

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Insurance Management Policy

Version No.:	2.0
Effective From:	09 February 2018
Expiry Date:	09 February 2021
Date Ratified:	29 August 2017
Ratified By:	Risk Management and Assurance Committee

### 1 Introduction

This policy is necessary to ensure the Trust is adequately insured for its property and the services it provides. The Trust delivers services to non-NHS bodies as well as to other NHS organisations, staff, and patients. The scale and diversity of the Trust's services means that extra insurance on top of that paid into the NHS Resolution (NHSR) may be required to cover some of the gaps in insurance.

Adequate insurance arrangements not only support the Trust if a claim were to be made, but might also protect income of services provided.

Enquiries about any insurance can be made to the Clinical Governance and Risk Department (CGARD) on 0191 2820524.

### 2 Scope

This policy relates to all insurances the Trust requires including property, clinical negligence, employer liability, vehicle and travel. The policy outlines the requirements for insurance and establishes responsibilities for making sure the necessary insurances are in place. The policy also informs staff what to do if they need to know more about an insurance policy or need to make a claim.

### 3 Aims

The aim of the policy is to ensure that all necessary areas of service provided by Newcastle Hospitals NHS Foundation Trust are covered by appropriate insurance, including non-NHS services. The policy will provide details of the procedure to follow and who to contact in the event of a claim or the need for more information.

### 4 Duties (Roles and responsibilities)

**Trust Board** is responsible for ensuring the premiums for necessary insurances are sanctioned to be paid to the respective insurance vendors/ NHSR.

**Chief Executive** has ultimate responsibility for the services provided by the Trust and for ensuring any insurance requirements are in place.

**Finance Director** has responsibility for making sure insurance arrangements are appropriate and ensuring that documented procedures cover these arrangements. The Finance Director also has responsibility for drawing up formal documented

procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed. They should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

**Directorate Managers** are responsible for informing the CGARD leads of all services that the Directorate provides to non-NHS organisations, in order to ensure that insurance arrangements are adequate for those services.

**Head of Patient Safety and Risk** is responsible for ensuring the non-NHSR Trust insurance portfolio is regularly reviewed and adequate cover is in place. They also ensure that the insurances are renewed at the appropriate times -subject to approval from the relevant committee or approving body. Advises departments with regard to whether a service may require supplementary insurance.

**Integrated Governance Manager- Risk** shall gather information from all Directorates about various aspects of service provision which are required in order to ascertain insurance requirements. The Integrated Governance Manager is also responsible for updating the vehicle insurance database to ensure valid vehicle insurance cover is in place and for advising in the event of a motor claim.

**Director of Estates**– Responsible for supporting the administration of the Property Expenses Scheme (NHSR PES) insurance that covers the Trust estates and buildings, and for the purchase of any additional insurance related to building or estates. Provide advice and collate evidence in the event of a claim relating to the buildings or hospital grounds.

**Legal and Committee Services Manager** has responsibility for the day to day management of the litigation function. Any claims arising through the CNST and LTPS will be managed through the Legal Services team.

**Supplies and Procurement** shall ensure that the Integrated Governance Manager and Risk Support Officer are made aware of vehicle details for newly bought/ hired vehicles to be used for Trust business.

## 5 Definitions

**‘The Trust’** The Newcastle upon Tyne Hospitals NHS Foundation Trust

**‘Non-NHS Services’** Also known as ‘Outside the NHS’; means the provision of services, supply of facilities or products to any party other than NHS Trusts, other NHS organisations, NHS staff (in their capacity as employees) and NHS patients (in their capacity as patients)<sup>1</sup>. See section 6 for examples.

**‘NHSR’** National Health Service Resolution- manages negligence and other claims against the NHS in England on behalf of member organisations.

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<sup>1</sup> NHS Litigation Authority Membership Rules (2012)

**Clinical Negligence Scheme for Trusts (CNST)** The Clinical Negligence Scheme for Trusts handles all clinical negligence claims against member NHS bodies where the incident in question took place on or after 1 April 1995 (or when the body joined the scheme, if that is later). Although membership of the scheme is voluntary, all NHS Trusts (including Foundation Trusts) in England currently belong to the scheme.

