PROPOSED RE-ORGANISATION OF DAY THERAPY UNIT

CONSULTATION DOCUMENT

Dated 28th OCTOBER 2020

Trinity Hospice
Compassion and care

INTRODUCTION

This paper is intended to provide details of proposals to re-shape the Clinical team in Day Therapy Unit and establish a 'Living Well' Service. . Our proposed changes are not about reducing our services or our support to the community. Rather, they are needed to ensure we remain responsive and flexible and able to use our resources effectively where they are most required. We also need to 'right-size' in our response to Covid-19, enhancing services in some areas whilst changing our approach in others and ensuring we can continue to provide services during a prolonged downturn in income and expected annual deficits of up to £2m p.a. In publishing this formal consultation document, we are committed to an open dialogue and careful consideration of all views that are expressed.

RATIONALE

Covid-19 has brought arguably the greatest challenge in Trinity's 35 year history. The financial implications for many businesses and charities are enormous, putting at risk their ability to deliver their ongoing purposes. Trinity is fortunate to have pre-Covid reserves so we can ride through the storm. Nevertheless, we also have obligations to our supporters, and our existing and future beneficiaries, to remain agile and responsive in this new 'Covid-World' so the hospice can confidently play its full part over the coming months and years.

To this end, we have modelled three economic scenarios ('upside'; 'central'; 'downside') based on those provided by the Office for Budget Responsibility in July 2020. The scenarios are driven by the extent and length of the economic downturn; the likelihood of an effective and timely vaccine/other health interventions; and, the extent of structural damage ('scarring') to the economy, unemployment, consumer confidence and levels of consumption (see Appendix 1).

The overall estimated impact on our income and expenditure for each scenario in the 'do-nothing' option compared with January 2020 is:

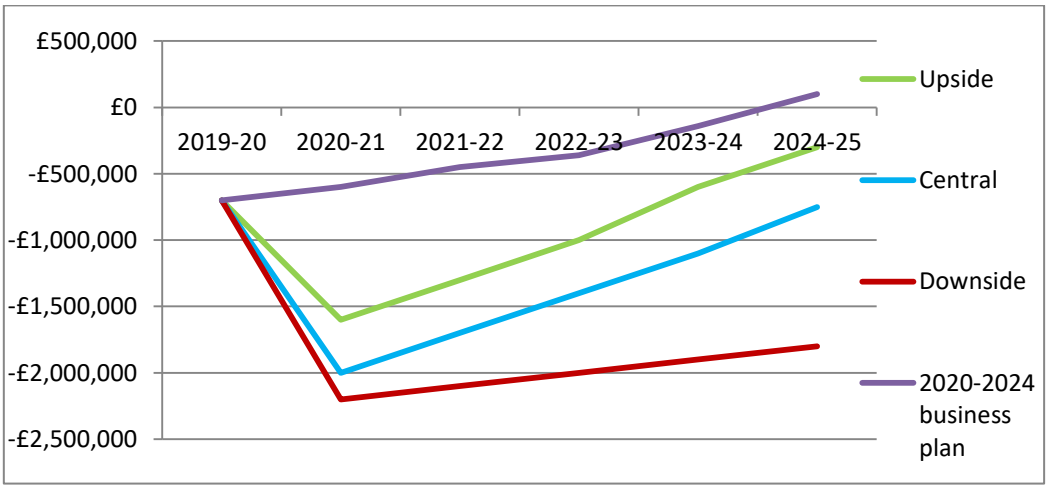


Figure 1: Annual financial loss result for each OBR scenario if we 'do-nothing'

Doing nothing results in cumulative losses over the four year period in the range £2.5m - £10m depending on the scenario.

