

Claims Policy & Procedure (Clinical Negligence Personal Injury and Property)

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Policy Dissemination

Corporate	To all Medway NHS Trust Staff
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Consultation Process

Title of Individuals Consulted	
Head of Governance	
Name of Committee / Group Consulted	Date
Trust Board	2003
Quality & Safety Committee	2009
Corporate Policies and Procedures Group	2011
Policy Review Group	2015

Corporate Approval & Ratification

Committee / Job Title	Date
Policy Review Group	June 2015

Document Control / History

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1	General review and updated into new format Director responsibility has been changed Title of the NHSLA requirements updated from NHS Circular 02/03 to Clinical Negligence Reporting Guidelines 5 th Edition August 2008
2	General review and inclusion of witness support, Monitoring Table & Equality Impact Assessment
3	General Update in line with NHSLA requirements
4	Scheduled review – updated job titles

Document	Ref No
References:	
Care Quality Commission	Domain 4
The NHS Litigation Authority (NHSLA) website provides further information and guidance: www.nhsla.com .	
<i>PES, LTPS: Membership Rules.</i> (1999)	

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<p><u>Clinical negligence litigation - a very brief guide for clinicians.</u> (2003)</p> <p><u>Independent Sector Treatment Centres (ISTCs) and CNST.</u> (2006)</p> <p><u>NHSLA Disclosure List.</u> (2006)</p> <p><u>LTPS claims reporting guidelines.</u> (2007)</p> <p><u>Clinical Negligence Reporting Guidelines. (5th edition).</u> (2008)</p> <p><u>Clinical Negligence Scheme for Trusts - Membership Rules (Revised March 2008).</u> (2008 [2001])</p> <p><u>Study of Stillbirth Claims.</u> (2009)</p> <p><u>New Guidance on Dealing with Medical Records Requests.</u> (2010)</p> <p><u>The NHS Constitution: The NHS belongs to us all.</u> (2010)</p>	
<p>The National Patient Safety Agency (NPSA) website provides further information and resources in relation to 'Being Open': www.npsa.nhs.uk.</p> <p><u>Patient Safety Alert. Being Open: Communicating with patients, their families and carers following a patient safety incident.</u> (2009)</p> <p><u>Being open: Saying sorry when things go wrong.</u> (2009)</p> <p>'Root Cause Analysis (RCA) report-writing tools and templates'. <u>NPSA list of resources</u></p> <p><u>Medical Error: What to do if things go wrong: a guide for junior doctor's issue 02.</u> (2010)</p> <p>Department for Constitutional Affairs (DCA). 'Pre-action Protocols for the Resolution of Clinical Disputes'. <u>DCA website page</u>. Available at: www.dca.gov.uk</p> <p>Department for Constitutional Affairs (DCA). 'Pre-Action Protocol for Personal Injury Claims'. <u>DCA website page</u>. Available at: www.dca.gov.uk</p> <p>Department of Health. (2005). <u>NHS Redress: Statement of Policy</u>. London: Department of Health. Available at: www.dh.gov.uk</p> <p>Department of Health. (2005). <u>NHS Redress: Improving the</u></p>	

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<p><i>response to patients</i>. London: Department of Health. Available at: www.dh.gov.uk</p> <p>Ministry of Justice. (2011). <i>Civil Procedure Rules</i>. Ministry of Justice. Available at: www.justice.gov.uk</p>	
<p>Trust Associated Documents:</p>	
<p>Data Protection Act 1998</p>	
<p>Freedom of Information Act 2000</p>	

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To be read in conjunction with any policies listed in Trust Associated Documents.

1 INTRODUCTION

- 1.1 Effective claims management is important to the image and reputation of the Trust; patients or visitors suffering injury or loss as a result of fault on the part of the Trust should not have their misfortune compounded or their remedy delayed by inefficient or obstructive claims management.
- 1.2 Similarly, the Trust and its employees whose skill or work practice is wrongly impugned should expect that the claims management function of the Trust is able to deliver a robust defence.
- 1.3 Effective claims management has a role to play within the Trust by highlighting risk management issues that arise during the investigation of the claim.
- 1.4 Effective claims management will also deliver risk management information to the NHSLA (who are the repository of data about all claims brought against Trusts in England); this will, in the future, enable collated national data to be fed back from the NHSLA to all Trusts which will enable lessons learned individually to be shared nationally.
- 1.5 To achieve these goals, the Trust will employ and promote a merit based analysis of claims.
- 1.6 At all times, claims will be managed with proper regard to the relevant Legislation, NPSA policy and NHSLA advice on being open and making appropriate apologies.

