Clinical supervision for professionally registered staff, coaching and mentoring for all staff

Reference Number: 149

Author & Title: Patricia Mills, Head of Organisational Development

Responsible Director: Director of Human Resources

Review Date: November 2016

Ratified by: Lynn Vaughan
Director of Human Resources

Date Ratified: 28th November 2013

Version: 3

Related Policies & Guidelines: Access to study (139)
Study professional leave for consultants, associate specialists and staff grade doctors (141)
Managing staff equality and diversity strategy and policy (131)
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Amendment History

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<th>Issue</th>
<th>Status</th>
<th>Date</th>
<th>Reason for Change</th>
<th>Authorised</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>Approved</td>
<td>January 2012</td>
<td>Planned Review</td>
<td>Lynn Vaughan, Director of HR</td>
</tr>
<tr>
<td>3</td>
<td>Draft</td>
<td>November 2013</td>
<td>Planned Review</td>
<td>Claire Buchanan, Director of HR</td>
</tr>
</tbody>
</table>
1. Policy Summary

The RUH is committed to developing its staff and recognises the need for individual registered practitioners to undertake clinical supervision as part of continuing professional development. It also recognises that coaching and mentoring can be used as supportive mechanisms for staff development. Access to coaching and mentoring will be available to all staff regardless of gender, age, ethnicity, disability or religious belief, and whether or not they receive clinical supervision as part of continuing professional development.

The Trust acknowledges that clinical supervision can be an important aspect in developing and maintaining excellent patient care.

Coaching can be a useful short term intervention in staff development.

Mentoring is a longer term relationship and is part of a spectrum of supportive development.

Clinical supervision, although defined differently by different professions, is seen as a way for staff to develop professional standards, through a supportive relationship with a more experienced professional colleague.

These interventions are part of CQC outcome 14 C, and therefore used as quality measures against which the Trust may be measured.

2. Policy Statements

This policy provides guidance to professionally registered staff groups about the RUH Trust support for clinical supervision.

This policy acknowledges that the term “clinical supervision” is interpreted differently by the professional registration bodies (for definitions see page 5) and seeks to clarify this.

This policy provides guidance to all staff about the RUH Trust commitment to coaching and mentoring as a method of staff development.
3. Definition of Terms Used

3.1. Coaching
Coaching is a career development process sought out by the individual who has identified a need to develop a skill e.g. to undertake appraisal or breaking significant news. Coaching is a short term relationship (usually 4-6 sessions), and may be provided by the line manager or another appropriately competent person.

3.2. Mentoring
Mentoring is a longer term relationship and will be given by an appropriate person. It may be a person who does the same job, or someone able to offer the expertise required to develop the mentee. It is a professional and nurturing relationship, providing challenge and support to enable development. The mentor is often outside the line management structure, and may be external to the organisation.

3.3. Clinical Supervision
Clinical supervision is “a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance the consumer protection and safety of care in complex situations” (DH 1993)

4. Duties and Responsibilities

All staff have a responsibility for ensuring that the principles outlined within this document are universally applied. This policy applies to all members of staff who are involved in any aspect of the development of coaching, mentoring and clinical supervision.

Key organisational duties are identified as follows:

4.1. Learning and Development
Learning and development team will provide access to training for role of clinical supervisors for nurses and AHPs. Learning and development team will commission coaching and mentoring development and maintain a web based register of coaches, mentors and clinical supervisors.
4.2. Managers
Managers will have the responsibility for ensuring equitable access to coaching and mentoring for all staff and clinical supervision for professionally registered staff, in line with the “access to study” policy, and requirements of the registering bodies.

4.3. Coaches, Mentors and Clinical supervisors
Coaches, Mentors and Clinical supervisors have to maintain records as described the policy or as mandated by training institution.

4.4. All Staff
All staff receiving Coaching, Mentoring or Clinical Supervision should prepare for and keep records as described in this policy.

5. Aims and Objectives of this policy and procedure

The aim is to ensure equality of access and compliance with professional registrations bodies’ recommendations for RUH staffing in regard to Clinical Supervision. If a supervisor is mandatory then a person will be appointed by the training body e.g. doctors in training.

To ensure equality of access for all staff, to coaching and mentoring services within the RUH Trust.

If a member of staff identifies that they need coaching, mentoring or clinical supervision this will form part of their personal development plan, following appraisal or identification of a need.