Responsiveness in a 'Covid-World'

We have considered how best to respond to these three scenarios. We still believe that the core elements of our current 5 year strategy remain valid, but the ability to achieve elements is affected to varying degrees. Appendix 2 sets out our revised priorities for 2020-21 which understandably focus on our responsiveness to the Covid-emergency and planning for ongoing disruption for up to 2 years. We will need to be extremely flexible, adaptable and responsive should there be a significant second peak/winter pressures crisis. We will be working with colleagues to build our capabilities to flexibly respond to where the pressures are greatest – in the community, hospital or hospice. Accelerating our use of virtual technology, partnerships with Primary Care Networks and exploring the potential of being an integrated Single Point of Access Hub coordinating local palliative care needs, all form part of this flexible response which also takes advantage of productivity improvements.

In responding to our emerging losses, we have already:

- Put on hold many of the capital projects planned for the next 12-24 months in the current Business Plan to protect our cash reserves.
- Identified an estimated additional £200k p.a. savings in overheads and other costs from different ways of working.

Equally, there are activities, and associated posts, that are materially impacted by the changed landscape. In some cases, demand has fallen off and is not expected to return for some time (at least early 2022). In other cases, new ways of working or new insights during Covid have highlighted that certain tasks can be undertaken differently.

Consequently, we have identified c£500k p.a. of staff costs which we believe can be removed across the charity without undermining our core services at this time and reduce the damaging impact of the sizeable and extended economic downturn described above.

We have also taken advantage of the Government's furlough scheme with the support of staff. Without it, we would be expecting a £2m+ deficit this year compared with the expected £1.5m loss. Throughout the period, we have continued to pay staff on furlough at 100% of salary compared to the 80% stipulated by Government. The furlough scheme will be replaced on the 1st November by a new job support scheme which covers part of an employee's salary if they are in work for a third of the time or more. We will actively use this support mechanism where we can, but unfortunately, it is not a solution for our financial challenges. The proposals in this paper take this scheme into account in our thinking.

PROPOSALS

Remove all current health care professional roles from current service and re-configure with other existing resources as set out in Appendix 3 to establish a 'Living Well' Service led by the Advanced Clinical Practitioner, whose area of specialist expertise is rehabilitation and frailty.

Rationale for the proposals - Future Proofing the Service

The Day Therapy Unit provides an opportunity for patients with a palliative diagnosis to meet others in similar situations, to get advice on symptom control and join in a range of therapeutic activities.
The aim of the Day Therapy Unit is to enhance patients' resilience and provide effective ways of managing their own life-limiting illness in an environment which we believe has an atmosphere of

warmth, comfort and safety. Patients can be themselves, explore and express their joys and concerns and the triumphs and trials that are often experienced during a challenging phase in their life.
The Day Therapy unit has provided an outstanding service over the last few years to a cohort of patients requiring respite for carers and psychological support to patients. It has followed a structure to enable patients to make decisions regarding end of life care. These patients are generally over 65 and in the last 6 – 12 months of life.

Currently DTU is run Monday- Thursday approximately 9am to 3.30pm.

Unfortunately, COVID guidelines involving social distancing dictates this service cannot continue for the foreseeable future in its current form. This has given us the opportunity to review how we can attract a wider range of patients that wouldn't normally access Day Therapy Unit whilst continuing to support our usual, more unwell/frail patients.

A 'Living Well' Model would allow Trinity to access its reach to patients earlier in their palliative diagnosis. There are very few services that these patients can currently access which leads to anxieties and anger later in their journey. This is supported by a clinical trial conducted by Temel et al (2010) showing that patients receiving earlier palliative intervention following diagnosis had greater improvements in quality of life and mood, supporting studies have supported this in the Journal of Oncology Nursing 2016.

The patients that attend DTU are generally also known to the Clinical nurse specialist team or other senior health care professionals, who continue to manage their symptoms when attending and/or at home.

Living Well Unit

This approach would offer hospice services to a larger group of patients from palliative diagnosis to end of life. They would be led by an Advanced Practitioner and supported by other existing health care professionals across Trinity. It gives patients more choice to attend the areas/clinics that will benefit them.

The Living Well Unit would consist of:

One stop shop

- Patients come to a morning/afternoon session led by the Advanced Practitioner Physiotherapist, CNS and Clinical psychologist, offering advice on symptom management, rehabilitation support, anxiety/stress management.