**Liability to Third Parties Scheme (LTPS)** The liabilities to third parties scheme (LTPS) and property expenses scheme were established in 1999 to provide a means for NHS Trusts to fund the cost of legal liabilities and property losses and to encourage and support the effective management of risks and claims. The LTPS scheme includes Employment and Public Liability Claims.

**Property Expenses Scheme (PES)** The Property Expenses Scheme covers "first-party" losses by NHS bodies such as property loss or damage. It is a voluntary scheme, funded through members' contributions.

## **6 Insurance and Risk Management**

### **6.1 Standing Financial Instructions (SFIs)**

The NHS FT Code of Governance states that the Board of Directors should maintain a sound system of internal control to safeguard public and private investment and Trust assets. The Standing Financial Instructions (SFIs) are issued in accordance with this guidance, for the regulation of conduct of members and officers of the Trust, in relation to all financial matters with which they are concerned.

One of the Chief Executive's responsibilities is to ensure that the Trust has a programme of risk management, in accordance with current Department of Health and Monitor best practice, which must be approved and monitored by the Board of Directors. This includes:

- a) A process for identifying and quantifying risks and potential liabilities;
- b) Engendering among all levels of staff a positive attitude towards the control of risk;
- c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk.

One of the principal objectives of the Trust's Risk Management Strategy is to provide the Board of Directors with sufficient assurance that appropriate structures and processes are in place to minimise risks and loss of assets and reputation. The services the Trust provide inherently carry risk, and the buildings and their contents are essential to continue with service provision, as well as being financially valuable. The Trust therefore needs to prepare for any losses or claims, and insurance is an essential part of that preparation.

Not all services or Trust property require insurance; the insurance is based upon assessing the value of the asset against the likelihood that a claim will be made. If a piece of property is not worth as much as the excess to make a claim in the event that the piece of property is lost, then it would not be financially prudent to insure that piece of property. Likewise, if a service was very low-risk, with no history of claims, accidents, or complaints from patients it may not be worthwhile insuring that service. A decision must be made based upon the likelihood of a claim and considering the outcome to a patient or potential claimant if an incident occurred, which would inform the value of the claim.

More information can be found about the Trust's approach to risk management in the Risk Management Strategy available on the intranet.

## **6.2 Insurance: Risk Pooling Schemes administered by NHR**

The Board of Directors shall decide if the Trust will insure through the risk pooling schemes administered by NHR Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board of Directors decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

Much of the Trust's insurance is covered through membership of NHR Resolution (NHR). NHR offer NHR Trusts membership in their risk pooling scheme, whereby all members pay an annual premium to NHR and NHR then pays any costs for claims made against the Trust in the following categories:

- Clinical negligence (where the incident relating to the claim took place on or after 1 April 1995)
- Legal liabilities
- Employment and public liability
- Property expenses

## **6.3 Limitations of NHR schemes**

The NHR insurances do not apply to services other than to staff, patients, or other NHR organisations. For more information on non-NHR services please see section 7.4.

There are also limitations on the level of cover provided, for example, the property cover has an excess of £20,000 and only provides cover for up to £1,000,000 worth of damage.

## **6.4 Insurance arrangements with commercial insurers**

There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when Trust's

may enter into insurance arrangements with commercial insurers. The exceptions are:

(1) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;

(2) Where the Trust is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into; and

(3) Where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for an NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Finance Director should consult Monitor.

## **6.5 Arrangements to be followed by the Board of Directors in agreeing insurance cover**

- 1) Where the Board of Directors decides to use the risk pooling schemes administered by the NHS Litigation Authority the Finance Director shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Finance Director shall ensure that documented procedures cover these arrangements.
- 2) Where the Board of Directors decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Finance Director shall ensure that the Board of Directors is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Finance Director will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.
- 3) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Finance Director should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

## **7 Establishing Requirements for Insurance**

The Trust is a large organisation, offering a multitude of services to NHS patients. The Trust also provides various services to non-NHS organisations. It is vital that for all services that are carried out by the Trust there is adequate insurance in place- where necessary- to cover any claims, and/or loss of earnings.

Enquiries about any insurance can be made to the Clinical Governance and Risk Department (CGARD) on 0191 2820524.

