

Supporting Patients Who are Transgender, Non-Binary or Gender Non-Conforming - Policy

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|---|---|
| Department / Service: | Trust wide |
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| Accountable Director: | Chief Nursing Officer |
| Approved by: | Clinical Governance Group Chair's Action, Trust Management Executive |
| Date of approval: | 15 th November 2021 CGG, 23 rd March 2022 TME Rainbow Badge Project Team 17 th January 2023 |
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| This is the most current document and should be used until a revised version is in place | |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments | All Departments and Directorates |
| Target staff categories | All staff (both temporary and substantive) including all contractors, agency and bank staff |

Policy Overview:

Transgender people have very specific protection against discrimination within the current Gender Recognition Act 2014. This protects a transgender person who intends to undergo, is undergoing or has undergone gender reassignment. In addition, good NHS practice dictates clinical responses be patient-centred, respectful and flexible towards all transgender people, including those who do not meet these criteria but who live continuously or temporarily in their confirmed gender role.

This policy aims to provide guidance and advice to all staff within Worcestershire Acute Trust on good practice when caring for someone who is transgender, non-binary or gender non-conforming.

Please refer to our Supporting Staff Members Who Are Transgender, Non-Binary or Gender Non-Conforming Policy for advice on supporting staff.

Key Amendments to this Document:

The policy was reviewed by the Rainbow Badge Project Team and following on from their feedback some amendments have been made-

| Date | Amendment | By |
|--------------|--|---------------------|
| January 2023 | Policy title changed to include “Non-Binary or Gender Non-conforming.” | J Wood, L Simmonds, |
| January 2023 | “Patients” added to title as there is a staff policy for this demographic | L Simmonds |
| January 2023 | Information added to front page of document informing the reader of the availability of a staff policy. | L Simmonds |
| January 2023 | The policy now discusses the care of transgender, non-binary or gender non-conforming rather than just transgender or trans. This is reflected throughout the entire document | J Wood |
| January 2023 | 5.0 Legal Information- This section has been expanded to make it clearer to the reader. | L Simmonds |
| January 2023 | 9.0 Harassment- Discrimination and Harassment point made clearer | J Wood |
| January 2023 | 13.0- Admission to Single Sex Accommodation- Pronouns removed | J Wood |
| January 2023 | Staff Section that was included in this policy has been removed. This information can now be found in the “Supporting Staff Members Who Are Transgender, Non- Binary or Gender Non- Conforming Policy” | L Simmonds |
| January 2023 | Appendix 1- Abbreviations and Definitions have been updated to reflect Stonewall’s suggestions | J Wood |

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Quick Reference Guide

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1.0 Introduction

Transgender (trans) or non-binary people are people who live all or part time in a gender not associated with the gender they were assigned at birth. A person's gender identity is self-defining, does not always involve a medical process and is different to their sexual orientation.

The number of people who are identifiable as falling under the umbrella term "gender diverse" has grown rapidly over recent years. With this increase of people who identify as transgender, non-binary or gender non-conforming it is important that we as a Trust support our patients and staff, treating them with the same care and dignity we afford every other patient and member of staff.

Worcestershire Acute Hospitals NHS Trust is an organisation that values diversity and promotes equality regardless of age, disability, ethnic origin, sex, sexual orientation, gender reassignment, race, religion, marriage or civil partnership, pregnancy or maternity. Discrimination against a transgender, non-binary or gender non-conforming person must be challenged, whether the discrimination stems from staff, patients or the public.

The Equality Act 2010 states that "it is unlawful to discriminate against people who: 'are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex have the protected characteristic of gender reassignment."

This policy sets out the expectations for Trust employees when dealing with trans, non-binary or gender non-conforming patients. It also applies to Trust employees who are transgender, non-binary or gender non-conforming, and states that gender reassignment must be treated with respect and dignity by managers and teams.

By embedding this policy, the focus will be "patient-centred". This ensures a flexible approach to caring for trans, non-binary or gender non-conforming people at any stage in their transition towards their affirmed gender, and for those people who may not have the intention to transition but who see gender as a transient and changeable state. Adopting a flexible approach in Trust policy will benefit all people and ensure equality.

2.0 Scope

This policy aims to provide all staff (both temporary and substantive), as well as contractors, agency and bank staff with guidance and advice on good practice when caring for or working alongside someone who is transgender, non-binary or gender non-conforming.

3.0 Definitions

Please see **Appendix 1** for Definitions and Abbreviations.