The member of staff can then access the RUH list of trained coaches, mentors and clinical supervisors and approach one of them to request the support needed.

www.ruh.nhs.uk/Training/support/clinical_supervision/index.asp

5.1. Key principles

Clinical supervision has a differing meaning among professional staff groups, as described and supported by their registering bodies. This may be formative through education and developing skills, normative through management relating to the qualitative aspects of the work of the supervisee, or restorative through support and responding to the supervisees as individuals and encouraging them to reflect on their behaviour and attitudes to others.
The RUH Trust supports the principle that staff can access clinical supervision according to the requirements of their professional body.

Skills development will be available for supervisors and supervisees if required. Time to develop these skills will be given as described in the study leave policy (see training plan Appendix 3).

A record will be kept of all clinical supervision according to the guidelines of the professional body or as described in appendix 1.

Clinical supervision will focus on delivering excellent patient care, by developing and supporting staff.

Practitioners will adhere to the principles of clinical supervision laid down by their own professional body, thereby demonstrating their accountability to that body.

The RUH Trust supports the principle that staff can be coached when it is recognised that this is an appropriate intervention for development of a skill e.g. breaking significant news, dealing with a written complaint.

The RUH Trust supports the principle that staff may have access to appropriately developed mentors if this is required. A need for a mentor may be identified e.g. at appraisal or following a development course.

Neither clinical supervision, coaching nor mentoring should be used to address issues of performance management, which should be addressed through the appropriate Human Resources policies and management structure. Issues of knowledge deficit should be met through training.

Part time and bank staff can receive coaching, mentoring or clinical supervision in negotiation with managers. This time can be pro-rated. These interventions will be available to staff working with all patient groups.

Coaching and mentoring as described in this policy will be available to all staff. Clinical Supervision as described in this policy will be available to all professionally registered staff who are required to have it e.g. doctors in training, and available to all staff who are encouraged by their professional bodies to access it e.g. nurses, occupational therapists. They can access as in 3.1 above.

5.2. Principles of Clinical supervision, coaching and mentoring in the RUH

- Clinical supervision, coaching and mentoring and should not be accessed on behalf of another person.
- They should not be used to remedy training or knowledge deficit which should be addressed through education or training.
• Performance management should be addressed using the appropriate policy.
• No member of staff should support more than 3 others using these methods

Yearly appraisal is offered to all RUH staff, as a method of support. Student nurses, physiotherapist, radiographers and occupational therapists will have a named mentor and assessor during their time in the Trust, this is an educational requirement.

5.3. Professional groups

5.3.1. Health Professionals Council
The HPC does not have a statement about clinical supervision and relies on individual registering bodies to provide this information to registrants.

Physiotherapists: there is no formal statement about clinical supervision from the registering body, there is an expectation that registered physiotherapists will supervise and mentor students during clinical practice

Occupational therapists: There is no formal statement about Clinical Supervision from the registering body; there is a tradition of supervision and support for qualified staff and students.

Radiographer: there is no formal statement about Clinical Supervision from the registering body. There is an expectation that students in training will be adequately supervised

Biomedical Scientist / MLSO: There is no formal statement about Clinical Supervision from the registering body.

5.3.2. Medical Staff
Every doctor in training must have a named clinical and educational supervisor. The overall aim of clinical supervision is to ensure that the trainee is safe to carry out the clinical work he or she is expected to do within the department, and that he/she progresses within this particular training post/module.

The main aim of educational supervision is to ensure the overall progress of the trainees through training and includes responsibility for regular appraisals, the collation of workplace based assessment outcomes and the provision of career advice.
For medical staff the clinical and educational supervisor can be the same person

Consultant Medical staff do not require clinical supervision; they have a yearly appraisal. Appraisal data is reported to the GMC for revalidation purposes.
Clinical supervision is given to staff grade doctors by a consultant in the area of work e.g. an anaesthetist if staff grade working in anaesthetics

5.3.3. Nursing staff
The NMC use the DH definition and adds “Clinical supervision should be available to registrants throughout their careers so they can constantly evaluate and improve their contribution to patient/client care. Along with the NMCs PREP (continuing professional development standard), clinical supervision is an important part of clinical governance. It directly relates to registered nurses”.