The Director of Procurement & Supplies establishes the Trust's contract for Commercial insurances and all such insurance requirements must be pursued via the contract with the contract broker. NHSR Insurances

The Trust pays an annual contribution to NHSR in return for insurances listed within this section. The point of contact within the Trust for NHSR information is the Legal & Committee Services Manager. The CGARD team and the Estates team will assist in coordinating the information needed for any renewal of insurance and any claims submitted under NHSR scheme. All Directorates are expected to cooperate with requests for relevant information. NHSR certificates of insurance are held within CGARD and copies may be provided upon request, where necessary.

### **7.1.1 Property Insurance**

Insurance is required for buildings owned by the Trust, as well as their contents. This includes property which is part of the Trust estate, but is not currently in use. Most property insurance will be covered by NHS Resolution under the Property Expenses Scheme (PES). Further details can be found in the Claims Management Policy.

CGARD legal team will coordinate with the Estates Department to determine PES insurance requirements for buildings and equipment.

There are some limitations to the PES which result in the Trust requirement to assess the need for extra insurance. The maximum amount the Trust can recover in case of a claim for buildings is £1,000,000 and the excess is £20,000. As this figure would not cover the value of the buildings and contents, the Trust must assess whether to buy extra insurance to ensure that the value of the buildings and contents are adequately covered in the event of a claim.

The extra insurance to 'top-up' that provided under NHSR is assessed by the Estates Department. If top-up insurance is agreed and purchased, renewal will be arranged by the Supplies Department after securing the most competitive price for the cover required. An assessment will be made as to the level of cover provided for the requested premium, and the insurer offering best overall value for money will be selected.

The Estates team will provide advice and collate evidence in the event of a claim relating to the buildings or hospital grounds.

#### **7.1.1.1 Compliance with Assessments and Surveys**

Relevant departments must comply with any reasonable requests for inspection or survey of Trust buildings or equipment. Surveys are required to ensure Trust property is insured for the correct amount. Under-insuring or over-insuring property can lead to Trust losses in the event of a claim, or can

invalidate a claim. Property and asset surveys will be managed by the Chief Building Officer, Chief Engineering Officer and EME Services Officer. Findings and recommendations must be recorded and shared with CGARD.

#### 7.1.1.2 Compliance with Policy Conditions

It is the responsibility of the department to be insured to ensure that the policy conditions are met. For example, where staff have certain training requirements for working with children within the Free Spirits nursery, the Free Spirits management team would have responsibility to guarantee that those requirements are met.

### 7.1.2 Clinical Negligence Insurance

The Clinical Negligence Scheme for Trusts (CNST) handles all clinical negligence claims against member NHS bodies where the incident in question took place on or after 1 April 1995 (or when the body joined the scheme, if that is later). Although membership of the scheme is voluntary, all NHS Trusts (including Foundation Trusts) in England currently belong to the scheme.

Whenever a letter is received from a solicitor indicating that a claim is being lodged against the Newcastle upon Tyne Hospitals NHS Foundation Trust, members of staff should not make any kind of response or comment but immediately pass the letter to the Legal Department, Freeman Hospital. Further details can be found in the Claims Management Policy.

#### 7.1.2.1 Exclusions from the Clinical Negligence Scheme for Trusts (CNST)

The Trust offers many non-NHS services and these are not covered under arrangements with NHR, including the CNST. For example, laboratory services for hospitals in Ireland, or the Middle East.

### 7.1.3 Public Liability Insurance

Public liability insurance is part of the Liability to Third Parties Scheme (LTPS), covered by NHR.

Claims of this nature are referred straight to NHR. Any correspondence received suggesting a public liability claim should be passed to the Legal and Committee Services Manager.

#### 7.1.3.1 Exclusions from the Liability to Third Parties Scheme (LTPS)

The Trust offers many non-NHS services and these will not be covered under the LTPS.

#### **7.1.4 Employer Liability Insurance**

Employer liability claims are claims lodged by present or former employees of the Trust. These will be referred straight to NHSR.

## **7.2 Vehicle Insurance**

For employees using their own vehicle for work purposes, please consult the 'Employees using their own Vehicles on Trust Business Policy'.

This policy does not address insurance for employee lease vehicles (business or non-business-leased through the salary sacrifice scheme) as these insurance arrangements are part of the lease agreement. For further information on the employee lease scheme please contact the Salary Sacrifice & Staff Benefits Officer within the Improving Working Lives team.