4.0 Duties

The Board of Directors – hold overall responsibility for ensuring an up to date policy is in place that is fit for purpose and based on best practice. The Board is required to ensure that the Trust treats all people equally.

Executive Lead, Chief Nursing Officer – will act as the overall sponsor for this policy and will oversee that compliance with this policy and the required standards are monitored and reported, and best practice is achieved and shared.

Divisional Directors – are responsible for ensuring there is local compliance with the policy, and that staff members have the necessary knowledge and access to the relevant training to be able to work well with trans people and to care for trans, non-binary and gender non-conforming patients with dignity.

Matrons and Service Managers – are responsible for:

- Ensuring the policy is implemented throughout local services.
- Ensuring all staff are made aware of and have read the policy.
- Identifying any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe and effective care to trans, non-binary and gender non-conforming people and highlight this to the Trust's Equality & Diversity lead.
- Will seek feedback from trans, non-binary and gender non-conforming people on their experience of care and ensure periodic monitoring of the quality and effectiveness of the care provided to trans, non-binary and gender non-conforming people using our service.

All Staff – will follow good practice and guidelines set out within this policy supporting trans, non-binary and gender non-conforming people using our services.

5.0 Legal Information

The basic legislative framework makes it unlawful to discriminate where either someone is perceived to be or is:

- intending to undergo gender reassignment;
- undergoing gender reassignment;
- or has undergone gender reassignment in the past.

Please note, there is a lack of clarity around non-binary identities within the current legal framework and that best practice is to treat all individuals, including non-binary people as you would other people with protected characteristics.

5.1 The Equality Act 2010 (EqA)

2010's Equality Act simplifies and harmonises protection offered to people from discrimination, harassment and victimisation. In addition, public sector organisations also have the duty to promote equality and good relations between all protected characteristics.

Under EqA, trans people should expect employers, colleagues, patients, service users and contracted suppliers to refrain from any form of bullying, harassment, victimisation or discriminatory behaviour.

The protection offered by the EqA begins when a person decides to undergo their transition process, and continues to protect them throughout their lives, no matter what their transition looks like.

5.2 Gender Recognition Act 2004 (GRA)

The GRA covers how trans people can have their identity legally recognised, which follows from being given a full Gender Recognition Certificate (GRC) following review by a Gender Recognition Panel.

Once a GRC has been issued, there are increased privacy requirements for documentation/records that reveal a previous gender status which should never be disclosed without the person's prior consent.

A GRC is not needed in order to change one's name, pronouns, or gender of presentation at work/or accessing a public service. Currently a trans person must live in their assigned gender for 2 years in order to apply for a GRC and asking to see one is inappropriate. Appropriate identification can be provided from driving licences or other official documents.

Under the current system the majority of trans people will not choose to pursue a GRC, and many will never obtain one. If a person chooses not to undergo any medical intervention or gain a GRC, they are still entitled to dignity and respect regardless of how their transition looks.

5.3 Human Rights Act 1998

The principles of the Human Rights Act are woven into the GRA, and the Act requires trans people to be treated with dignity and respect with regard to their need for privacy and all other principles within the Act.

6.0 Terminology

- Staff should always use the name, pronoun or term a trans, non-binary or gender non-conforming person requests in all written and verbal communication. If in doubt, ask the person how they would like to be addressed and respond accordingly.
- Some trans, non-binary or gender non-conforming people may not have informed their families of their intention to transition. It is therefore important that staff ask a trans, non-binary or gender non-conforming person if they would like to be addressed differently if family and/or friends are present. It may be helpful to refer to service users using gender neutral pronouns (“they/them”) until their pronouns can be established.
- If the family member or carer of the person using our service does not support the intention to transition, the preference of the person using our service should be accepted. It is important for staff, supported by a clinical lead or senior practitioner, to explain the Trust’s position on supporting trans, non-binary and gender non-conforming people to family or carers, stating what the Trust is legally obliged to do, whilst remaining sensitive to the way this is explained to the family, showing respect for their perspective and view.

7.0 Staff Behaviour

- Staff should treat trans, non-binary and gender non-conforming people using our services with dignity and respect and act in accordance with the Trust’s policies and their professional or occupational standards. Providing person-centred and compassionate care is the most powerful thing staff can do to support trans, non-binary and gender non-conforming people.
- It is unacceptable for members of staff to treat trans, non-binary or gender non-conforming people using our services less favourably due to personal, cultural or religious attitudes toward this community.