“NMC supports the principle of clinical supervision but believes it is best developed at a local level in accordance with local needs. We do not therefore advocate any particular model of clinical supervision.” NMC 2006

5.3.4. Midwifery
Not applicable to RUH at present

The terminology used in this document reflects that of the various professional and/or registering bodies, and the RUH Trust.

Describe how compliance with this document will be monitored and how identified actions for change will be implemented.

6. Monitoring Compliance

6.1. Who will perform the monitoring?
The Learning and Development team

6.2. When will the monitoring be performed?
August annually by updating the web based information about coaches and mentors.

6.3. How are you going to monitor?
Doctors in training education supervisors list available via the PGMC or Severn Deanery. Supervisor / coach / mentor on RUH web pages to maintain a record of attendance.
6.4. What will happen if there are any shortfalls are identified?

Doctors in training will be addressed by PGMC or Severn Deanery. RUH coaches and mentors will be addressed by inviting suitably qualified people to put their names forward for the coaching and supervisors list.

6.5. Where will the results of the monitoring be reported?

This will be locally monitored by the Learning and Development team and any risks escalated to the appropriate committee.

7. Review

This policy will be subject to a planned review every 3 years as part of the Trust’s Policy Review Process. It is recognised however that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust’s revised policy and practise.

8. Training

If a member of staff identifies that they would like coaching, mentoring or clinical supervision this will form part of their Personal Development Plan following appraisal or identification of a learning need.

Information on the process can be obtained at appendix 1.

A member of staff then access the RUH list of trained coaches, mentors and Clinical Supervisors and approaches one of them to request the support needed. This list can be found; www.ruh.nhs.uk/Training/support/clinical_supervision/index.asp
9. References (NHS LA Requirement)

DOH (2004) Standards for better health Standard 5b Definition
Crown publications
Supervision of doctors in training. http://www.wessexinstitute.nhs.uk
Accessed 24/10/2007
Appendix 1:

Clinical Supervision, Coaching and Mentoring Implementation Procedure for All Staff

1. Implementation Procedure

1.1 Accessibility

Every professionally registered practitioner beyond the newly qualified stage has a responsibility to supervise other members of staff, ensuring that all staff members at all levels have the opportunity to receive clinical supervision. This is important because clinical supervision should be available to any staff member wishing to receive it.

The choice of supervisor should only be limited by lack of training. Staff should be free to access supervisors from where they wish within the RUH, as long as the proposed supervisor has undertaken training in clinical supervision at RUH or any other recognised organisation. For doctors in training the clinical and educational supervision is provided from within the medical profession.

Coaching and mentoring should be available to any member of staff wishing to receive it and should be limited only by lack of training. Staff should be able to access coaches in their own workplace or outside in agreement with their manager, provided the person has undertaken a recognized training.

There is a data base of qualified external coaches available to bands 7 and above. Bands 1-6 would be offered coaches from the internal data base of qualified coaches.

Mentorship relationships may be internal or external provided there is agreement with the manager. The cost of an external mentor will be agreed with the manager and may be met by the manager, mentee or a combination of both.

1.2 Training

Workshops will be provided for both supervisors and those wishing to access supervision. For supervisors, these will be in-house study days, facilitated by senior staff and experienced supervisors. Introduction to supervision for supervisees will be by drop-in session and it is expected that attendance will be actively encouraged by management.

Coaching workshops will be provided in house by experienced coaches or through an external provider if costs have been agreed by the manager.
Mentoring workshops will be provided in house by experienced trainers or through an external provider if costs have been agreed by the manager.

1.3 Time

It is assumed that each clinical supervision session will last an hour; late arrival will not lead to an extended time being available. This hour will be included in the working day and could be offered 4-6 weekly or between 8 and 12 times a year.

For doctors in training clinical supervision is part of the training programme.

For nurses in training there is an educational mentor provided as part of the training programme

Coaching will be provided in negotiation with the coach, in working time, and for as long as necessary to develop the skill, and not usually for longer than 6 sessions.

Mentoring is a longer term relationship and time would be negotiated between mentee, mentor and manager. This may take place during working hours or not.

1.4 Contract

A contract will be available that supports the RUH Trust’s belief in the process and outcomes of supervision. It will include ground rules, register of attendance and expectations of both supervisee and supervisor. A learning contract may be drawn up to describe the intended learning outcomes (see appendix 2).