- A HCA/Counsellor who can support patients and relatives in between session, provide craft table, tea and coffee.

- Sessions in breathlessness (A bigger need following COVID), rehabilitation (use of gym), Share and care (supporting experiences/concerns), Anxiety (Psychology), Drop in (carers and/or patients), Complementary therapies, Mindfulness, advanced care planning, care advice, signposting to other services.

Patients unable to attend

- The community team, delivering weekly activity packs to these patients as a way of keeping in touch. This includes recipes (with ingredients provided by the kitchen), crosswords, information

about services, etc. this would continue as its unlikely in the “covid” world that face to face support would be able to be undertaken.

Virtual contact

- Virtual sessions involving a member of staff (depending on session type) to bring patients and relatives together. Involving games, quizzes, sharing experiences.

- Delivery of more formal sessions- Advanced care planning, symptom management, signposting to appropriate services, social support.

Frailty

- Explore collaboration with Fylde Coast Frailty services enhancing the care that frail palliative patients receive.
- Working with Extensive care services and Clifton hospital
  There has been substantial investment to develop an allied health professional to become an advanced practitioner. This role will support the ever growing aging population that are presenting in the acute trust with frailty. The existing role is already utilised in the inpatient unit as the post holder is currently in training and is planned to support the community and well living unit.

Volunteers

Volunteers have been an integral part of DTU and have offered valuable support both to patients and staff since its opening. Trinity will be looking to re-establish this relationship, COVID permitting, working together to provide the outstanding care that Trinity is known for. This will include more hospice neighbours to improve social interaction, supporting art therapy and crafting and virtual quizzes. Also the reintroduction of our volunteer drivers to ensure every patient is able to come to Trinity to access our range of services.

Benchmarking

Other hospices offer very different services. During COVID they have had to review the services they offer.

Foyle hospice (Northern Ireland):

Moved to a 1:1 nurse led service. Some social interaction and consultant review if required. Minimal access to complimentary therapies. Developing virtual videos and planning to incorporate nutritional support.

St Josephs hospice:

Restarted physical day unit but with only 10 patients. Face masks must be worn and temperatures are checked at the door.

BENEFITS

- Reduces the operating deficit annually by £75,708 p.a.

IMPLICATIONS & CONSEQUENCES

Should these proposals be confirmed following consultation, the identified posts within DTU would disappear and the post-holders be placed at risk of redundancy. In that situation, Trinity has an obligation to mitigate against redundancy where there is a business need. We would explore with the post-holder any opportunities that arose as a consequence of the numerous consultations taking place at this time. However, should there not be appropriate alternative employment or should the incumbent wish to take voluntary redundancy, we would work with them accordingly.

WHAT HAPPENS NEXT

We now want to gather views and comments about these proposals. This document is the start of an official consultation process which lasts 2 weeks until Wednesday 11th November 2020. During the consultation period, individual meetings will be held with staff potentially directly affected by these proposals – those possibly at risk of redundancy, as well as those with reporting lines or role profiles that may change.

Anyone wishing to comment on these proposals or discuss individual proposals should contact Sarah Roberts, Clinical Manager Community Services or David Warburton, HR Manager.

Further details of the process are set out in Appendix 4.