8.0 Involving trans, non-binary and gender non-conforming people in their care

- Staff should involve and consult with trans, non-binary and gender non-conforming people in all aspects of their care and support. Many trans, non-binary and gender non-conforming people face harassment and abuse in their everyday life so it is essential that we do everything we can to ensure they feel safe and welcome when using our services. Fundamentally we will achieve this by treating people as individuals and following the guidance in this policy. Involving and consulting with people on all matters of their care and support will help staff understand the individual needs of the service user and enable them to respond appropriately. It is also vital that staff seek feedback from trans, non-binary and gender non-conforming people about the quality of their care and take action to make any required improvements.

9.0 Harassment

- Trans, non-binary and gender non-conforming people have the same right to protection from harassment as any other people. Staff should address negative behaviour displayed towards trans, non-binary and gender non-conforming people from other staff or people using our services; e.g. a trans woman repeatedly referred to as “he” despite having requested to use the pronoun “she”.
- If staff have particular worries or concerns about another member of staff’s attitude towards trans, non-binary, or gender non-conforming people (or any other person) they should address this with their line manager in the first instance. They may also access the Freedom to Speak Up Guardian and/or contact HR for advice if they feel that their concern is not dealt with appropriately.
- Discrimination and harassment towards trans, non-binary and gender non-conforming people, such as intentionally and repeatedly using the wrong pronouns or name, or behaving negatively on the basis of a person’s trans status or gender identity is tantamount to abuse. Such incidents may be reported and investigated through our Trust internal investigation and complaints processes.
- If other patients or members of the public are discriminatory towards trans, non-binary and gender non-conforming patients, they must be reminded that this behaviour will not be tolerated by the Trust. The Trust has a duty under The Equality Act 2010 to foster good relationships between individuals who have protected characteristics and those who do not. If the discrimination continues, the patient/member of the public must be informed that they will be asked to leave the premises.

10. Confidentiality

Details relating to an individual's trans status are confidential and classified as one of the special classes of personal data under the General Data Protection Regulation. This should only be shared with others with the consent of the individual involved, if the information is relevant to the care provided to the person.

Inappropriate disclosure of information about the gender history of a person using a Trust service with a GRC is a criminal offence for which staff members can be prosecuted. This information can only be disclosed by certain staff in very strict circumstances when consent has been sought and the transmission of data is required for the medical care of the trans person.

As previously stated, people who hold a GRC may or may not inform us, and may well wish to keep any discussion of their previous gender to an absolute minimum, unless it is really necessary. Much of the care and support the Trust provides can proceed without the need for knowledge of or reference to a service user’s trans, non-binary or gender non-conforming status.

However, in some situations an individual's gender based on their sex assigned at birth will have important implications for the individual's subsequent assessment and treatment. It is essential therefore that, where this is applicable, staff make this clear to individuals before assessments, tests or investigations are carried out.

11. Clinical Records

Patients may request to change their gender on their patient record at any time and do not need to have undergone any form of medical intervention in order to do so.

When a patient changes their gender, the current process on NHS systems requires that they are given a new NHS number and must be registered as a new patient by their General Practitioner (GP). All previous medical information relating to the patient needs to be transferred into a newly created medical record.

It is the GP's responsibility as the Primary Physician to notify Primary Care Support England (PCSE) that a patient wishes to change their gender. Any patient wishing to change their gender on their records must discuss it with their GP or specialist consultant.

When a patient attends the hospital and states that they identify as transgender, they must be registered on Oasis as such.

Staff should review the GP portal to find out if the GP has legally changed the patient's gender. If so, Oasis can be updated with their new details.

If they have not legally transitioned, then they should be registered as "Transgender" on Oasis.

Wristbands and patient stickers will then be printed without a gender attached.

12. Chaperone

Staff should be aware of the Trust's Chaperone Policy. A chaperone is an impartial observer present during an intimate examination of a patient. They will usually be a health professional who is familiar with the procedures involved in the examination.

When chaperoning the examination of a trans, non-binary or gender non-conforming patient, the health care professional should ask the patient if they have a preference regarding their chaperone's gender. Doing so not only involves the patient in their care, but also helps them to feel comfortable in what may be a distressing or embarrassing situation.

