

**REFERRAL OF A REGISTRANT TO THE NURSING AND MIDWIFERY COUNCIL (NMC) OR THE HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) POLICY**

**NON-CLINICAL**

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	<b>YES</b>	<b>NO</b>	<b>N/A</b>
	X		
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<b>Date of Completion of Equality Impact Assessment</b>	20 <sup>th</sup> July 2023		
<b>Date of Environmental Impact Assessment (if applicable)</b>	Not applicable		
<b>Legal and/or Accreditation Implications</b>	Professional regulation of Nurses, Midwives, Nursing Associates and Allied Health Professions		
<b>Target Audience</b>	<ul style="list-style-type: none"> <li>• Ward and Department Leaders.</li> <li>• Divisional Matrons and Lead Allied Health Professionals.</li> <li>• Divisional Director of Nursing/Midwifery, Therapy Managers</li> <li>• Human Resource – Divisional business partners</li> <li>• All registrants with the Nursing and Midwifery Council and the Health and Care Professionals Council employed by Sherwood Forest Hospitals Foundation</li> </ul>		

	Trust including staff on permanent and bank contracts and all registrants working at the Trust on an agency basis.	
<b>Review Date</b>	August 2026	
<b>Sponsor (Position)</b>	Chief Nurse	
<b>Author (Position &amp; Name)</b>	Practice Development Matron, Corporate Nursing	
<b>Lead Division/ Directorate</b>	Nursing	
<b>Lead Specialty/ Service/ Department</b>	Nursing/Allied Health	
<b>Position of Person able to provide Further Guidance/Information</b>	Practice Development Matron, Corporate Nursing	
<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
Not Applicable	Not Applicable	
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## 1.0 INTRODUCTION

The Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) are the regulatory bodies for Registered Nurses, Midwives, Nursing Associates and 15 Allied Health and Care Professions at Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). They safeguard the health and wellbeing of the public through regulation of practitioners by setting and upholding standards of conduct and performance for daily practice and assuring the public through robust statutory requirements around education, training and continuing professional development.

On behalf of the Trust, managers and supervisors of Nurses, Midwives and Allied Health Professionals must deal with situations concerning the misconduct, lack of competence or poor health of these registrants. While most of these incidents can be managed at a local level and do not give rise to wider concerns about public protection there are occasions where practitioners will need to be referred to their regulatory body.

This policy will provide information and clarity on the processes and procedures required when there is a need to refer a registrant to their regulator.

## 2.0 POLICY STATEMENT

This policy applies to the practice and conduct of all SFHFT staff registered with the NMC and HCPC and will provide clarity around the processes in place for when a registered practitioner should be referred to their regulatory body by the Trust for further investigation or any regulatory sanction. In practice most matters will be dealt with by the Trust and not referred to the NMC/HCPC. In some circumstances it will be appropriate for the matter to be both referred to the NMC/HCPC and dealt with by the Trust.

As the strategic lead for regulatory referrals, the Chief Nurse\* (\*or designated deputy) must be informed as soon as there is a potential for a referral to be made by the Trust. The Chief Nurse\* needs to be assured that internal processes have been put into place before a registrant should be referred to their regulator for investigation or decide if it is sufficient for the matter to be dealt with through the Trusts' internal processes.

Referrals of staff to the regulator, made from outside the Trust should also be managed through the Chief Nurse's office and the processes for these can be found as Appendices 2 and 3.

The NMC/HCPC will always respond to any complaints that are made irrespective of the source.

## 3.0 DEFINITIONS/ ABBREVIATIONS

The Trust/SFHFT	Sherwood Forest Hospitals NHS Foundation Trust – all sites
NMC	Nursing and Midwifery Council – The regulatory body for registered Nurses, Midwives and Nursing Associates
RN	Registered Nurse – registrant

RM	Registered Midwife - registrant
AHP	Allied Health Professional -registrant
NA	Nursing Associate -registrant
HCPC	Health and Care Professions Council : The regulatory body for registered AHP's - Art Therapists, Biomedical Scientists, Chiropodists, Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner Psychologists, Radiographers and Speech and Language Therapists, Orthotists.
HR	Human Resources / People Directorate
Regulator/ regulatory body	Used throughout the policy and referring collectively to the NMC and HCPC

## 4.0 ROLES AND RESPONSIBILITIES

### Chief Nurse

The Chief Nurse has strategic responsibility for ensuring there is compliance with the NMC and HCPC guidelines and that they are applied in a fair and consistent manner. The Chief Nurse\* will cascade and communicate to all Executive Directors, Directors, Managers, Human Resources staff, Staff Side representatives and staff so that they are fully aware of the NMC and HCPC referral guidelines.