2 Aim & Objective

- 2.1 The purpose of this document is to provide a standardised pathway for managing claims brought against the Trust which takes account of the requirements of the Clinical Negligence Scheme for Trusts (CNST), the Liabilities for Third Parties Scheme (LTPS), the Property Expenses Scheme (PES), the Existing Liabilities Scheme (ELS), the Civil Procedure Rules (CPR) and the general body of relevant law.

3 Definitions

- 3.1 Claim
 - 3.1.1 A demand for compensation for personal injury or loss.
- 3.2 NHSLA (National Health Service Litigation Authority)
 - 3.2.1 A special Health Authority set up to administer the schemes (CNST, ELS, LTPS, PES) and make payments of damages and legal costs to successful claimants on behalf of member Trusts
- 3.3 CNST (and ELS)

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- 3.3.1 The compensation scheme for claims for personal injury caused by clinical care. The ELS scheme is for those claims which arise from incidents pre 1995.
- 3.4 LTPS
 - 3.4.1 The compensation scheme for claims for personal injury caused to staff and visitors from incidents other than clinical care and for loss or damage to their property.
- 3.5 PES
 - 3.5.1 The compensation scheme for claims for losses of, or damage to, real property or other Trust assets.
- 3.6 Negligence
 - 3.6.1 A breach of a duty of care owed, which causes a compensable injury over and above that which would have occurred in any event and which compensable injury was reasonably foreseeable.
- 3.7 Breach of duty
 - 3.7.1 An act or omission which falls below the standard expected of an ordinarily skilled practitioner, as determined by the application of the legal tests described in the cases of Bolam and Bolitho
- 3.8 Causation
 - 3.8.1 The causal link between an act or omission and an injury is (usually) determined by the civil law test of 'balance of probabilities' or 'more likely than not'.
- 3.9 Pre-action Protocols
 - 3.9.1 The suggested protocols for the management of personal injury and clinical negligence claims and which are detailed as appendices to the Civil Procedure Rules. They set out principles designed to bring claims to a resolution before formal legal proceedings commence.
- 3.10 Letter of Claim
 - 3.10.1 A letter from the Claimant during the 'informal' stage of litigation setting out the allegations and remedy sought, which must be responded to within the period described in the pre-action protocols. The receipt of a Letter of Claim is always a trigger to report the Claim to the NHSLA.
- 3.11 Claim Form
 - 3.11.1 The document which a Claimant must issue in Court to begin formal legal proceedings. The Claim Form must be served on the Trust within 4 months of issue.
- 3.12 Acknowledgement of service

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- 3.12.1 The document which must be completed by the Defendant and returned to the Court at which the Claim Form was issued within 14 days of the Claim Form being served on the Defendant
- 3.13 Proceedings
 - 3.13.1 The documents which accompany the Claim Form when it is served; the Particulars of Claim (which details the allegations), The Schedule of Loss and Special Damage (which evidence the compensation being sought), the Medical Report (which evidences the existence of a personal injury), the Notice of Funding (which describes how the Claimant is funding his legal costs) and the Acknowledgement pack (see above).
- 3.14 Expert witnesses
 - 3.14.1 Clinicians (usually) who act independently of the Trust and advise either the Claimant or the Defendant on the non-legal, technical (eg surgical or medical) aspects of a claim.
- 3.15 Lay witnesses / witness of fact
 - 3.15.1 Persons who were involved in the incident
- 3.16 Witness Statement
 - 3.16.1 A formal, factual account of a witness' recollections about any matter which bears a Statement of Truth (I believe the facts stated herein are, to the best of my knowledge and belief, true) and the witness' signature.
- 3.17 Preliminary analysis
 - 3.17.1 When a claim is reported to the NHSLA it will be accompanied by a preliminary analysis which describes the facts of the matter and the Trust opinion on the merits of the claim, along with the Trust's recommendations for ongoing management. Clinical claims will also be accompanied with a CNST report form..

