confidential appraisal discussion

The appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, guide and constructively challenge the doctor, having reviewed the supporting information and commentary provided. The skills of the appraiser are of paramount importance in striking the correct balance between the assessment required to support revalidation and the support of the development needs of the doctor. To facilitate open and frank discussion the appraisal discussion itself has always been regarded as confidential to the doctor and the appraiser and should remain the case in appraisal to support revalidation. It has always been, and will remain the case that , should information come to light in appraisal discussion which raises concerns about patient safety, the appraiser has a professional responsibility to discontinue the appraisal and refer the matter for further action.

3.5 Outputs of Appraisal

3.5.1 The doctor's personal development plan (PDP)

The doctor and the appraiser should agree a new PDP at the end of appraisal. The PDP is an itemised list of personal objectives for the coming year, with an indication of the period of time in which items should be completed. The PDP represents the primary developmental output for the appraiser. The PDP indicates certain aspects of the doctor's professional behaviour and thus the ability to produce an effective PDP in itself contributes to the assessment against the standards in the Good Medical Practice framework for appraisal and revalidation. The MAG User Guide will give examples on preparing an effective PDP, linked to the confidential medical appraisal discussion.

3.5.2 The summary of appraisal discussion

The doctor and the appraiser should agree the content of a written summary of the appraisal discussion. This written summary should cover, as a minimum, a report on each part of the supporting information and the doctor's accompanying commentary, including the quality and the extent to which the supporting information relates to all aspects of the doctor's Scope of Work, explanations as to how any deficiencies have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year. The MAG User Guide will provide examples of written summaries of the appraisal discussion.

3.5.3 The doctor's post-appraisal statement

The doctor should sign a statement indicating that they agree with the content of the PDP and the summary of appraisal discussion.

3.5.4 The appraiser's statement

As the final output of the appraisal process the appraiser will make a number of formal statements.

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice;*
2. Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work;
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place;
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year;
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

If an appraisal is not completed, the responsible officer or their appropriately delegated staff should be informed of this, with a view to investigating the reasons, and undertaking appropriate action.

3.5.5 Confidentiality

The appraisal discussion is strictly confidential to the Appraisee and the Medical

Appraiser, except by prior agreement. The outcomes of the discussion, the Personal Development Plan or Form 4 equivalent, are shared with the Trust Medical Director (Responsible Officer), Medical Appraisal Lead, Medical Appraisal Team and with the General Medical Council, at the point of revalidation.

Appraisal outcomes will be held in a central database.

3.6 Organisational Support for Medical Appraisal

The Trust is committed to raising the consistency and quality of appraisal for medical staff through the provision of appropriate training for both Medical Appraisers and Appraisees, in line with Strengthened Medical Appraisal. The model of appraisal will be uniformly applied across all career-grade medical personnel working within the Trust and will feed into and support the Revalidation process - the process by which licensed doctors will, in future, regularly demonstrate to the GMC that they are up to date and fit to practice. (See Fig 2).

In so doing the process is intended to deliver further assurance to patients about the doctors who treat them. The appraisal process will provide a positive framework on which the doctor is appraised against GMC standards, Trust expectations and helped to identify development needs, as distinct from wants, for the achievement of greater excellence. Ultimate responsibility for Medical Appraisal lies with the Responsible Officer who is the Medical Director.

The appraisal process must be standardised and undertaken by appropriately trained Medical Appraisers and follow the guidance issued by the General Medical Council (GMC) and the Revalidation Support Team – see referenced documents.

Outcomes of appraisal will support the Revalidation process, support the aspirations of the individual, realise the Trust's objectives and inform the Trust Board of medical development needs

The quality of the appraisal system and of appraisals will require quality assurance and regular audit to demonstrate that appropriate standards and consistency are being maintained.

3.7 Fitness to Practice

Appraisal is not a tool to assess whether a Doctor's fitness to practice is impaired. The identification and management of serious concerns about individual doctors remains the function of clinical governance processes outside of appraisal. The appraisal will be terminated if, at any time, there are concerns regarding fitness to practice. The Appraisee will be recommended to discuss this with his/her Head of Department or Medical Director. Recommendation for Revalidation is an affirmation that the individual has assured the RO of their fitness to practice, through 5 annual successful, evidenced, appraisals.

3.8 Training

All appraisers will need to be trained in revalidation ready appraisal. Currently trained appraisers will require top-up training and new appraisers full (blended) training. Appraisee training will be provided through an E Learning process provided by Edgecumbe and arranged by the Medical Appraisal Team.