It is a legal requirement for the Trust to ensure adequate insurance arrangements are in place for all motor vehicles owned or hired for Trust business. In accordance with the Road Traffic Acts 1988 a motor vehicle is defined as follows:

“motor vehicle” means, subject to section 20 of the M1Chronically Sick and Disabled Persons Act 1970 (which makes special provision about invalid carriages, within the meaning of that Act), a mechanically propelled vehicle intended or adapted for use on roads this includes ‘a mechanically propelled vehicle [driven] on a road or other public place’<sup>2</sup>.

The Act also defines a ‘road’ as:

‘Any highway and any other road to which the public have access and includes bridges over which a road passes’<sup>3</sup>

In accordance with these definitions, the Trust must evaluate insurance requirements for vehicles such as ride-on lawnmowers as well as motor cars and vans. There must be a valid insurance certificate for all vehicles owned/hired by the Trust.

To ensure each hire vehicle or newly bought vehicle is adequately insured, the Clinical Governance and Risk Department must be made aware of the following information:

- Date of purchase/hire of vehicle
- Make and model of vehicle
- Vehicle registration

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<sup>2</sup> Section 185 (1) Road Traffic Act 1988

<sup>3</sup> Section 192 Road Traffic Act 1988

- Date vehicle is to be leased until (if a hire vehicle)

This information should be coordinated with the Senior Buyer within the Supplies Department, who will liaise with CGARD and provide the information to the Integrated Governance Manager and Risk Support Officer.

If there are changes to arrangements, for example, a vehicle is sold or the hire agreement terminated early, the responsible manager must inform CGARD.

Any licence checks are the responsibility of the hiring manager, who must provide proof to the HR team of the licence.

CGARD manage the existing cover for Trust vehicles, and can answer any queries about this insurance. Existing insurance for Trust vehicles covers all vehicles the Trust owns or hires for Trust business.

### **7.2.1 Vehicle Accidents**

If any vehicle being used on Trust business is involved in an accident, CGARD must be informed as soon as possible; please contact the Integrated Governance Manager or Head of Patient Safety and Risk on 0191 28 20524. The member of staff involved must not admit liability, should call appropriate emergency services if necessary, and should swap details with any other vehicle owner involved. If the driver has a smart phone or camera on them they must take photos of both vehicles to demonstrate the degree of damage (if any).

### **7.2.2 Renewal of Vehicle Insurance**

This is managed by the Head of Patient Safety and Risk, with support from the Integrated Governance Manager. Insurance renewal will be arranged after securing the most competitive price for the cover required. The Head of Patient Safety and Risk or Integrated Governance Manager will liaise with the existing provider, as well as obtain quotes from at least one other provider through the Trust approved broker. An assessment will be made as to the level of cover provided for the requested premium, and the insurer offering best overall value for money will be selected.

## **7.3 Travel Insurance**

The Trust has travel insurance arrangements in place for staff travelling overseas and within the UK on Trust business which provides a level of cover for medical expenses, personal liability and personal property. This is regularly reviewed and renewed by CGARD, and therefore it is particularly important that the insurer has an accurate estimate of the volume of staff travelling.

### **7.3.1 Renewal of Travel Insurance**

This is arranged by the Head of Patient Safety and Risk and Integrated Governance Manager. CGARD will request details of volume of travel by staff from the Supplies team on an annual basis in order to obtain an accurate quote for insurance.

CGARD should be notified of any potential claims.

### **7.3.2 Insurance for retrieval of organs and patients**

Trust employees make journeys to retrieve organs which are needed for transplantation and sick patients. Employees may also travel to collect or repatriate patients. These journeys involve potential extra risk due to the time critical nature of the journeys, as well as the value of equipment and staff involved in the transport.

Records must be kept by departments of all journeys made and the staff involved and provided to CGARD on an annual basis prior to insurance renewal.

## **7.4 Insurance for non-NHS Income Generation Activities**

The Trust offers many non-NHS services (services not to NHS staff, NHS patients, or other NHS organisations) and these are not covered under any insurance arrangements with NHSR.

