

Audiology Service Clinical New Starters Policy

Department / Service:	Audiology Service
Originator:	Joanne MJ Stanley
Accountable Director:	None at Present
Approved by:	Audiology Governance Meeting
Approved by Medicines Safety Committee:	Not Applicable
Date of approval:	25 th February 2025
First Revision Due:	25 th February 2028
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	Audiology Service
Target staff categories	Audiologists

Policy Overview:

All Audiologists or Clinical Audiology Staff starting to work in the Audiology Service within the Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role. The plan is outlined within this document.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new clinical staff before they see Audiology Patients independently. This applies to all New Clinical Starters whether working within the Adult or the Paediatric Audiology Service. This is to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Key amendments to this document

Date	Amendment	Approved by:
25 th Feb 2025	New Document	Audiology Governance Meeting

Contents page:

Quick Reference Guide

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Dissemination
 - 6.3 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Appendices

Appendix 1

Supporting Documents

Supporting Document 1	Equality Impact Assessment
Supporting Document 2	Financial Risk Assessment

1. Introduction

All Audiologists or Clinical Audiology Staff starting to work in the Audiology Service within the Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role. The plan is outlined within this document.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new clinical staff before they see Audiology Patients independently. This is to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

This will apply to all new clinical starters, working within the Adult or Paediatric Audiology Service, over a tailored duration to suit the individual and their progress based on a set but flexible outline plan, including –

- Experienced Audiologists
- Inexperienced / Newly Qualified Audiologists
- Locum Audiologists
- ATO Role

Benefits of Structured start include:

- To have a structured plan that can be tailored to individual need
- To introduce and transition new clinical starters into their new role
- To provide familiarisation / orientation within the Department on Trust requirements and processes with experienced members of the team
- To create a good team ethic, working together to support and introduce new team members to their role
- To help assure the quality and consistency of service
- To demonstrate quality care is being provided
- To provide a learning tool to staff
- To help ensure good practice
- To identify areas for improvement
- To identify gaps in care and address any training needs

2. Scope of this document

This document applies to Audiologists and ATO's working within the Adult or Paediatric Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

This document is designed to support an action plan for a New Clinical Starter to undergo a structured and transitional introduction into their new role.

3. Definitions

Audiologist includes all Audiologists across all bands including Assistant Audiologists and Locum Audiologists working within the Adult or Paediatric Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

This document applies to Clinical staff involved in providing Adult or Paediatric Audiology Service.

Adult Service includes patients above the age of 18 years old.

Paediatric Service includes patients below the age of 18 years old.

4. Responsibility and Duties

The responsibility of the Audiology department is to support and assist the New Clinical Starter into their new Audiology role within the department and within the Worcestershire Trust.

The Countywide Audiology Manager will liaise with the New Clinical Starter Lead and Administration Lead to establish New Clinical Starter Start Date and individual Experience / Transition needs.

The New Clinical Starter Lead will complete the Audiology New Clinical Starter Outline Plan for the individual New Clinical Starter which will be reviewed at agreed times during their transition and modify the plan if required, depending on individual progress.

The Administration Lead will complete the New Clinical Starter documentation, arrange the New Clinical Starter's attendance to the Trust Induction, have a meeting on the first day of the Clinical New Starters employment within the Trust to complete the Induction documentation and processes.

The Audiology New Clinical Starter Outline Plan will ensure that the New Clinical Starter initially observes, and then participates under supervision, a variety of appropriate appointments with an appropriate member of the Audiology team.

The Audiology department New Clinical Starter Lead will meet with the New Starter to discuss their progress and their Audiology New Clinical Starter Outline Plan to tailor this to their individual needs.

Any areas where a training need is identified this is discussed and provided either within the department or discussed with Countywide Audiology Manager to arrange external training if required.

Peer Review Competency Assessment is carried out prior to New Clinical Starter working independently and this will be covered by the Audiology Adult Service Peer Review Policy Document number WAHT-AUD-010 and the Audiology Paediatric Service Peer Review Policy Document number pending.

It is the responsibility of all of the Audiology Team involved in the New Clinical Starters transition to feedback to the New Clinical Starter Lead regarding the New Clinical Starters progression.

It is the responsibility of the New Clinical Starter to engage in their transitional start and contribute to discussions on progress and further requirements.

5. Policy detail

All Audiologists or Clinical Audiology Staff starting to work in the Audiology Service within the Trust will be transitioned into their role gradually. This is to ensure that they are aware of Trust requirements, orientation and processes and to ensure their competency within their role.