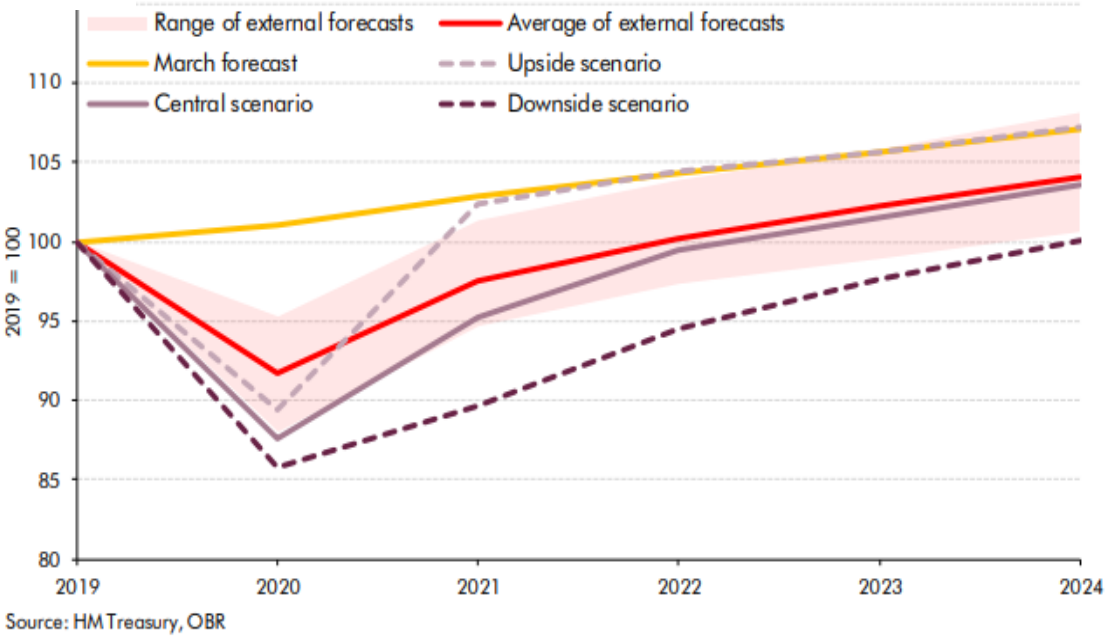
Sarah Roberts, Clinical Manager Community Services

Appendix 1 OBR Scenarios & Likely Impact on Fundraising and Income
Appendix 2 Revised Strategic Priorities in Covid-response
Appendix 3 Existing & Proposed Structures
Appendix 4 HR Information

Appendix 1 OBR Scenarios and likely Impact on Fundraising and Income

The graph below sets out the expected economic impact in the three OBR scenarios:

Figure 1: Medium-term real GDP: scenarios versus March and external forecasts



Source: HM Treasury, OBR

In all three scenarios, it is assumed that a free trade agreement is successfully agreed with the EU. The consequent levels of unemployment and falls in consumer spending are in the range 9%-14%. The overall cumulative fall in GDP is comparable to that for the whole of the decade of austerity in the downside scenario but over a shorter period. Even the central scenario represents c.2/3rds of the adverse GDP impact of that decade. Only the upside scenario has a limited impact but is looking increasingly unlikely. Other forecasts from the Bank of England and some private sector think tanks are slightly but not, in our view, materially more optimistic.

The depth of two of these three scenarios is much greater than any previous downturn in living memory. The most recent economic downturns of 2008/9 and 2010 – 2013 for example had a 1 and 2.5 year impact on voluntary income. This makes it very difficult to compare with the past. We have thus considered the likely level of Covid-restrictions that would be in place and their impact on individual funding streams in each scenario alongside the general impact on consumer spending and confidence set out by the OBR.

<u>Forecasting the Impact</u>

To aid our own forecasts on charity income, we have considered reports and surveys from the Institute of Fundraising and other sources including evidence on the impact on charities from previous recessions, most recently, the 2008 banking crisis and 2010/11 subsequent 'austerity' hit.

Recent fundraising reports highlight some expected but also some surprising insights:

- Charity income is projected down 48% (Events, Corporate, Community especially hit)
- 92% of charities surveyed believe the situation will get worse or stay the same for some time;
- Legacy income is expected to fall 4%-23% in 2020;
- High Street trading will remain extremely challenging;
- Competition for grants will be intense and dividends will be less for these bodies;
- Individual Giving is up as those who can give respond to 'the national emergency';
- Legacy income is expected to recover over 5 years (up 9-13%).
- Those who can give have more money at present as they have limited opportunities to spend it at present.