3.9 Multisource Feedback

Multisource feedback within the Trust is being provided by Edgecumbe 360. All doctors will be required to complete the process at least once in the 5 year cycle. The service from Edgecumbe includes colleague, peer and patient feedback. Colleagues and peers are invited to complete feedback questionnaires electronically on the Edgecumbe 360 system. For patient feedback information leaflets, return envelopes and feedback forms are provided to the doctor to distribute to the patients providing feedback.

Once the responses have been completed a report is sent to the doctor from Edgecumbe, which can be discussed at appraisal. The purpose of this multisource tool is to indicate any issues which may require further, more in depth, exploration and action.

The Appraisal team administrative support will monitor doctors to ensure that all have completed multisource feedback once within the 5 year cycle.

3.10 Appraisal Programme

3.10.1 Appraisal Cycle

It is proposed to have a 6 month Appraisal period from January to June, followed by a 6 month window for job planning, July to December. This dovetails into the organisational 3 month "Appraisal Window" (April to June). The process will therefore be completed well in advance of the ACCEA process. Each doctor should embrace the notion of an Appraisal Anniversary month in which they will complete the process each year.

3.10.2 Appraisers Employment Status

Any career grade doctor with a current full-time or part-time contract of employment with at least 5 PA (including support PA) within BTH NHS Foundation Trust is eligible to be an appraiser. This includes Consultants, Associate Specialists, Non-Consultant Career Grade doctors and Trust Grade doctors. It is envisaged that an Appraiser can only be responsible for the appraisal of doctors at or junior to their grade and the individual should have practiced at that grade for at least 5 years.

3.10.3 Appraiser workload

An Appraiser will be expected to carry out 4 - 5 appraisals per year. It is estimated that 1 appraisal per month is a reasonable expectation, within the 6-month Medical Appraisal window. It is not advised that any appraiser perform more than 7 per year.

Taking into account the pre-appraisal, appraisal and post appraisal work it is likely each appraisal will take 6 hours of appraiser's time. It is reasonable to expect the total input for appraisers to be 48hours per year, which will require recognition. It is acknowledged that majority of the work will occur in the early part of the year.

3.10.4 Appraiser/Appraisee Matching

The system will require a greater degree of administration than the present system. To ensure adequate lead in it is proposed to match appraiser and appraisee in advance. A clear programme of appraisal is then created for appraisers and appraisees. Where there is an issue with the matching this will be reviewed by the RO and a swap may be made. Clearly appraisers will not all be Heads of Department (HoD) (or equivalent) however the doctor must be appraised by their HoD at least once within the revalidation cycle and appraisers should be rotated approximately 3 years.

Doctors will need to engage and review their matching well in advance if they are likely to require a change of appraiser.

Whilst the appraiser need not necessarily be from the identical speciality, they must be from a similar field. The appraiser needs to understand the Royal College requirements for a given doctor's appraisal, as well as the Trust and GMC requirements.

3.10.5 Appraiser Network

It is envisaged that all appraisers will meet 4 times yearly. This will allow for sharing of best practice, discussion of difficulties and sharing any learning. Appraisers may wish to discuss a difficulty they have, or are anticipating. In this sense this will form a support network for appraisers. There is a "senior" appraisal and revalidation team within this group, currently working on the processes for the Trust, including the production of this policy. This smaller team will offer senior advice and support to the network, particularly for newly appointed appraisers.

3.10.6 Appraiser Personal Specification

Please see Appendix 1 for the essential criteria to become an Appraiser within the Trust(Knowledge and Experience, Qualities and Attributes and Skills).

3.10.7 Medical Appraiser Terms of Reference

Please see Appendix 2 for a breakdown of the medical appraiser terms of reference.

3.11 Speciality Specific

Individual departments and specialities will need to decide any local requirement for appraisal, as well as referring to speciality specific national guidance from Royal Colleges. It should be noted that a Royal College may stipulate CPD/CME requirements both annually and over the 5 year revalidation cycle, to which doctors must adhere. Any advice they offer regarding the appraisal process is only guidance, however, and it is not mandatory that it is performed in that manner.