4 Roles & Responsibilities

- 4.1 Chief Executive
 - 4.1.1 The chief executive is ultimately responsible for ensuring that all claims are dealt with effectively and efficiently.
- 4.2 Trust Board
 - 4.2.1 The Trust Board will be kept informed of legal claims activity by the Quality & Safety Committee.
- 4.3 Committee with Overarching Responsibility for Claims Management
 - 4.3.1 The Quality Committee will have overall responsibility for the management of claims.

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- 4.3.2 The Quality Committee is a sub-committee of the Trust Board and reports to the Trust Board.
- 4.3.3 The Quality Committee disseminates its findings via the Directorate governance meetings.
- 4.4 Designated Board Member(s)
 - 4.4.1 The Director of Governance & Risk is responsible for ensuring that the claims management function is operating to the standards described in this document.
- 4.5 Head of Legal Services
 - 4.5.1 The Head of Legal Services is responsible for the day to day management of personal injury claims (clinical and non clinical) and for providing specialist legal advice on litigation and healthcare law.
 - 4.5.2 The Head of Legal Services is responsible for the timely investigation, analysis and reporting of claims and for supporting witnesses through the process (this will include referral to any appropriate third parties for pastoral support which lies outside the expertise of the Head of Legal Services, if required).
 - 4.5.3 The post holder is expected to be a practicing Solicitor or Barrister.
 - 4.5.4 The Head of Legal Services reports to the Director of Corporate Affairs and is responsible for providing activity reports on legal claims to the Quality Committee at intervals determined by the Quality Committee.
 - 4.5.5 Activity reports will endeavour to provide analysis of themes and trends in reported claims and the correlation of claims with complaints and reported incidents.
 - 4.5.6 The Head of Legal Services will also feed Risk Management Reports, whether produced in-house or by third parties, arising from individual claims back into the Governance and Risk Management system via the Patient Safety Lead and the Head of Governance and Risk.
 - 4.5.7 The Head of Legal Services has responsibility for keeping this policy up to date.
 - 4.5.8 Property expense claims will be referred to and dealt with by the Finance Directorate.
- 4.6 Role of clinicians / witnesses of fact
 - 4.6.1 It is the Trust's position that there is often more than one victim in any claim. Clinicians and other staff whose actions are being impugned also deserve the support of the Trust and the protection of due legal process.
 - 4.6.2 It is important that they are contacted as early as possible in the genesis for the claim or their views on the (likely) allegations, and that contact is

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maintained during the life of the claim on as regular basis as is determined by the course of the claim.

4.6.3 At the conclusion of the claim clinicians and witnesses of fact will be informed of the outcome as soon as possible after the resolution of the claim has been notified to the Trust by the NHSLA.

4.6.4 The Trust will not offer, and without exceptional reasons to the contrary it will actively refuse requests for, its clinicians and witnesses of fact to be used as informal 'expert' witnesses.

5 General Issues Surrounding Claims Handling

5.1 Definition of a Claim and the NHSLA Schemes Relevant to the Organisation.

5.1.1 A claim is a demand for damages in respect of personal injury or loss.

5.1.2 Claims arising from clinical incidents resulting in personal injury fall within the remit of the CNST.

5.1.3 Claims arising from non clinical incidents resulting in personal injury fall within the remit of the LTPS.

5.1.4 Claims for loss or theft fall within the remit of the LTPS.

5.1.5 Claims arising from damage to real property or loss of, or damage to, other Trust assets fall within the PES.

5.2 Who May Make a Claim

5.2.1 Any party, be that patient, visitor or staff, may bring a claim against the Trust. They will be termed 'claimant'.

5.2.2 Usually the claimant will enlist the services of a solicitor to bring a claim.

5.2.3 Unusually, a claimant may act without the help of a qualified legal representative. In such circumstances, it is Trust policy to write to the claimant advising that the claimant is at risk of disadvantage within the legal process and it is in the claimant's best interest to instruct a solicitor. However, the choice (and therefore the risk) remains with the claimant.

5.3 Ex-gratia payments for personal injuries

5.3.1 The Trust actively discourages making ex-gratia payments to claimants for personal injuries; there are potentially additional compensator liabilities to the Department of Work and Pensions in the form of recoverable benefits arising in such circumstances. In addition, ex gratia payments made to claimants do not preclude formal claims being brought based on the same subject matter at a later date. In any event, the Trust makes substantial financial contributions to the NHSLA schemes which are in place to deal with these issues.