### Director of Nursing

The Director of Nursing/ Deputy Chief Nurse is responsible for ensuring that nurses act in accordance with this policy, for processing all Trust Registered Nurse/Midwife/ Nursing Associate referrals to the NMC and for providing feedback to the Chief Nurse and HR team.

### Associate Chief Allied Health Professional (AHP)

The Associate Chief Allied Health Professional is responsible for ensuring that AHPs act in accordance with this policy, for processing all Trust AHP referrals to the HCPC and for providing feedback to the Chief Nurse\* and HR team.

### Head of Safeguarding /Named Nurses for Safeguarding

The Head of Safeguarding and Named Nurses for Safeguarding must be notified if there are concerns within the referral relating to the abuse or neglect of a child or adult and will be responsible for liaising with the relevant statutory agencies to identify whether additional interventions with regard to the registrant are necessary.

### Divisional Directors of Nursing/Midwifery and AHPs

Divisional Heads of Nursing/Midwifery and AHPs are accountable and responsible for the well-being and protection of service users. They must support staff both within their line of reporting and in accordance with any designated role they may be given in relation to referrals to the NMC/HCPC. They must have a clear oversight of any plans/actions taken in relation to supporting registrants to make improvements before referral to a regulator is considered.

### **Matrons/Ward and Department Leaders**

Matrons/Ward and Department Leaders are accountable and responsible for ensuring that any instances where the practice of a registrant is called into question are escalated without delay to their line manager and must take action to further support the well-being and protection of service users.

### **Human Resources**

Human Resources, following disciplinary proceedings or the use of Capability Policy, are responsible for informing the Chief Nurse\* of any cases that require consideration for referral to the regulator. The Human Resources Department will support senior Trust staff at all levels in the application of this policy and associated procedures.

### **Staff Support – Occupational Health and Employee Assistant Provision (EAP)**

The Occupational Health Department will provide a confidential support service for staff. Managers may make a referral for specific health related advice or opinion where health concerns may require a registrant to be referred to their regulator. Managers and the member of staff themselves can independently seek support for stress related issues that may arise as a result of referral and any associated procedures/processes.

The Employee Assistance Provision (EAP) is provided via VIVUP and is a free confidential service which provides support to staff on work and personal issues 24 hours per day, 7 days per week. Any staff member who is referred to their regulatory body will be provided with the EAP details.

Staff will be offered on-going, continuous support, before, during and following any referral to a regulatory body.

### **Staff Support – Trade Union Organisations**

Trade union organisations work with staff that are active members alongside the Trust and are available to support their members. It is the responsibility of the registrant to contact and organise their individual trade union representation.

### **Registered Nurses/Midwives/Nursing Associates/ Allied Health Professionals**

Registered Nurses/Midwives and Nursing Associates are accountable for adhering to Professional standards of practice and behaviour as specified in the [NMC Code \(2018\)](#).

Allied Health Professionals are accountable to their regulator specified within the [HCPC Standards of Conduct, Performance and Ethics \(2016\)](#) and the [HCPC Updated Standards of Proficiency \(effective from 01/09/2023\)](#) specific to their professional occupation.

It is the responsibility of the registrant to contact and organise their individual trade union representation.

## **5.0 APPROVAL**

The Nursing, Midwifery and Allied Health Professional Committee

## **6.0 DOCUMENT REQUIREMENTS**

In practice most matters will be dealt with internally by the Trust. In some circumstances it will be appropriate for the matter to be both referred to the regulator and dealt with by the Trust.

In the event of this, referral to the regulator should not delay the length of time it may take to conclude any internal Trust disciplinary processes.

## 6.1 Involvement of the NMC/HCPC

6.1.1 All potential regulator referrals relating to Registered Nurses, Midwives, Nursing Associates or AHPs must be referred to the Chief Nurse's office so that a consistent approach can be taken as to when the matter under investigation warrants a referral to the regulator.