APPENDIX 2 REVISED 2020 – 21 BUSINESS PLAN PRIORITIES

Revised Top priorities for this year

Enabling compassionate care & support	Improving our effectiveness
• Step up to the Covid-EOL response including: - IPU flexibility & covid pathway support - H@H enhanced support - Community CNS 7 day new ways of working - Hospital Team resilience support - Improved pathway coordination - Improved support for Care Homes - Brian House outreach pilot - Bereavement support during Covid	• Focus on grasping covid-enlightened 'innovations' especially accelerated use of 'virtual' • All staff to embrace 'flexibility', 'adaptability' and 'responsiveness' to Covid-organisational needs in their roles • Integrate our community teams within the new GP PCN Neighbourhood teams • Improvements in Internal Communications • Retaining CQC 'overall outstanding'
Investing in our people	**Financing our future**
• Ensure support for colleagues especially around resilience • Organisational Development Plan developing a future workforce with the skills, behaviours and culture for an entrepreneurial, flexible & creative 'hospice without walls' • Enhanced clinical skills around dementia • Planning for a new world for volunteering	• Take action to re-balance finances • Refocus fundraising & retail on short-term vs long-term activities • Everyone to play their part with a 'money & mission' partnership culture • Moving forward with only essential capital expenditure

Appendix 3 Existing & Proposed Structures

Current DTU staff structure:

1 x RGN Sister (32 hours/4 days)

1 x RGN staff nurse (25 hours/ 4 days)

2 x HCA (Both 20 hours/ 4 days)

4 volunteers in DTU and drivers.

We are restructuring the leadership and support mechanisms in the new service as the current roles do not fit the proposed structure of the Living Well Unit.

Current DTU daily structure:

- All patients individually assessed by a member of the nursing team.
- All patients attend weekly on the same day.
- DTU operates a 16 week learning programme which is reviewed at 6 weeks and 12 weeks.
- Patients can take advantage of other services offered including: Complementary therapy, spiritual support, physiotherapy and craft/art therapy.
- Clinically supported by the CNS team and patients Gps in community.
- Volunteers offer support with a wide range of activities including, talking therapy, crafts, quiz, exercise and bringing patients to and from the hospice.

Future Staffing (Existing staff across Trinity services)

- The living well service would be led by the Advanced Clinical Practitioner, whose area of specialist expertise is rehabilitation and frailty. We know that we have an anticipated wave of “frail” palliative patients that benefit by active palliative care rehabilitation programs to move them to a “pre frail” state increasing confidence, empowering active lifestyle choices and reducing inappropriate admissions to hospital. The living well program will be supported by a range of clinical staff from within the hospice clinical team which includes:
- Physiotherapist and rehabilitation- Supporting management plans from the AP to ensure community patients receive a seamless service.
- Staff rotation from Community CNS team- Symptom management, advanced care planning, collaboration with community colleagues.
- Palliative care consultants/Speciality doctors- Clinics
- Admiral nurse- Expanding dementia services to support patients, carers and other health care professionals
- Clinical Psychologist- Anxiety/ stress management.
- Linden Centre- Counselling and support
- Administration support- Coordinated through CNS secretaries, enhanced by staff in other areas who are currently working reduced hours.

SKILL SET

Trinity is already working towards developing the skill set needed for a Living Well Unit. These skills support our colleagues in community and the acute trust to enable patients to have a seamless service and to share our specialist knowledge and expertise with generalist professionals.

- Non-medical prescribers
- Complex symptom management
- Advanced care planning
- Rehabilitation
- Signposting links
- Dementia support
- Anxiety management
- Collaboration/relationship with community and acute trust colleagues.

Appendix 4 – HR Information

The following Redundancy Policy sets out the principles and processes that will be followed. The consultation will be led by the relevant department manager or director however advice can also be sought from David Warburton (HR Manager) or Julie Crooks (HR Assistant).