3.12 Clinical Academics

Where a doctor has both clinical and academic responsibilities, a joint appraisal should take place with an appraiser from each component. The Medical Director from the substantive component will act as the Responsible Officer. The clinical academic has the responsibility of producing the relevant supporting information from their clinical and academic duties at the joint appraisal.

http://bma.org.uk/practical-support-at-work/contracts/academics-contracts/follett-review-principles

3.13 Links with Organisational and Service Objectives (Job Planning)

The Trust and Divisional Boards define and implement corporate objectives, including targets and efficiency indicators. They also identify service development priorities. Head of Departments/Heads of Department are responsible for the review of service needs, in the context of Divisional requirements.

Medical appraisal is a separate process from job planning, however Strengthened Medical Appraisal is a more summative process and will include discussion of the appraisee's job plan and how they are contributing to corporate objectives. Performance issues do not

form part of Appraisal and will be managed outside the Appraisal process.

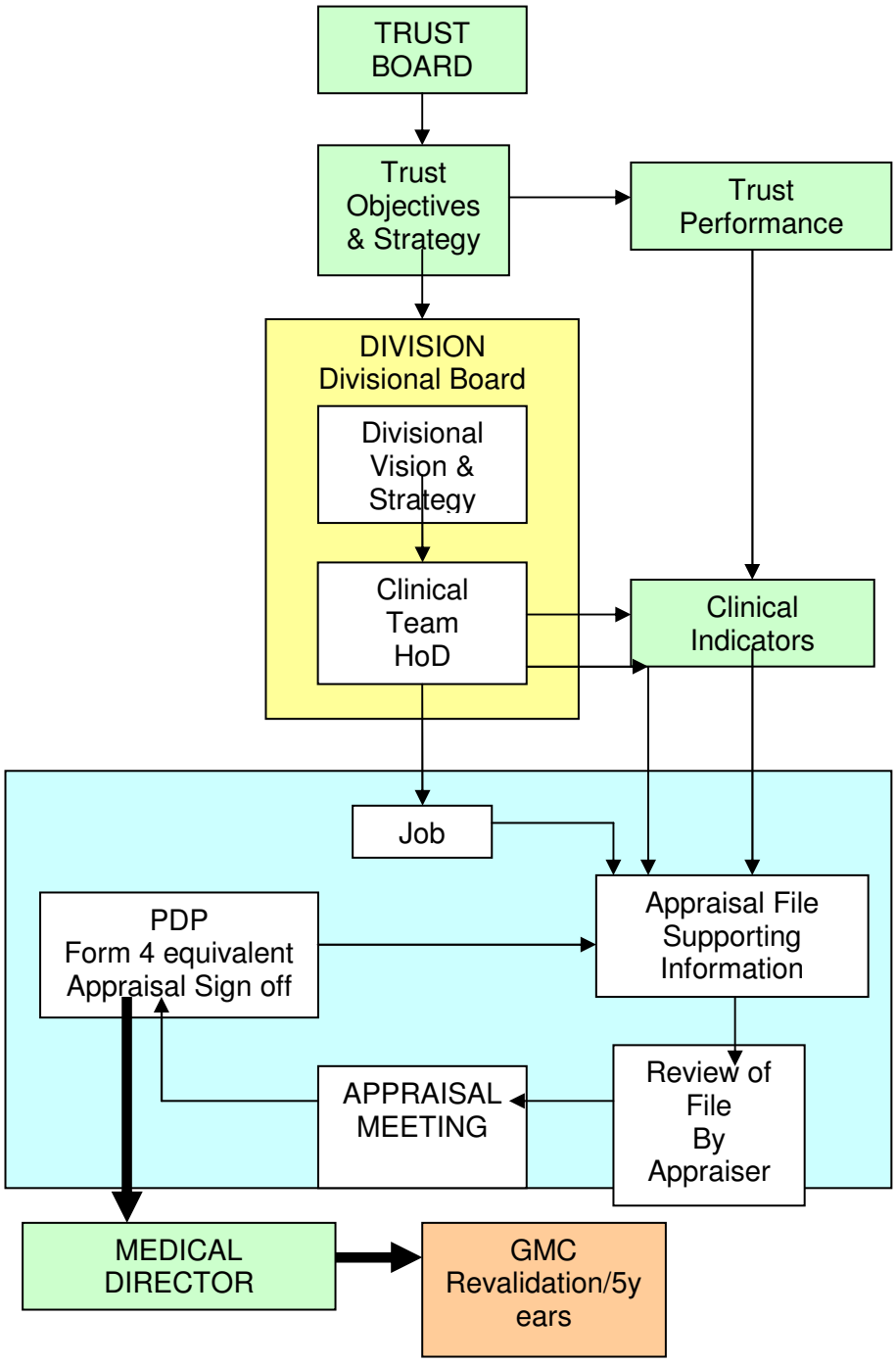
3.14 Integration

Medical Appraisal also links with:-

- Clinical Governance;
- Management of impaired clinical performance;
- Workforce planning;
- Human Resources;
- Risk management;
- Service development, and
- Complaints/litigation.