6.1.2 A referral to the regulator is a serious matter for an individual registrant and the Trust's decision to refer a registrant will not be taken lightly. It will be made based upon careful consideration of the evidence presented in relation to a fitness to practice allegation based on ill health and/ or evidence of poor practice.

6.1.3 It is critically important that any evidence relating to fitness to practice is rigorous and accurate. In situations where a registrant has been provided with supporting practice programmes and/or has completed a capability programme these programmes must have been constructed using evidence-based outcomes, clear performance requirements and significant evidence of how the registrant failed. Clear and unambiguous timelines should be maintained throughout.

6.1.4 In certain circumstances it may be appropriate to refer a registrant to their regulator before there has been sufficient time to complete any internal investigation. This allows for the possibility of interim suspension or restrictions on registration, for example working under supervision, or with a chaperone until the case has been thoroughly investigated.

6.1.5 NMC registrants are obligated to complete a health and character declaration on registration and at the point of their Revalidation. They are also required to inform their line manager where they have concerns relating to their own performance as any issues arise.

6.1.6 HCPC registrants are obliged to tell their regulator important information about their conduct and competence and declare whether they have:

- Accepted a caution from the police
- Been found guilty of a criminal offence
- Had any restriction placed on their practice
- Been suspended or dismissed by an employer because of concerns about their conduct and competence.

6.1.7 A registrant will receive any information sent to the regulator by complainants as they are entitled to a right to reply to allegations made against them.

6.1.8 Members of the public, Registered Nurses, Midwives and other healthcare workers, the police or other health and social care providers can choose to refer a registrant to their regulator. Registrants may also refer themselves. In such circumstances where notification of referral externally is received into the Trust from the NMC or HCPC all must be processed through the Chief Nurse's office (see Appendix 2 and 3).

## 6.2 Referring registrants

Referrals made by the Trust must identify the registrant concerned including the registrant's full name, date of birth, Personal Identification Number (PIN)/ registration number and home address.

Referrals are made to the regulatory body for the following reasons:

NMC	HCPC
Misconduct	
Lack of competence	
Criminal behaviour	
Serious ill health	
Not having the necessary knowledge of the English language	
A determination by another health or social care regulatory or licensing body	

### 6.2.1 Fitness to Practice

Reporting a case of Fitness to Practice to the regulator is appropriate and necessary when the conduct, competent practice, character and behaviour or health of a registrant is impaired to the extent that public protection may be compromised.

All allegations of impairment of fitness to practise must:

- Clearly set out the complaint against the registrant.
- Where it is appropriate, the referral must be supported by appropriate evidence to demonstrate how the Trust has supported the registrant to improve, the measures taken to monitor this support and clearly describe the lack of attainment to the required standard.
- Where a disciplinary investigation has been instigated and the appeal period has closed/completed, the reports must be submitted to the regulator. However, this information is often not available at the point of referral and this should not delay the referral. Where disciplinary processes have been instigated as per Trust policy staff should be accompanied by their Trade Union Representative.

### 6.2.2 Health Referrals

Registrants should not be referred to the NMC/HCPC because they have experienced ill health but rather because their ill health is causing fitness to practice issues which can be clearly demonstrated through Occupational Health reviews and is supported by clinical evidence. Concerns about a registrant's fitness to practice, should be raised and discussed with the Head of Nursing/Midwifery/ Associate Chief AHP at an early stage. This must be significantly before any referral to the NMC/HCPC is considered to optimise opportunities for support to be provided to the registrant and improvements to be realised.

If strategies to support the individual to improve are unsuccessful, a referral to the regulator with supporting evidence will then be completed jointly by their lead nurse/manager in conjunction with the Chief Nurse.



### 6.3 Referral processes (see Appendix 1)

6.3.1 All referrals to the regulator will be endorsed and co-ordinated through the offices of the Chief Nurse. **It is the responsibility of the individual DDN's to inform the Chief Nurses office of all referrals in order for the Trust wide database to remain updated.**

6.3.2 The issue may be such that immediate referral to the regulator is appropriate. In such a situation referral will be made through the office of the Chief Nurse and will be completed by the Divisional Director of Nursing/Midwifery or Director of AHP's

6.3.3 It is acknowledged that on some occasions given the nature of the concerns it is not always appropriate to have a supportive process commenced.

6.3.4 A registrant must be advised in writing by their line manager, of the referral to their regulator and the reasons for the referral .