- David Warburton - david.warburton1@nhs.net 07812 370981
- Julie Crooks - julie.crooks@nhs.net 07368 383443

All individuals are encouraged to take the opportunity to make comments, ask questions and feedback their suggestions and ideas as part of the consultation. The lead manager will arrange meetings with individuals during the consultation and should also make themselves or a nominated deputy available outside of these scheduled meetings.

- Consultation commences Wednesday 28th October 2020
- Consultation period ends Wednesday 11th November 2020

At the end of this consultation period, a final decision will be made on the proposals and communicated to individuals. This may be confirmation that a post is redundant and/or a selection process will commence if the number of posts is reducing.

REDUNDANCY POLICY AND PROCEDURE

POLICY STATEMENT:

Trinity Hospice is committed to the welfare of its employees and ensures as far as possible, the security of employment of its employees. However, it is recognised that Trinity, as a registered charity, is dependent on a balance of voluntary contributions and statutory funding for its income, and that service or organisational changes may affect requirements in staffing levels and skills. By careful management of resources and funds, combined with forward planning, Trinity will endeavour to avoid the need to make staff compulsorily redundant.
If, however, organisational change and consequent redundancy cannot be avoided, whether in response to variations in income, developments in specialist palliative care, new technology or other organisational requirements, Trinity recognises that all employees have a right to fair and equitable treatment, and will fulfil its responsibility to provide this.

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RELATED POLICIES AND PROCEDURES:

B12	Equality & Diversity Policy and Procedure
B06	Disciplinary Policy and Procedure
B14	Resolving Individual Grievance

RESPONSIBILITY AND ACCOUNTABILITY:

Policy formulation and review:	HR Manager
Approval:	
Compliance:	All staff

Last Review Date: **October 2020**

Next Review Due by: **September 2023**

1. Introduction

Key features of the redundancy policy are:

- An undertaking, wherever possible, to avoid compulsory redundancies. Where redundancies cannot be reasonably avoided, Trinity will endeavour to minimise the effect or impact of redundancy, by seeking suitable alternative employment for staff affected, wherever possible.
- A commitment to handling any redundancy in a fair, consistent and sympathetic manner.
- An undertaking to provide support and assistance to the staff affected, including retraining, if appropriate and where Trinity's resources allow.
- Recognition of the importance of positive direct communication and consultation with staff, their involvement at every stage of the process, and an effort to reduce anxiety and maintain morale.

2. Responsibilities and Accountability

2.1 The CEO and Trustees will determine whether a potential redundancy may arise.
The Chief Executive has ultimate responsibility for implementation of this policy. The CEO will ensure that this policy is approved by the Board of Trustees.

2.2 The HR Manager will ensure compliance will all statutory employment law requirements and the enactment of the procedures contained within this Policy

Trinity is fully committed to this policy and requires all staff to comply with it. However the policy is not intended to be contractual and maybe be changed subject to approval by the Board of Trustees.

3. Procedures and Implementation

3.1 Consultation

In the event of a large scale redundancy situation arising (i.e. where Trinity proposes to dismiss as redundant 20 or more employees at one establishment in any 90 day period), advance notice and information will be provided as early as practicable and wherever possible before the minimum consultation periods laid down, where these are relevant, i.e.:

- 45 days prior to the proposed dismissal of 100 or more employees at one establishment in any 90 day period.
- 30 days prior to the proposed dismissal of 20 - 99 employees at one establishment in any 90 day period.

In any redundancy situation where fewer than 20 employees are potentially affected, Trinity will consult with affected staff on a one to one basis. Whilst there is no minimum consultation period in these circumstances, the consultation period will ordinarily last in the region of 2 calendar weeks.

Whilst it is recognised that it may not be practical or timely to arrange for an employee to be accompanied at the first consultation meeting at which any proposals are shared, at subsequent consultation meetings the employee will have the opportunity to be accompanied by a Trade Union Representative or a work colleague.