NB it is anticipated that no supervisor, coach or mentor will support more than 3 other members of staff at any one time

1.5 Evaluation

This will be a 6 monthly review using questionnaires focusing on qualitative information, given to randomly selected staff. The supervisor, mentor or coach will maintain and retain a record of attendance and be willing to submit this for audit/evaluation purposes. Notes of a session can be taken by the recipient and retained by them for their personal development.
Appendix 2:

Individual Clinical Supervision, Coaching or Mentoring Contract

<table>
<thead>
<tr>
<th>Start date</th>
<th>Supervisor/Coach/Mentor</th>
<th>Supervisee/Coachee/Mentee</th>
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**Purpose of clinical supervision / coaching / mentoring**

- The intervention will be seen as a learning opportunity which results in improvements in patient care
- Staff will feel supported in their clinical practice
- Staff will feel that through the process of reflection, they will have the opportunity to build on their strengths and recognise areas where they need to develop
- Discussion of work related topics
- Achievement of a balance between support, personal and professional development and safe practice, standards and quality care
- Development of a relationship based on trust and where discussion can be open and honest

**Length and frequency of sessions**

*Clinical supervision for nurses:* 60 minutes, every 4-6 weeks as arranged, within working hours and with full knowledge of the manager

*Clinical supervision for doctors in training:* as defined by GMC

*Coaching* will usually be a short term intervention about 4-6 sessions at intervals to be decided by the coach and coachee, with the full knowledge of the manager if in working time.

*Mentoring* is a longer term relationship and intervals between meetings to be agreed by both parties with the full knowledge of the manager if in working time.

**Confidentiality**

The topics discussed during the support session will be confidential between the 2 people involved. The supervisor/coach/mentor will not divulge any aspects of the process in any other arena. The exception to this is if an act of misconduct is divulged. The supervisor/coach/mentor will advise the individual concerned to inform
their manager in this case and have the right to check that this has been done, through contact with the relevant manager.

**Record keeping**
Attendance records will be taken and kept by the supervisor/coach/mentor. If the recipient keeps records for personal development, they will ensure patient confidentiality is strictly adhered to.

**Audit**
The supervisor/coach/mentor will maintain a record of attendance that will be available for audit purposes e.g. equality and diversity audit, and as a managerial check and the supervisor/mentor/coach will submit them for audit as required. The Head Leadership and management Development will be responsible for collating audit information on a yearly basis so that the equality of access to coaching and mentoring can be audited.

**Ground Rules**
These ground rules may be used, if others are used they will be recorded and kept with attendance records.

- The supervisee/mentee will prepare issues for discussion before the session. In coaching the individual will have identified the issue before asking for coaching
- The supervisor/mentor will act as facilitator for the session
- In the event of cancellation, an alternative date will be mutually arranged as soon as possible
- Reasons for changing a session must be acceptable to both parties
- Sessions will not be interrupted, i.e. bleeps and telephone will be switched off
- Late arrival of either party will not result in an extended time frame
- The usefulness of the session will be honestly reviewed at six month intervals
- The next session will usually be arranged and booked before the present session is ended so that both parties can prepare for each session.
- Supervision/mentoring/coaching should never be accessed for a third party, for example as the result of a disciplinary hearing. It must always be the decision of the individual to have supervision/coaching/mentoring. It may be recommended by a line manager, as part of personal development, in which case the manager may check if staff member has attended.
- Supervision/coaching may be recommended as part of an agreed learning contract following performance or conduct issues
- Agreement will be made with line manager for the release of time to attend supervision

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<th>Date agreed:</th>
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<tbody>
<tr>
<td>Signature:</td>
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<tr>
<td>(supervisee/coachee/mentee)</td>
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<tr>
<td>Signature:</td>
<td></td>
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<tr>
<td>(supervisor/coach/mentor)</td>
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Document name: Clinical supervision for professionally registered staff, coaching and mentoring for all staff
Issue date: 4th December 2013
Author: Patricia Mills
Ref.: 149
Status: Final
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Appendix 3: Training Plan

Twice yearly workshops are offered to staff wishing to become clinical supervisors. Staff can book themselves on via ESR or by contacting the Education Centre. On completion of the workshop attendees will be added to the online database.