This is in place to ensure a smooth transition into the Audiology Department and to the Trust and to monitor and assess the competencies of all new staff before they see Audiology Patients independently. This is to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities.

Each New Clinical Starter will progress through a structured Audiology New Clinical Starter Outline Plan that can be modified as they progress, to suit their individual progress and need.

The Audiology New Clinical Starter Outline Plan will include –

- A session with an Admin Manager for a set up induction including computer access, personnel file information, uniform and badge ordering, etc
- Local Orientation Tour at each site they will be working at
- Attendance to the Trust Induction
- Sessions observing appropriate Audiology Appointments with an appropriate member of the Audiology team. To observe orientation, processes, trust requirements, departmental requirements, etc
- Sessions with partial involvement with appropriate Audiology Appointments alongside an appropriate member of the Audiology Team.
- Sessions carrying out appropriate Audiology Appointments under the supervision of an appropriate member of the Audiology Team.
- A preliminary Peer Review to ascertain current competency.

- Sessions carrying out appropriate Audiology Appointments with a named go-to member of the Audiology Team.
- The first Annual Peer Review will be carried out.
- Working Independently can then commence.

For an Experienced Audiologist the Audiology New Clinical Starter Outline Plan is initially scheduled to take 5 weeks but will be adapted to suit individual progress and requirement.

For an Inexperienced / Newly Qualified Audiologist the Audiology New Clinical Starter Outline Plan is initially scheduled to take 8 weeks but will be adapted to suit individual progress and requirement.

For an ATO the Audiology New Clinical Starter Outline Plan is initially scheduled to take 8 weeks but will be adapted to suit individual progress and requirement.

For a Locum Audiologist the Audiology New Clinical Starter Outline Plan is condensed and initially scheduled to take 1 week. This is condensed as the locum agencies should ensure their Locum's competencies and the New Clinical Starter transition for a Locum is for their orientation and for the department to confirm their competency Only.

Each New Clinical Starter will have progress meetings to discuss their progress and to discuss any training needs as well as to modify their Audiology New Clinical Starter Outline Plan if required.

Planning –

This will apply to all New Clinical Starters for the Audiology Service over a tailored duration to suit the individual and their progress, based on a set but flexible Audiology New Clinical Starter Outline Plan.

There are 4 Audiology New Clinical Starter Outline Plans that can be modified to suit individual New Starters, including...

- Experienced Audiologists
- Inexperienced / Newly Qualified Audiologists
- Locum Audiologists (condensed transition as locum agencies should ensure their competencies and their New Starter transition is for their orientation and for the department to confirm their competency)
- ATO Role

These Audiology New Clinical Starter Outline Plans are attached to this document.

6. Implementation

6.1 Plan for implementation

The policy will be implemented as soon as possible and incorporated for each new clinical member of staff that starts within the Audiology Service.

6.2 Dissemination

Once the policy has been approved, it will be disseminated via email to the team and specific information emailed to the team with each new clinical starter within the Audiology team. This policy will also be presented at the next Countywide Audiology Meeting.

6.3 Training and awareness

Clinical Audiologist involved in the Audiology Service have annual peer review competency assessments to ensure, evidence and maintain their competencies for them to assist with the smooth transition of New Clinical Starters into the Trust and Audiology Department.

This policy implementation will form part of the training and awareness of the role for each new clinical started within the Audiology Service.

7. Monitoring and compliance

The Audiology Department within the Trust plans to monitor the compliance with, and the effectiveness of, this Policy by regular meetings and discussions with the New Clinical Starters within the Audiology Service and with the Staff involved in their transition to the Trust and Department. An Audit can be performed on the successful implementation of the individual transition plans.

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Policy.

Trust Policy

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?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
All	New Clinical Starter Information is shared between Countywide Audiology Manager, Administration Lead and New Clinical Starter Lead. Information to include New Clinical Starters start date, role, experience level.	Information to be shared via email.	As soon as possible once a start date has been established.	Countywide Audiology Manager, New Clinical Starter Lead and Administration Lead.	Countywide Audiology Manager, New Clinical Starter Lead and Administration Lead will receive and Monitor results within the Audiology Department.	As soon as possible once a start date has been established.
All	The Audiology New Clinical Starter Outline Plan is completed and arranged on Auditbase for when the new Clinical Starter starts. Incorporating their first day meeting with the Administration Lead and the Trust Induction.	Audiology New Clinical Starter Outline Plan will be completed by New Clinical Starter Lead.	As soon as possible once a start date has been established.	New Clinical Starters Lead	This will be monitored by the New Clinical Starter Lead who will monitor results and report to Countywide Audiology Manager.	As soon as possible once a start date has been established.
All	Outline plan to be implemented	By scheduling on Auditbase	Throughout	Countywide	This will be monitored by	Throughout