Every effort will be made to reduce the number of possible redundancies, for example by considering the following:

- natural wastage
- restricting the recruitment of permanent staff
- reducing the use of bank staff
- filling vacancies from among existing employees
- reducing overtime by as much as service requirements will permit
- reducing the hours of work, for example by the operation of short-time working, where this will not detrimentally impact on service requirements
- training, re-training or redeploying employees for different work for which there is a requirement, either at the same or at a different location, where reasonably practicable and where resources allow and this will not detrimentally impact on service requirements.

3.2 Selection Criteria

If it is necessary for employee(s) to be selected for redundancy from a pool of employees, the criteria to be applied will be discussed during the consultation process. Where possible, Trinity will endeavour to maintain a consistent approach when it comes to the use of selection criteria, although each redundancy process is unique and the criteria may be varied, taking into account the specific circumstances of each case.

For example, selection may be based upon:

- the skills, experience and aptitude of the employee
- the present and future needs of Trinity;
- the standard of the employee's work performance and/or appraisal;
- the attendance and/or disciplinary record of the employee;
- any other criteria as may be relevant to the service requirements of Trinity.

The criteria for selection for compulsory redundancy will be approved by the HR Manager, based on a recommendation of the appropriate Departmental Managers and if necessary the Chief Executive. Redundancy issues relating to more than one Department will always be agreed by the Executive Management Team. The criteria used will at all times reflect the need to maintain an effective service both during the redundancy process and thereafter.

3.3 Suitable Alternative Employment

In the event of an employee being selected for redundancy, each employee will be met individually by his/her senior manager who will inform the employee of any available vacancies within Trinity, establish individual requirements and consider the employee's suitability for particular jobs. In the course of individual consultation, the employee will be advised of his/her entitlement by the way of redundancy compensation, which will be in accordance with the Statutory Redundancy Payment Scheme and notice monies (if applicable).

The employee will also have the right to be accompanied at this meeting by a Trade Union Representative or a work colleague.

3.4 Severance Payments

Details will be provided about how severance pay will be calculated and how commission, overtime payments, accrued holiday pay and time off in lieu not taken will be paid.

Trinity will ensure that an employee eligible for statutory redundancy payment will be given a written statement showing how their payment has been calculated.

3.5 Notice Period

Where selection for compulsory redundancy has been confirmed, notice of termination will be given in accordance with the employee's contractual or legal entitlement, whichever is more favourable to the employee. The statutory notice period is: -

Service Notice entitlement
Less than 1 month Nil
1 month – 2 years 1 week
2 years 2 weeks
3 years 3 weeks

Thereafter, 1 weeks notice for each complete year of service up to 12 years i.e. a maximum of 12 weeks notice. Trinity reserves the right to invoke Pay in Lieu of Notice (PILON).

3.6 Suitable Alternative Employment

Where alternative employment is offered to redundant employees, Trinity will provide the employee with details of the terms and conditions which will apply to the role, together with sufficient information (e.g. providing a copy of any job description and the contractual terms and conditions on offer) to enable the individual to decide whether or not to accept the offer.

Redundant employees who accept alternative employment with Trinity will be entitled to a **trial period** of four weeks in the new job (from the start of the new contract). Where the new job necessitates retraining, this trial period can be extended by written agreement with both parties to enable the training to take place. During a trial period either the employee or employer gives notice to terminate the contract except where the employer gives notice for a reason unrelated to the new job itself – for example misconduct, the employee will be treated as having being dismissed due to redundancy.

An individual who refuses a reasonable offer of alternative employment or who resigns during the trial period will forfeit their right to redundancy payment if the refusal/resignation is shown to be unreasonable.

3.7 Decision and Right of Appeal

Decisions in respect of posts to be made compulsorily redundant will be made by the appropriate senior manager(s) and if necessary the Chief Executive, supported and advised by the HR Manager. Staff who are selected for redundancy and who are given notice to terminate their employment will have the right of appeal against their dismissal. The appeal should be made in writing and addressed to the HR Manager within 7 calendar days of receipt of the employee's written notice of dismissal by reason of redundancy. The letter should set out the reasons and grounds for the appeal.