13. Admission to Single Sex Accommodation

- Patients should always be treated as the gender they identify as, regardless of what their transition looks like or how long they have shared their gender identity with others.
- Patients should always be in an environment that aligns with their gender identity.
- Trans, non-binary and gender non-conforming patients may be given the option to use gender neutral facilities if available, i.e. toilets/ showers.
- Gender identity may not always accord with the physical appearance of a person's chest and/or genitalia.
- Allocation of accommodation does not depend upon a trans, non-binary or gender non-conforming person having a GRC or legal name change.
- Depending on how the patient presents, they may not wish to be placed on a ward of their identified gender. A discussion must take place with the patient who must be asked if they would prefer the privacy of a single room, if one is available. This must not be arranged without their consent.
- Staff must be aware that a trans, non-binary or gender non-conforming patient needs sensitive support for their care, e.g. shaving facial hair, requiring menstrual products. Staff must be sensitive when discussing these issues.
- The views of the trans, non-binary or gender non-conforming person should take precedence over those of family members where these are not the same.

14. Risk Assessments

- Staff may be concerned about the possible risks and vulnerabilities that could arise as a consequence of a trans, non-binary or gender non-conforming person being admitted to a ward in accordance with their identified gender. These should be assessed objectively in light of the cause of that concern.
- After consideration, it may be appropriate to take additional action to manage risks, such as reviewing the care plans of all those affected, facilitating discussions with all parties to see if education and understanding about inclusive practices is necessary: for the people using the ward services and the staff working on the ward. A trans, non-binary or gender non-conforming person should not be moved solely in response to this enhanced risk. If it is deemed necessary to move someone, the focus should be on the person exhibiting prejudicial behaviours not the person affected by them.
- Incidents and threats against someone because of their trans status, gender identity, disability, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

15. Changes in Gender Presentation

Staff should be mindful that sometimes a person's presentation may change due to circumstances and how someone identifies. Some people prefer to occasionally wear clothing that is not usually worn by the gender with which they identify for reasons of comfort. Clinical decision making should not be affected by things like the clothes someone wears, their voice or their hairstyle.

16. Emergency Situations

If, in an emergency situation, it is unclear what gender the patient identifies as and (because they are unconscious) staff need to try to ascertain the person's gender before contacting family or moving to a ward. Staff may look for forms of ID that the patient has to try to learn their gender identity. If no ID is available, then the patient should be registered as "unknown" with no gender on their wristband. Once the patient is conscious or the hospital has an update on the patient's identity, the record can be changed.

17. Trans, Non-Binary and Gender Non-Conforming Staff Members

Please refer to our Supporting Staff Members Who Are Transgender, Non-Binary or Gender Non-Conforming Policy

18. References

Royal College of Nursing (2020). Fair care for trans and non-binary people: an RCN guide for nursing and health care professionals [online]. 3rd edn. *Royal College of Nursing* [viewed 26/4/22]. Available from [Fair care for trans people | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/patients-and-public/looking-after-yourself/fair-care-for-trans-people)

Wessex Local Medical Committee (2021). Transgender patients / gender reassignment [online]. Wessex Local Medical Committee [viewed 14/6/21]. Available from [Wessex LMCs: Transgender Patients / Gender Reassignment](#)

Primary Care Support England (no date). Process for registering a patient gender re-assignment [online] [viewed 14/6/21]. Available from [Process for registering a patient gender re-assignment](#)

Equality Act (2010) [online]. Available from [Equality Act 2010 c. 15.](#)

Gender Recognition Act (2004) [online]. Available from [Gender Recognition Act 2004 c.7.](#)

Stonewall (2022). List of LGBTQ+ terms [online] [viewed 26/4/22]. Available [from List of LGBTQ+ terms.](#)

19. Other relevant documents

Supporting Staff Members Who Are Transgender, Non-Binary or Gender Non-Conforming Policy

A Guide to Inclusive Language in Documents, Protocols and Communications (Available on LGBTQ+ Network Intranet page)

Pronouns at Work (Available on LGBTQ+ Network Intranet page)

Behavioural Charter

Worcestershire Acute Trust – Chaperone Policy

Worcestershire Acute Trust – Equality Diversity and Inclusion Policy

Sussex Partnership – Supporting Transgender Service Users Policy

University Hospitals Birmingham – Supporting Individuals who are Transgender Policy

20. Contribution List

This key document has been circulated to the following individuals for consultation:

| Designation |
|--|
| Chief Nursing Officer and Deputy Chief Nursing Officer(s) |
| Chief Medical Officer and Deputy Chief Medical Officer |
| Director of People and Culture and Deputy Director of People and Culture |
| Divisional Triumvirates: DD, DOps, DDN |
| Governance Lead: Divisional Leads |
| Safeguarding Lead |
| Patient Experience and Engagement |
| Legal Services |