Individuals wishing to receive supervision can be seen by the Learning and Development team who will explain expectations of a supervisee.
Dear Claire

Please review the following information to support the ratification of the below named

Name of document: Clinical supervision for professionally registered staff, coaching and mentoring for all staff

Name of author: Patricia Mills

Job Title: Head of Organisational Development

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (policy number: 218);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: ___________________________ Date: ___________________________

Name of Person Ratifying this policy: Claire Buchanan

Job Title: Director of Human Resources

Signature: ___________________________ Date: 28/11/2013
To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and post this page only to: The Policy Coordinator, John Apley Building.
The whole policy must be sent electronically to: ruh-tr.policies@nhs.net

## Consultation Schedule

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
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The following people have submitted responses to the consultation process:

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<tr>
<th>Name of Committee/s (if applicable)</th>
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To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and post this page only to: The Policy Coordinator, John Apley Building.
The whole policy must be sent electronically to: ruh-tr.policies@nhs.net
Equality Impact: (A) Assessment Screening

To be completed when submitted to the appropriate Executive Director for consideration and approval.

Person responsible for the assessment:
Name: Raechel Harper  
Job Title: HR Manager (Learning and Development)

<table>
<thead>
<tr>
<th>Does the document/guidance affect one group less or more favourably than another on the basis of:</th>
<th>Yes/No</th>
<th>Comments</th>
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<td>Race</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Nationality</td>
<td>☐ Yes ☒ No</td>
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<td>Gender (including gender reassignment)</td>
<td>☐ Yes ☒ No</td>
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<td>Culture</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Religion or belief</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Sexual orientation</td>
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<tr>
<td>Age</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Disability (learning disabilities, physical disability, sensory impairment and mental health problems)</td>
<td>☐ Yes ☒ No</td>
<td>Staff survey results</td>
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<tr>
<td>Is there any evidence that some groups are affected differently?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<td>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>Is the impact of the document/guidance likely to be negative?</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>If so, can the impact be avoided?</td>
<td>☒ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>What alternative is there to achieving the document/guidance without the impact?</td>
<td>☐ Yes ☒ No</td>
<td>See section B</td>
</tr>
<tr>
<td>Can we reduce the impact by taking different action?</td>
<td>☒ Yes ☐ No</td>
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</table>

If you answered **NO** to all the above questions, the assessment is now complete, and no further action is required.

If you answered **YES** to any of the above please complete the **Equality Impact: (B) Full Analysis**
Equality Impact: (B) Full Analysis

**Note:**

Only complete this section if you answered **YES** to any of the questions in the **Equality Impact: (A) Screening Assessment**

Equality Analysis is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality Analysis can be carried out in relation to service delivery as well as employment policies and strategies.

This template has been developed to use as a framework when carrying out an Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Royal United Hospital, Bath NHS Trust website.

1. **Identify the aims of the policy or service and how it is implemented.**

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Briefly describe purpose of the service/policy including</td>
<td>This policy provides guidance to professionally qualified staff for Clinical Supervision and all staff with regard to Coaching and Mentoring to offer support and development for all staff groups. This is a new policy and the guidance is considered best practice.</td>
</tr>
<tr>
<td>- How the service/policy is delivered and by whom</td>
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<tr>
<td>- If responsibility for its implementation is shared with other departments or organisations</td>
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</tr>
<tr>
<td>- Intended outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>1.2</strong> Provide brief details of the scope of the policy or service being reviewed, for example:</td>
<td>This is a new policy and the guidance is considered best practice.</td>
</tr>
<tr>
<td>- Is it a new service/policy or review of an existing one?</td>
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<tr>
<td>- Is it a national requirement?</td>
<td></td>
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<tr>
<td>- How much room for review is there?</td>
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<tr>
<td><strong>1.3</strong> Do the aims of this policy link to or conflict with any other policies of the Trust?</td>
<td>The aims of this policy link the Appraisal and Access to Study leave. It does not conflict with any other policies</td>
</tr>
</tbody>
</table>
2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> What is the equalities profile of the team delivering the service/policy?</td>
<td>Please refer to the Trust’s Annual Monitoring report available on the Trust’s website.</td>
</tr>
<tr>
<td><strong>2.2</strong> What equalities training have staff received?</td>
<td>All staff are required to undertake equality and diversity awareness training as described in the Core Skills Framework adopted by the Trust. It is mandatory for all staff to update their knowledge every 3 years. In addition, the training for all Clinical Supervisors, Coaches and Mentors will include equality and diversity awareness</td>
</tr>
<tr>
<td><strong>2.3</strong> What is the equalities profile of service users?</td>
<td>Please refer to the Trust's Annual monitoring report available on the Trust's website</td>
</tr>
<tr>
<td><strong>2.4</strong> What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>The 2012 NHS Staff Survey indicated that 86% of staff believe the trust provides equal opportunities for career progression or promotion.</td>
</tr>
<tr>
<td><strong>2.5</strong> What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</td>
<td>Discussion has taken place at TCNC policy sub group, Staff Survey action group and Equality and Diversity Committee.</td>
</tr>
<tr>
<td>Key questions</td>
<td>Data, research and information that you can refer to</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>2.6</strong> If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</td>
<td>Using data and engagement activities as identified above.</td>
</tr>
</tbody>
</table>
### 3. Assessment of impact: ‘Equality analysis’