6.3.5 Any subsequent statements requested from the regulator must be checked for accuracy by the Divisional Director of Nursing/Midwifery/ Director of AHP's and reviewed by the Chief Nurse before submission.

6.3.6 Where it is appropriate the Chief Nurse\* will provide a restricted level of detail and overview at the confidential section of the Nursing, Midwifery and AHP Committee. The purpose of sharing such information will be to identify any organisational learning and changes in practice that might be required.

6.3.7 Where the referral may have safeguarding implications please refer to the [Dealing with Safeguarding Allegations or Concerns about Individuals Undertaking work with Children, Young people and Vulnerable Adults in the Trust Policy](#)

### 6.4 Role of the Regulator

When the Trust refers a registrant to their regulator their case is referred for screening in the first instance. After confirming current registration, a panel will check that the nature of the complaint requires regulatory involvement. If there is a case to answer they will refer the case through to an investigating committee panel. At this point the registrant will be notified of the referral.

The investigating committee will decide if a hearing is necessary. If there is a decision to hold a hearing the regulator will send the registrant a copy of the allegations and the supporting information and will invite them to submit a written response for the panel to consider.

### 6.5 Suspensions and sanctions on practice

#### 6.5.1 Trust Suspension

Occasionally the Trust may need to issue a precautionary suspension to a registrant before completion of an internal investigation.

A decision to issue a precautionary suspension will be made jointly with in accordance with the Trust's Disciplinary Policy.

Staff will be encouraged to have their Trade Union Representative present at any Trust meetings in relation to these matters.

An individual's terms, conditions and pay remain effective during a suspension in accordance with the Trust Disciplinary Policy.

#### 6.5.2 Interim suspensions by the NMC/HCPC

Where there is a concern that the registrant may endanger a member of the public through their actions or omissions, a request can be made to their regulator for an interim suspension pending the outcome of the regulatory body investigations.

Where the NMC/HCPC issue an interim suspension, the registrant will not be paid as they do not meet their conditions of employment with SFHFT (i.e. active registration with a professional body).

#### 6.5.3 Agency and bank staff on suspension

Agency staff for Nursing and Midwifery are managed through the Temporary Staffing office. Agency nurses are procured through the Collaborative Procurement Partnership (CPP) Framework, who work to provide assurance and guidance for trusts and agencies on how bookings should take place. It is a statutory requirement that the Trust is informed of any suspension from the NMC register or sanctions to practice of individuals as they occur, and that these are done prior to the booking taking place (in most instances the candidate will be refused work in light of being notified of concerns around their registration). Agency AHP staff are managed through the divisional teams.

All bank staff registrations are monitored by the Temporary Staffing Team.

If the Trust receives an outside referral from a regulator through the Chief Nurse's Office, it is their responsibility to inform the Temporary Staffing Office manager and the divisional leads.

#### 6.5.4 Newly appointed staff with pending or active Fitness to Practice Investigations

When it is brought to the Trust's attention that a registrant has been referred to their regulator or declares that they have had a previous suspension order or sanction placed on their practice in another organisation, it is the responsibility of the appointing officer to raise this with their Divisional Director of Nursing/Midwifery/ Associate Chief AHP who must inform the Chief Nurse\* before any offer of employment is made.

### **6.6 Chief Nurse Alert letters for Health Care Professional under Investigation by Health and Social Care (HSC) Employers**

An Alert letter is the way in which all HSC employers and private health care providers are made aware of a health professional whose performance or conduct could place patients, staff or the public at serious risk. Alert letters cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work

elsewhere in a health or social care setting in any capacity, whether requiring registration, before their regulatory body has had the chance to consider interim suspension or other measures. Where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored	Responsible Individual	Process for Monitoring e.g. Audit	Frequency of Monitoring	Responsible Individual or Committee/ Group for Review of Results
(WHAT – element of compliance or effectiveness within the document will be monitored)	(WHO – is going to monitor this element)	(HOW – will this element be monitored (method used))	(WHEN – will this element be monitored (frequency/ how often))	(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Trust database of referrals to the NMC/ HCPC to track referrals and provide updates	Chief Nurse*/Director of Nursing/Deputy Chief Nurse	Review	Monthly	NM&AHP Committee
Accuracy and timeliness of escalation and entries to the Trust database.	Divisional Directors of Nursing/Midwifery/ Associate Chief AHP	Audit on any of the referrals / progress of investigations	Monthly	Divisional human resources
Adherence to the policy and associated policies/procedures and guidelines	Chief Nurse* Deputy Director of HR Heads of Service/ Divisional Director of Nursing/Midwifery/ Associate Chief AHP	Referrals are made using the processes outlined in the policy	Ongoing	Chief Nurse* Deputy Director of HR Heads of Service/ Divisional Director of Nursing/Midwifery/ Associate Chief AHP