5.4 Triggers for Invoking the Claims Procedure

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- 5.4.1 The claims handling procedure will be triggered at the first intimation of a legal claim. Much will depend on the 'feel' of correspondence or circumstances, but useful identifiers of impending legal claims are:
- Complaint letters written on solicitors headed notepaper, or written in a 'forensic' manner or which threaten legal action;
 - Requests for copies of medical records from firms of solicitors;
 - Receipt of a Letter of Claim;
 - Receipt of a Claim Form (and Proceedings);
 - Notification of 'incidents' with claim potential (eg birth asphyxia, birth injuries, wrong site surgery, incorrect diagnosis, intra-operative complications, injuries at work etc.) direct from clinicians, members of staff or via the general governance process;
- 5.4.2 Press coverage of incidents.

5.5 Delegation Limits

- 5.5.1 The Trust does not have delegated authority to litigate clinical claims. All clinical claims falling within the relevant reporting criteria are reported to the NHSLA for ongoing management.
- 5.5.2 There are 'excesses' which apply to the non clinical claims under the LTPS.
- 5.5.3 Employer liability claims which are valued at less than £10,000 (damages and adverse costs) will be litigated 'in house'.
- 5.5.4 Public liability claims which are valued at less than £3,000 (damages and adverse costs) will be litigated 'in house'.
- 5.5.5 For all claims above these excesses, the matter is reported to the NHSLA. In practice, with the prevalence of 'no win no fee' funding arrangements with success fee uplifts, almost all claims will exceed these limits and will need reporting to the NHSLA for ongoing management.
- 5.5.6 The NHSLA is not allowed to conduct court proceedings; all claims in which formal court proceedings are commenced will be sent from the NHSLA to a firm of solicitors on a specific 'panel' for ongoing management.

5.6 Timescales and Procedures for the Exchange of Information with Other Parties

- 5.6.1 Time is the enemy of both the claimant and the defendant in claims. Deserving claimants are not benefited by drawn out legal proceedings and Defendants incur significant costs which often cannot be recovered.
- 5.6.2 The Civil Procedure Rules are the framework on which litigation is pursued. The emphasis within these rules is on parties moving to swift resolution of claims as far as possible without the need for expensive legal proceedings.

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- 5.6.3 In large part the timetable is set by the claimant, but it is good practice wherever possible for the Trust to take the initiative to narrow the issues in dispute and speed up the process.
- 5.6.4 The NHSLA reporting guidelines for non clinical (LTPS) and clinical (CNST) which are in force at the relevant time will be the basis on which claims are reported under each scheme.
- 5.6.5 For all claims:
 - the Trust will adhere to the timescales described in the reporting guidelines.

In addition:

- all requests for copy medical records will be actioned within the statutory 40 day period;
- all correspondence will be acknowledged as soon as practically possible and actioned as soon thereafter as practically possible;
- all requests for documents whose genesis was primarily for governance purposes will not be resisted and disclosure of the same will follow as soon as practically possible;
- all Part 36 Offers (which bring the claim above the applicable excess) will be acknowledged and reported to the NHSLA within 1 working day of receipt;
- acknowledgements of service will be sent to the originating Court within the 14 day prescribed period;
- Defences, Orders and other Court documents will be engrossed and returned as soon as practically possible; and
- witness evidence will be sought as soon as practically possible following first intimation of a claim. This may involve taking a view on the likely nature of the allegations if this has not been made clear by the claimant.

5.7 For non clinical claims:

- 5.7.1 Acknowledgement of receipt of the claimant's protocol letter will be sent no later than 21 days from receipt;
- 5.7.2 At the same time, the LTPS report form and appendices will be completed along with the 'workplace disclosure' documentation (if applicable) and will be sent direct to the NHSLA;
- 5.7.3 On receipt of the claimant's protocol letter witness evidence will be sought and collated, the required documents will be obtained and a preliminary

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view on breach of duty / causation will be reached so that on receipt the NHSLA can act to resolve the claim without delay.