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups.

<table>
<thead>
<tr>
<th></th>
<th>Examples of what the service has done to promote equality</th>
<th>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Gender</td>
<td>This policy is available for all staff irrespective of their gender</td>
<td></td>
</tr>
<tr>
<td>Identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Transgender</td>
<td>This policy is available for all staff irrespective of Transgender</td>
<td>A disabled person may not be able to access this policy in its current format.</td>
</tr>
<tr>
<td>Identify the impact/potential impact of the policy on transgender people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Disability</td>
<td>This policy is available for all staff irrespective of their age.</td>
<td></td>
</tr>
<tr>
<td>Identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Age</td>
<td>Staff survey 2012 reports that 86% of respondents believe that the Trust provides equal opportunities for career progression. Someone speaking another language other than English may not be able to access the policy in its current format.</td>
<td></td>
</tr>
<tr>
<td>Identify the impact/potential impact of the policy on different age groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Race</td>
<td>This policy is available for all staff irrespective of their age.</td>
<td></td>
</tr>
<tr>
<td>Identify the impact/potential impact on different black and minority ethnic groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 Sexual orientation</td>
<td>This policy is available for all staff irrespective of their sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Identify the impact/potential impact of the policy on lesbians, gay, bisexual &amp; heterosexual people</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Document name:**

**Ref.:**

**Issue date:**

**Status:**

**Author:**

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| 3.7 | **Religion/belief**  
Identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion. | Examples of what the service has done to promote equality | Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this |
| 3.8 | **Marriage/Civil Partnership**  
Identify the impact/potential impact of the policy | This policy is available for all staff irrespective of their marriage/civil partnership |
| 3.9 | **Pregnancy/Maternity**  
Identify the impact/potential impact of the policy | Staff on maternity leave may not be aware of this revised policy. |
4. Royal United Hospital, Bath Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Actions required</th>
<th>Progress milestones</th>
<th>Officer responsible</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>A disabled person may not be able to access this policy in its current policy</td>
<td>Identify reasonable adjustments to enable staff with disabilities eg. Enlarge font for staff with sight difficulties. Liaise with HR, Communication and Patient Experience Departments for advice.</td>
<td>Clear pathway of support for adapting this policy for staff with a disability</td>
<td>Policy Author</td>
<td>31/12/13</td>
</tr>
<tr>
<td>Someone speaking another language other than English may not be able to access the policy in its current format.</td>
<td>Identify translation support linking in with HR, Communication Department where appropriate</td>
<td>Clear pathway for adapting this policy for staff with language barriers.</td>
<td>Policy Author</td>
<td>31/12/13</td>
</tr>
<tr>
<td>Staff on maternity leave may not be aware of this revised policy</td>
<td>Liaise with HR department to include as part of regular updates to staff on maternity leave</td>
<td>Inclusion in newsletter</td>
<td>Policy Author /HR</td>
<td>31/12/13</td>
</tr>
</tbody>
</table>

5. Sign off and publishing
Once you have completed this form, it needs to be ‘approved’ by your Line Manager or their nominated officer. Please ensure that it is submitted to the body ratifying your policy or service change with your report/proposal. Keep a copy for your own records.

<table>
<thead>
<tr>
<th>Signed off by:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Document name: | Ref.: |
Issue date: | Status: |
Author: | Page 27 of 27 |