## 8.0 TRAINING AND IMPLEMENTATION

No formal training is required for the implementation of this policy. It will be published and available via the Trust Intranet, located within the HR policies.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 5
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

HCPC (2016) Standards of conduct, performance and ethics. Available at <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/> Accessed 20/07/2023

HCPC (2022) Updated Standards of Proficiency effective from 1<sup>st</sup> September 2023. Available at <https://www.hcpc-uk.org/standards/standards-of-proficiency/reviewing-the-standards-of-proficiency/download-the-revised-standards-of-proficiency/> Accessed 20/07/2023

(HCPC) (2022) Threshold policy for fitness to practise investigations. Available at <https://www.hcpc-uk.org/resources/policy/threshold-policy-for-fitness-to-practise-investigations/> Accessed 20/07/2023

Health Professions Order 2001. SI 2002/254. Available at <https://www.legislation.gov.uk/ukxi/2002/254/contents/made> Accessed 20/07/2023

NHSi A Just Culture Guide. Available at <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=57408> Accessed 20/07/2023

NMC (2016) Advice and information for employers of nurses and midwives. Available at <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/advice-for-employers.pdf> Accessed 20/07/2023

NMC (2016) Referral Decision Tree. Available at [NMC referral decision tree](#) Accessed via Google 20/07/2023

NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates: available at <https://www.nmc.org.uk/standards/code/> Accessed 20/07/2023

NMC (2018) Standards of Proficiency for Registered Nurses: Available at <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/> Accessed 20/07/2023

Nursing and Midwifery Order 2001. SI 2002/253. Available at:  
<https://www.legislation.gov.uk/uksi/2002/253/contents/made> Accessed 20/07/2023

**Related SFHFT Documents:**

[Appeal Policy](#)

[Capability Policy](#)

[Dealing with Safeguarding Allegations or Concerns about Individuals Undertaking work with Children, Young people and Vulnerable Adults in the Trust Policy](#)

[Dignity at Work Policy](#)

[Disciplinary Policy](#)

[Disciplinary Policy - Supplementary Guidance for Managers](#)

[Grievance Policy](#)

[Professional Registration Policy](#)

[Safeguarding Adults Policy](#)

[Safeguarding Children and Young People Policy](#)

[Sickness, Absence and Wellbeing Policy](#)

**11.0 KEYWORDS**

Referral to regulator, Sanction of practice, Professional practice, Suspension from work, Professional registration.