3.8 Support for Staff Facing Compulsory Redundancy

In recognition of the difficulties that may be experienced by staff facing compulsory redundancy and subject to Trinity resources available at the time, steps will be taken to support the needs of the individuals and groups. These steps may include:

- employee assistance programme ie counselling
- offer of advice in seeking alternative employment
- assistance in preparing a curriculum vitae and/or completing application forms
- paid time off work for the purpose of seeking alternative work or training opportunities
- circulation of information to other suitable employers
- access to specialist advice, e.g. on benefits
- access to re-training or development opportunities
- assistance in developing and using current skills.

An employee under notice of redundancy is entitled, during the notice period, to a reasonable amount of paid time off during working hours for the purposes of looking for new employment or to make arrangement for training for future employment. Requests for time off should in the first instance be made to the relevant Line Manager and will be granted subject to Trinity's operational needs.

4. Monitoring and Review

This procedure will be reviewed at 3 yearly intervals, unless an earlier review is required e.g. due to changes in legislation.

5. Statutory Compliance and Evidence referenced

Trade Union and Labour Relations (Consolidation) Act 1992 Employment Rights Act 1996 Equality Act 2010 Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 1995 (SI 1995/2587) Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002 (SI 2002/2034) Information and Consultation of Employees Regulations 2004 (SI 2004/3426) The Trade Union and Labour Relations (Consolidation) Act 1992 (Amendment) Order 2013

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

POLICY STATEMENT:

Trinity Hospice is committed to creating a culture in which diversity and equality of opportunity are promoted actively and in which unlawful discrimination is not tolerated.

Trinity Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways and is committed to challenge all forms of inequality. To this end, The Hospice will aim to ensure that:

- individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, gender, language, social/ economical background, sexual orientation or any other inappropriate distinction;
- it affords all individuals, volunteers and employees the opportunity to fulfil their potential;
- it promotes an inclusive and supportive environment for staff, volunteers and visitors;
- it recognises the varied contributions to the achievement of the Hospice's, mission made by individuals from diverse backgrounds and with a wide range of experiences.

Title of policy/ proposal/ activity:	**Disciplinary Procedure**
Equality Impact Assessment Group (names):	David Warburton, HR Manager David Houston, Chief Executive
Date:	06.10.2020

1. Briefly describe the aims, objectives and purpose of the proposal	
2. Are there any associated objectives of the proposal, please explain	
3. Who is intended to benefit from the proposal and in what way?	
4. What outcomes are wanted from this proposal?	
5. What factors/forces could contribute/detract from the outcomes?	None
6. Who are the main stakeholders in relation to the proposal?	Staff, Patients, Visitors and the organisation.
7. Who implements the proposal and who is responsible?	Chief Executive supported by the HR Manager, and Executive Management Team.

8. Is it likely that that the proposal **could** have a positive or negative impact on minority **ethnic** groups. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff irrespective of ethnicity.
9. Is it likely that that the proposal **could** have a positive or negative impact due to **gender.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of gender.
10. Is it likely that that the proposal **could** have a positive or negative impact due to **disability.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of gender.
11. Is it likely that that the proposal **could** have a positive or negative impact on people due to **sexual orientation.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
12. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **age.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
13. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **religious belief.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No as the policy applies to all staff regardless of religious belief.
14. Is it likely that that the proposal **could** have a positive or negative impact on people with **dependants/caring responsibilities?** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
15. Is it likely that that the proposal **could** have a positive or negative impact on people due to them being **transgender or transsexual.** If so, please outline what the impact might be. What existing evidence (either presumed or otherwise) do you have for this?	No
16. Can any adverse impact be justified on the grounds of promoting equality of opportunity for a particular group? (For example, the proposal may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people).	No

17. Is a full Equality Impact Assessment necessary?	No
18. If Yes date on which full impact assessment is to be completed by	
Signed on behalf of the organisation.	David Warburton/David Houston
Agreed review date	October 2020