This key document has been circulated to the chair(s) of the following committees/groups for comment:

| Designation |
|--|
| Senior Nurses Group |
| Clinical Governance Group |
| People and Culture Committee |
| Patient Carer Public Engagement Steering Group – |
| TME |

Appendix 1

Abbreviations and Definitions
Adapted from Stonewall (2022).

| | |
|-------------------------------|--|
| AFAB/AMAB | Acronym assigned female at birth/assigned male at birth. |
| Assigned Sex | Sex assigned to a person at birth. |
| Cisgender ("Cis") | A person whose gender identity is the same as the sex they were assigned at birth. |
| Deadnaming | Calling a person by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition. |
| Direct Discrimination | Where a person is treated less favourably because of a protected characteristic |
| Discrimination by Association | Where a person is directly discriminated against because they associate with someone with a protected characteristic |
| Discrimination by Perception | Where a person is directly discriminated against because someone thinks they have a protected characteristic. This applies regardless of whether the person has the protected characteristic or not. |
| Dyadic | A person who does not present with an intersex condition. |
| Gender | Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth. |
| Gender Dysphoria | Used to describe where a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who does not feel comfortable with the sex they were assigned at birth. |

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| Gender Expression | How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans. |
| Gender-Fluid | A person whose gender identity may be transient and change. Someone who is gender-fluid may feel like a mix of two traditional genders, more masculine on some days, more feminine on others, etc. Identifying as gender-fluid is not related to sex characteristics or sexual orientation. |
| Gender Identity | A person's innate sense of their own gender, whether male, female or something else. This identity may or may not correspond to the sex assigned at birth. |
| Gender Identity Clinic | A specialist transgender health service |
| Gender Reassignment | <p>Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender.</p> <p>Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice. It is a term of much contention and is one that Stonewall's Trans Advisory Group feels should be reviewed.</p> |
| Gender Recognition Certificate (GRC) | This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport. |
| Non-Binary | An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or |

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| | ‘woman’. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. |
| Outed | When an individual’s trans status and/or gender identity is shared with someone else without their consent. |
| Passing | If someone is regarded, at a glance, to be a cisgender man or cisgender woman. |
| Pronoun | Words we use to refer to people’s gender in conversation, e.g “he/his” or “she/her”. Some people may use gender-neutral pronouns, e.g. “they/them”. |
| Protected Characteristics Equality Act 2010 | <ul style="list-style-type: none"> • Age • Disability • Race • Gender Reassignment • Marriage and Civil Partnership • Pregnancy and Maternity • Religion or Belief • Sex • Sexual Orientation |
| Transgender (“Trans”) | An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, gender-queer (GQ), gender-fluid, non-binary, gender-variant, genderless, agender, non-gender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois. |
| Transgender man | A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man or FTM, an abbreviation for female-to-male. |
| Transgender woman | A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shorted to trans woman or |

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|---------------|---|
| | MTF, an abbreviation for male-to-female. |
| Transitioning | The steps a trans person may take to live in the gender with which they identify. Each person’s transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents. |
| Transphobia | The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans. |
| Transsexual | This word was used in the past as a more medical term to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some although many prefer the term “trans” or “transgender”. |

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|-----------|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | NA | |
| 4. | Is the impact of the policy/guidance likely to be negative? | No | |
| 5. | If so can the impact be avoided? | NA | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | NA | |
| 7. | Can we reduce the impact by taking different action? | NA | |

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|--------------------------|--|---|---|--|--|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| All sections | Datix incident reporting | The governance teams will encourage a high level of reporting on Datix and then monitor incidents that contravene this policy as per the usual Governance scope of practice. A peak in incidents relevant to this policy will be escalated as per Trust incident reporting policy. | Incidents are monitored Monday to Friday (except bank holidays) during core hours | Governance teams | Incidents of concern or themes and patterns of incidents will be escalated to the relevant accountable people stipulated in this policy and may also involve the Human Resource department and the Health and safety managers. | Reporting frequency will depend on the need according to the incidents submitted. |
| All sections | Complaints monitoring | Governance teams will monitor complaints, PALS, family friends feedback and NHS comments to identify | Divisional teams monitor patient feedback and action appropriately | DMT/Governance team | Complaints policy will be followed. Patient experience also monitored and themes presented at the Patient and Carers steering group | Reporting frequency will depend on the need according to the complaints and feedback submitted |