5.8 For clinical claims:

- 5.8.1 the claim will be reported to the NHSLA within 1 working day of receipt of Letter of Claim or Claim Form;
- 5.8.2 any matter will be reported to the NHSLA as soon as practically possible if there is any suspicion that the matter is a risk to the organisation even if it does not meet the reporting guidelines. Suspicion may arise from, but not be limited to, intimations from clinicians, previous experience / intuition and seriousness of harm; and
- 5.8.3 Preliminary Analysis identifying the allegations and merits (or otherwise) of the claim and containing witness comment / evidence will either accompany notification of the claim to the NHSLA or will follow as soon as practically possible (and within a maximum of 21 days – it is possible that the Head of Legal Services and / or witnesses may be off-site, witnesses may have moved to another organisation or either may be on annual leave).

5.9 Confidentiality

- 5.9.1 A claimant who brings a claim against the Trust is impliedly consenting to a waiver of the usual common law duty of confidentiality for the purposes of pursuing / investigating a claim, unless it is made clear to the contrary.
- 5.9.2 Once formal proceedings are commenced by issue of a claim form, the matter becomes public unless the claimant obtains a court order granting anonymity.

5.10 Support Mechanisms for Staff

- 5.10.1 All staff involved in claims have the benefit of being able to speak to and take advice from the Head of Legal Services under the umbrella of legal professional privilege; none of the interaction taking place under this privilege will ever be disclosed without their express permission.
- 5.10.2 Staff involved will routinely be kept informed of any developments of note in a claim and no Letters of Response or Defences will be agreed without input from the staff involved. Importantly, settlement and resolution of claims will be communicated to staff witnesses with an explanation of the settlement / resolution reached and the reasons for so doing.
- 5.10.3 On a case by case basis ongoing pastoral and legal support is available to all staff involved in a claim from the Head of Legal Services.
- 5.10.4 The provision of support is not prescriptive but should it be noted in any circumstances and by any person that such support might help, or should it be requested by the staff member, it will be provided.
- 5.10.5 If the nature of support required is outwith the expertise or capacity of the Head of Legal Services, with the consent of the staff member other persons

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or agencies may be asked to lend their support. This may include, but not be limited to, line managers, co-workers, occupational health services, professional bodies, trades unions, other solicitors or legal advisors.

5.10.6 The Head of Legal Services operates an open door policy for all members of staff. The legitimate expectation of staff members is that they should be able to get to see the Head of Legal Services within a few days (holidays permitting) of request.

5.10.7 Further information can be found in the Trust policy on supporting staff involved in incidents, complaints and claims.

5.11 Clinical Negligence Scheme for Trusts (CNST)

5.11.1 Please refer to the *Clinical Negligence Reporting Guidelines (NHSLA 2008)* at

<http://www.nhsla.com/Claims/Schemes/CNST/>

5.12 Liabilities to Third Parties Scheme (LTPS)

5.12.1 Please refer to the *LTPS Reporting Guidelines (NHSLA 2011)* at

<http://www.nhsla.com/Claims/Schemes/RPST/>

5.13 Property Expenses Scheme (PES)

5.13.1 Please refer to the *PES, LTPS: Membership Rules (NHSLA 2009)* on the NHSLA website. PES claims will be referred to the Trust Finance Directorate for ongoing management.

6 Link with Incident Management and Complaints Management

6.1 The correlation between Claims and Incidents and Complaints is generally poor. Anecdotal evidence suggests that approximately only 1/3 of all claims have been preceded by a complaint about the same matter, and approximately only 1/6 have been preceded by an incident report. The explanation for this is multifactorial, but most claims arise from unwanted outcomes of treatment that do not manifest as a concern until some time after the index event.

6.2 All new claims will be routinely cross referenced with the incident and complaints database to ensure consistency of response, to eliminate duplication of effort and add further detail to the existing risk information.

6.3 The Head of Legal Services will routinely report the correlation between claims, incidents and complaints in the legal services quarterly report to the Quality Committee.

6.4 Claims that have no prior incident or complaint history may present an opportunity to input new risk management data into the organisation; this will be via analysis undertaken by the Head of legal Services and / or panel solicitors.