**12.0 APPENDICES**

Appendix 1 – Flow chart for referral to regulatory bodies from the Trust

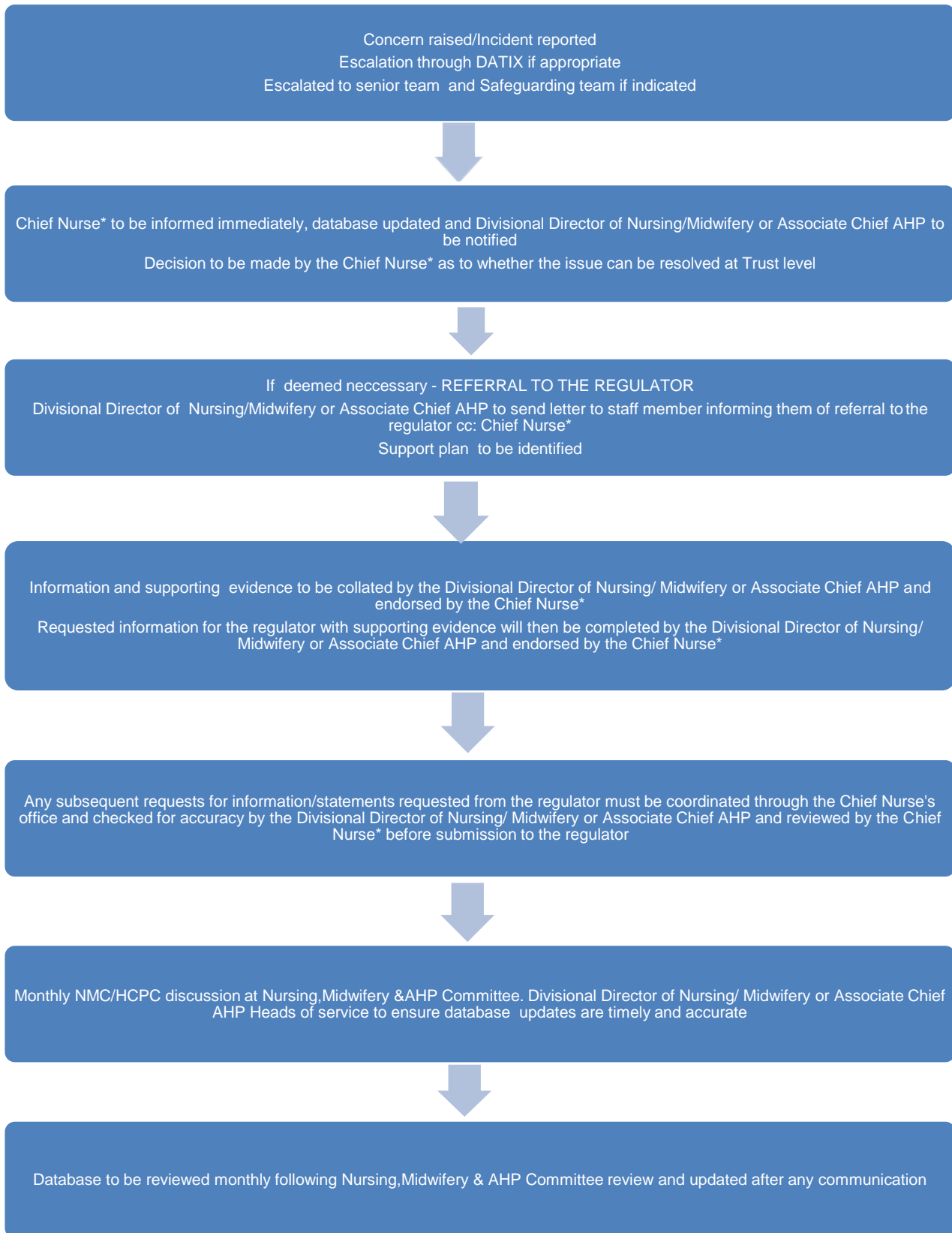
Appendix 2 - Process for referral received from the Nursing and Midwifery Council (NMC)

Appendix 3 - Process for referral received from Health and Care Professions Council (HCPC)

Appendix 4 – Equality Impact Assessment

## Appendix 1

### Process for referral to regulatory bodies from the Trust



## Appendix 2:

### Process for referral received from the Nursing and Midwifery Council (NMC)





### Appendix 3:

#### Process for referral received from Health and Care Professions Council (HCPC)



**APPENDIX 4 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

Name of service/policy/procedure being reviewed: <b>REFERRAL OF A REGISTRANT TO THE NURSING AND MIDWIFERY COUNCIL (NMC) OR THE HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) POLICY</b>			
New or existing service/policy/procedure: <b>New Policy</b>			
Date of Assessment: <b>03/07/20</b>			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	none	Policy to be published to the intranet	None
<b>Gender</b>	none		None
<b>Age</b>	none		None
<b>Religion</b>	none		None
<b>Disability</b>	none		None
<b>Sexuality</b>	none		None
<b>Pregnancy and Maternity</b>	none		None
<b>Gender Reassignment</b>	none		None

<b>Marriage and Civil Partnership</b>	none		None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	none	Hard copies available where IT access is not readily available.	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b>			
<ul style="list-style-type: none"> <li>None</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b>			
<ul style="list-style-type: none"> <li>Job descriptions</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b>			
<ul style="list-style-type: none"> <li>No</li> </ul>			
<b>Level of impact</b>			
<p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (<a href="#">click here</a>), please indicate the perceived level of impact:</p> <p><b>Low Level of Impact</b></p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>			
<b>Name of Responsible Person undertaking this assessment:</b>			
<b>Signature: Alison Davidson</b>			
<b>Date: 20th July 2023</b>			