Audiology Service Clinical New Starters Policy

Trust Policy

	and monitored.	and being monitored by Countywide Audiology Manager, New Clinical Starter Lead, Administration team, Clinical Staff involved in New Clinical Starters Transition and New Clinical Starter.	Outline plan up to the New Clinical Starters Peer Review	Audiology Manager, New Clinical Starter Lead, Administration team, Clinical Staff involved in New Clinical Starters Transition and New Clinical Starter.	the New Clinical Starter Lead who will monitor results and report to Countywide Audiology Manager and New Clinical Starters Line Manager.	Outline plan up to the New Clinical Starters Peer Review
--	----------------	--	--	--	---	--

8. Policy Review

This policy will be reviewed every 3 years, or sooner if required, by the New Clinical Starter Lead and / or Countywide Audiology Manager.

9. References [You should include external source documents and other Trust documents that are related to this Policy]

References:

Code:

Adult Audiology Peer Review Competency Assessment Policy	WAHT-AUD-010
Good Practice	

Resources: New Clinical Starter Outline Plans....

For Experienced Audiologists Audiology New Clinical Starter Outline Plan for initial 5 weeks - Experienced Starters	Document Attached 1
For Inexperienced / Newly Qualified Audiologists Audiology New Clinical Starter Outline Plan for initial 8 weeks - Inexperienced Starters or Newly Qualified Starters	Document Attached 2
For Locum Audiologists Audiology New Clinical Starter Outline Plan for initial week - Locum starter	Document Attached 3
For ATO Role Audiology New Clinical Starter Outline Plan for initial 8 weeks - ATO	Document Attached 4

Experienced Audiologist Audiology New Clinical Starter Outline Plan for initial 5 weeks – Experienced Audiologist

For.....

Please Note- this plan is flexible and may change as required, working pattern, clinical requirements etc.

Week	Aim	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Orientation Induction Clinical Observation	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
2	Clinical Observation Even mix of PTA, HA and ATO sessions	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
3	Partial Clinical Involvement Even mix of appropriate session Types	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
4	Clinical Work under supervision Even mix of appropriate session Types Preliminary Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
5	Independent Clinical Work with named go to colleague Progress Meeting and Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM

Inexperienced or Newly Qualified Audiologist Audiology New Clinical Starter Outline Plan for initial 8 weeks - Inexperienced Starters or Newly Qualified Starters

For.....

Please Note- this plan is flexible and may change as required, working pattern, clinical requirements etc.

Week	Aim	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Orientation Induction Clinical Observation	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
2	Clinical Observation Even mix of PTA, HA and ATO sessions	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
3	Clinical Observation Even mix of PTA, HA and ATO sessions Partial Clinical Involvement Even mix of appropriate session Types	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
4	Partial Clinical Involvement Even mix of appropriate session Types Clinical Work under supervision Even mix of appropriate session Types	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM

Trust Policy



5	Clinical Work under supervision Even mix of appropriate session Types	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
6	Clinical Work under supervision Even mix of appropriate session Types Preliminary Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
7	Independent Clinical Work with named go to colleague	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
8	Independent Clinical Work with named go to colleague Progress Meeting and Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM

Locum Audiologist Audiology New Clinical Starter Outline Plan for initial week - Locum Starter

For.....

Please Note- this plan is flexible and may change as required, working pattern, clinical requirements etc.

Day	Aim	Site	Morning	Afternoon
1	Orientation Induction Clinical Observation		Orientation and Induction With – Senior Adult Audiologist..... Name	Clinical Observation Adult Assessments With – Senior Adult Audiologist..... Name
2	Clinical Observation Even mix of PTA and HA sessions		Clinical Observation Adult Hearing Aid list including Fittings With – Senior Adult Audiologist..... Name	Clinical Observation Any Adult appointments not yet seen with/without partial involvement With – Senior Adult Audiologist..... Name
3	Clinical Work under supervision Even mix of appropriate session Types		Clinical Work Under Supervision Adult Assessments With – Senior Adult Audiologist..... Name	Clinical Work Under Supervision Adult Hearing Aid Work including Fittings With – Senior Adult Audiologist..... Name
4	Clinical Work under supervision Even mix of appropriate session Types		Clinical Work Under Supervision Adult Assessments With – Senior Adult Audiologist..... Name	Clinical Work Under Supervision Adult Hearing Aid Work Including Fittings With – Senior Adult Audiologist..... Name

Trust Policy



5	Independent Clinical Work with named go to colleague		Independent Clinical Work Adult Hearing Aid Work Including Fittings With – Senior Adult Audiologist..... Name	Independent Clinical Work Adult Assessments With – Senior Adult Audiologist..... Name
----------	--	--	--	--

ATO Audiology New Clinical Starter Outline Plan for initial 5 weeks – ATO

For.....