Fig 2

Medical Appraisal within the context of the organisation



4 ATTACHMENTS	
Appendix Number	**Title**
1	Appraiser Personal Specification
2	Appraiser Terms of Reference
3	Information / Data Provided by the Trust
4	Equality Impact Assessment Form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	**Location**	**Date Issued**
1	Intranet	22/10/2013
2	Wards, Departments and Service	22/10/2013

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
GMC Medical Appraisal Guide (MAG)
GMC Good Medical Practice (GMP) Framework for appraisal and revalidation
GMC Supporting Information for appraisal and revalidation

9 CONSULTATION WITH STAFF AND PATIENTS	
Name	**Designation**

10 DEFINITIONS/GLOSSARY OF TERMS	

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Sonya Clarkson	**Checked By**	Jacqui Bate
Job Title	Head of Medical Workforce	**Job Title**	Interim Director of HR&OD
Date	October 2013	**Date**	October 2013

Appendix 1: Appraiser Person Specification

APPRAISER PERSON SPECIFICATION	
Knowledge and Experience	A minimum of 5 years experience at the current grade and licensed to practice with the GMC
	The individual must be Appraiser trained and received 'Top-Up' or 'Revalidation Ready' Strengthened Medical Appraisal training. The individual must understand the Trust process and how it fits with Revalidation, including the significant responsibility that sits with the appraiser role.
Qualities and Attributes	Energy, drive, motivation
	Respect of colleagues
	Emotional stability, resilience and maturity
	Flexibility
	Fair and unbiased
	Objective (without preconceived judgement)
	Supportive, Understanding and Empathic
	Honest
Skills	Communication – listening/questioning/participation
	Interpreting information
	Giving feedback
	Facilitation
	Challenging
	Ability to produce high-quality appraisal documentation

Appendix 2: Appraiser Terms of Reference

APPRAISER TERMS OF REFERENCE	
1	Appointment is subject to meeting the requirements of the Personal Specification, having an informed discussion with their HoD /Divisional Director. They must undertake full training and a positive initial assessment through feedback from the first three appraisals.
2	The Trust will apportion time for Medical Appraisers to undertake appraisal in their Consultant Job Plan.
3	The period of office for Medical Appraisers should be as long as it remains mutually helpful with the understanding that discussions take place with Appraisees and the Medical Director before withdrawal.
4	Medical Appraisers should, where possible, have the same Appraisees for a minimum of three years and a maximum of five years.
5	Medical Appraisers should appraise a minimum of 4 and no more than 7 Appraisees per annum.
6	Appraisal must be carried out to a consistent and high standard and subject to regular assessment leading to re-accreditation in the role as a Medical Appraiser.
7	Each Medical Appraiser's own Personal Development Plan should highlight priorities in the development of his or her appraiser skills and competencies.

Appendix 3: Information / Data Provided by the Trust

INFORMATION/DATA PROVIDED BY THE TRUST	
1	Audit Activity
2	Research activity
3	Attendance/completion of mandatory training
4	Serious untoward incidents
5	Activity logs (ideally unbundled, but team based if necessary)
6	Complaints
7	Litigation
8	Disciplinary proceedings
9	CLIP report from CHKS
10	Multisource feedback
11	Infection Prevention data (antibiotic compliance)
12	Medical Care Indicators

Appendix 4: Equality Impact Assessment Form

Department	Organisation Wide	**Service or Policy**	Policy	**Date Completed:**	November 2012

GROUPS TO BE CONSIDERED

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.

QUESTION	**RESPONSE**			**IMPACT**
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			
ACTION:				

Appendix 4: Equality Impact Assessment Form

Please identify if you are now required to carry out a Full Equality Analysis		**No**	**(Please delete as appropriate)**
Name of Author: **Signature of Author:**	Sonya Clarkson	**Date Signed:** **July 2013**	
Name of Lead Person: **Signature of Lead Person:**		**Date Signed:**	
Name of Manager: **Signature of Manager**	Jacqui Bate	**Date Signed:** **July 2013**	