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7 Liaison with Third Parties

- 7.1 The most important parties with whom the Head of Legal Services will liaise about claims are the witnesses of fact. Witnesses of fact will often feel threatened personally and professionally by allegations made against them. It is important, therefore, that they should be involved early, kept informed of any developments, offered any and all support they require and be included in (and informed of) the resolution of the claim. This will be the responsibility of the Head of Legal Services.
- 7.2 In addition, the Head of Legal Services will manage and oversee all communications with:
- 7.3 NHS Litigation Authority
- 7.3.1 Liaison with the NHSLA will usually be in accordance with the specific reporting guidance (website links appended). Ongoing communication with claims handlers at the NHSLA is encouraged to ensure efficient management of claims. Request for further information from the NHSLA will be dealt with expeditiously.
- 7.4 Claimants
- 7.4.1 Correspondence with individual claimants who are legally represented is actively discouraged.
- 7.4.2 Correspondence with claimants acting in person (against advice not to do so) will be as per claimant's solicitors (see 7.5.1 below).
- 7.5 Solicitors
- 7.5.1 Correspondence with solicitors acting for the claimant will be timely and courteous and will in all circumstances protect the legal position of the Trust. Where there is any doubt about this, the NHSLA / panel solicitors may be consulted.
- 7.5.2 There will be routine and close liaison with solicitors appointed by the NHSLA to act on behalf of the Trust. Requests for assistance will be dealt with expeditiously.
- 7.6 Coroner
- 7.6.1 The remit and function of HM Coroner is wholly inconsistent with the claim process and in all but exceptional circumstances there will be NO liaison with HM Coroner in respect of a claim against the Trust. HM Coroner is explicitly prohibited from considering issues of civil or criminal liability at an Inquisition.
- 7.6.2 The NHSLA may provide legal support to the Trust where an Inquest touches the same issues as a current or threatened claim and the legal determination of breach of duty may be impacted by the Inquest.

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8 Investigation

- 8.1 The Head of Legal Services is responsible for coordinating the management of and investigating legal claims. Legal claims can provide additional risk management information to the organisation even though they will often occur some considerable time after the index event.
- 8.2 Should issues of relevance become apparent at any time in the life of the claim, whether identified in-house or by external panel solicitors, the Head of Legal Services will pass the information to the Patient Safety Manager who will consider whether a formal incident investigation should be undertaken.
- 8.3 As a matter of routine, any Risk management reports received from panel solicitors as part of their reporting requirements to the NHSLA will be passed to the Patient Safety Manager and Head of Governance and Risk for further consideration and appropriate action.
- 8.4 Particular concerns
 - 8.4.1 On occasion, issues will surface that suggest an individual clinician may not be practicing safely, or that systems are in place or are failing which put patient safety and the organisation at risk, or that, prima facie, require consideration in respect of escalation to professional bodies, law enforcement agencies or other external organisations.
 - 8.4.2 In such circumstances the Head of Legal Services will liaise in the first instance with the Directors responsible for, medical staff, nurses, allied health professionals, health and safety and governance as appropriate.

9 Claims Data Collection, Analysis and Reporting

- 9.1 The NHSLA are the largest repository of data about claims brought against the NHS in England, dealing with several thousand new claims each year.
- 9.2 Until the NHSLA are able to collate, interrogate, analyse and disseminate this data to member Trusts, allowing member Trusts to benefit from the lessons learned elsewhere, the Head of Legal Services will analyse the data from claims brought against Medway NHS Foundation Trust and report to the Quality Committee the following:
 - 9.2.1 Numbers of claims reported, by quarter and cumulatively
 - 9.2.2 Correlation with prior complains and incident reports
 - 9.2.3 Speciality
 - 9.2.4 Causes
 - 9.2.5 Any trends identified (cause, speciality, correlation with complaints / incidents)
 - 9.2.6 Any changes in practice as a result of identified causal factors / trends

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- 9.3 As and when the NHSLA are able to produce and disseminate similar analyses from their data this will be included within the report and the Trust's own performance will be benchmarked against this.
- 9.4 The Quality Committee will report the legal services report information to the Trust Board.

10 MONITORING & REVIEW

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy	Every 2 years	Head of Legal Services	Corporate Policy and Procedures Committee	Policy reviewed an updated and replaced on intranet.

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11 Equality Impact Assessment Tool – Appendix 1

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

*All public bodies have a statutory duty under the Equality Act 2010. To have due regard to the elimination of discrimination, harassment, victimisation and any other conduct prohibited by the Act
 The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none is placed at a disadvantage over others. This document was found to be compliant with this philosophy.
 Equality Impact Assessments will ensure discrimination does not occur also on the grounds of any of the protected characteristics covered by the Equality Act 2010.*

END OF DOCUMENT