Please Note- this plan is flexible and may change as required, working pattern, clinical requirements etc

Week	Aim	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Orientation Induction Clinical Observation	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
2	Clinical Observation Even mix of Service / Lost Aid /Mould Fitting Appointments and ATO workshop sessions Plus observations of all Appointment types including DAHAP, Fitting, Review, Repairs for Background knowledge	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
3	Clinical and Partial Involvement Even mix of Service / Lost Aid /Mould Fitting Appointments and ATO workshop	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM

Audiology Service Clinical New Starters Policy

Trust Policy



	sessions						
4	Partial Involvement Even mix of appropriate session Types Including ATO workshop sessions	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
5	Clinical and ATO Work under supervision Even mix of appropriate session Types	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
6	Clinical and ATO Work under supervision Even mix of appropriate session Types Preliminary Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
7	Independent Clinical and ATO Work with named go to colleague	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM
8	Independent Clinical and ATO Work with named go to colleague Progress Meeting and Peer Review	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM	Site – AM PM

10. Background

10.1 Equality requirements

Equality impact assessment form completed, as per below, mainly positive and neutral impacts. Where there is a negative impact the assessment will not be carried out during that particular appointment and will be rescheduled to remove potential negative impact.

10.2 Financial risk assessment

Financial Impact Assessment form completed, as per below, no financial risk involved.

10.3 Consultation

This document will be circulated to the Countywide Audiology Manager for consultation.

Contribution List

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

Designation
Edward Southan Countywide Audiology Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
N/A

10.4 Approval Process

This will be reviewed internally by the Countywide Audiology Manager for approval and ratification of this Policy.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Edward Southan / Joanne MJ Stanley
----------------------------------	------------------------------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Edward Southan	Countywide Audiology Manager	edward.southan@nhs.net
	Joanne Stanley	Senior Clinical Audiologist	joanne.stanley2@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for Peer Review Competency Assessments		
What is the aim, purpose and/or intended outcomes of this Activity?	This is in place to monitor and assess the competencies of all staff to ensure and demonstrate clinical competency and to ensure and demonstrate that standards are upheld across all activities		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity		

	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Following a review of the Audiology Service and from feedback from clinical staff who started within the Trust as part of the Audiology Service, it was identified that there was no set structure or template format to integrate and support new clinical starters into the Audiology Service to transition them into their new role.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with Countywide Audiology Manager and clinical staff that are new starters, recent starters and existing members of the Audiology Team and consideration of good practice and service improvements.
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate the smooth transition of new clinical starters within the Audiology Service to ensure and demonstrate a smooth transition into their role and to ensure and demonstrate clinical competency an that standards are upheld across all activities.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Disability	X	X	X	Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved. Negative – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue but in these cases the appointment be carried out without the presence of the New Clinical Starter in this situation.
Gender Reassignment	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Marriage & Civil Partnerships	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Race including Traveling Communities	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Religion & Belief	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Sex	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Sexual Orientation	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	X	X		Neutral - as same appointment carried out regardless. Positive – as process will hopefully bring about service improvements by ensuring clinical standards are upheld or improved.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Negative impact / risk above – if a wheelchair or scooter patient there may be less space in the clinic room due to an extra member of staff. Some disabilities may find more people present an issue	In these cases the appointment can be carried out without the presence of the New Clinical Starter in this situation.	The clinician with the New Clinical Starter within the transition phase.	During the appointment clinical judgement can be made.
How will you monitor these actions?	This will be monitored by clinical staff involved in the appointment. This will then be reported to the New Starter Lead who will monitor the frequency of these events.			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Annually			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Trust Policy

Signature of person completing EIA	Joanne MJ Stanley
Date signed	November 2024
Comments:	
Signature of person the Leader Person for this activity	Edward Southan
Date signed	
Comments:	



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:	Assessors time is the only additional impact.

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