Some examples of services which are not covered under NHSR rules are:

- The Free Spirits Nursery
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- Use of Trust equipment for non-NHS purposes, e.g. commercial contract to clean equipment unrelated to patients
- Consultancy of expertise for private non-NHS firms e.g. nuclear medicine expertise used in private industry
- Analysis of samples and tissue from outside the UK (therefore not for NHS patients)

The Clinical Governance and Risk Department (CGARD) must be made aware of all services which are non-NHS. An assessment needs to be made of these services to establish whether the value of the service or the nature of the service requires purchase of extra insurance and to ensure there is no duplication of insurance.

## **8 Training**

This document does not form part of the mandatory training content, though it is advisable that staff who drive as part of their role familiarise themselves with it, particularly the process to follow after an accident.

## 9 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

## 10 Monitoring compliance

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Ensure the trust insurance portfolio is regularly reviewed	Report to Risk Management and Assurance Committee	Integrated Governance Manager	Risk Management and Assurance Committee	Annual paper, with updates at the point of renewal of policies throughout the year.
Maintain vehicle database online	Log in and list vehicles, removing any which are no longer hired or owned by the Trust	Integrated Governance Manager	N/A	Ad hoc, as vehicles change

## 11 Consultation and review

This policy has been reviewed by the Risk Management and Assurance Committee, with input and feedback also sought from Supplies and Procurement, Business & Development team, Estates Directorate, Legal and Committee Services team, Finance Directorate, and Internal Audit.

## 12 Implementation (including raising awareness)

This policy has been circulated in the CGARD policy newsletter which includes details of all policies which have reviewed or newly ratified.

## 13 References

Road Traffic Act 1988

## 14 Associated Documentation

- [Claims Management Policy](#)
- [Employees Using own Vehicle Policy](#)
- [Management and Reporting of Incidents Policy](#)
- [Risk Management Strategy](#)

The Newcastle upon Tyne Hospitals NHS Foundation Trust  
**Equality Analysis Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**PART 1**

1. **Assessment Date:**

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**

Insurance Management Policy

3. **Name and designation of author:**

Jackie Moon, Head of Patient Safety and Risk

4. **Names & Designations of those involved in the impact analysis screening process:**

Lucy Hall, Equality and Diversity Lead

5. **Is this a:** Policy  Strategy  Service  Board Paper

**Is this:** New  Revised

**Who is affected:** Employees  Service Users  Wider Community

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes? (These can be cut and pasted from your policy)**

- This policy relates to all insurances the Trust requires including property, clinical negligence, employer liability, vehicle and travel. The policy outlines the requirements for insurance and establishes responsibilities for making sure the necessary insurances are in place. The policy also informs staff what to do if they need to know more about an insurance policy or need to make a claim.
- The aim of the policy is to ensure that all necessary areas of service provided by Newcastle Hospitals NHS Foundation Trust are covered by appropriate insurance, including non-NHS services. The policy will provide details of the procedure to follow and who to contact in the event of a claim or the need for more information.

7. Does this policy, strategy, or service have any equality implications? Yes  No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

This policy applies to all employees as well as the organisation, where relevant. No employees are excluded from the processes detailed within.

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing– please refer to the Equality Evidence within the resources section at the link below: <a href="http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx">http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx</a>	Does evidence/engagement highlight areas of direct or indirect discrimination? For example differences in access or outcomes for people with protected characteristics	Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)
<b>Race / Ethnic origin (including gypsies and travellers)</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Mandatory EDHR Training Provision of Interprets Information available in other formats on request Trust partnership work with 3 <sup>rd</sup> sector organisations BAME Staff Network	Nationally there is evidence of different health outcomes for BAME people in relation to some health conditions. This is being addressed within the Trust through EDHR and Patient Experience structures	Include in related documents that each service should look at the risks in relation to inequity in access and health outcomes and identify any actions required to minimize any risks identified.
<b>Sex (male/ female)</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Mandatory EDHR Training Single Sex accommodation policy Women’s Health and Sexual Health Services available for advice and support Trust partnership work with 3 <sup>rd</sup> sector organisations	Nationally there is evidence of different health outcomes for men and women in relation to some health conditions. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As above
<b>Religion and Belief</b>	Equality Analysis on Policies and Business plans	Nationally there is evidence of	As above

	Structures and staff in place to support the Trust to comply with the Equality Act 2010 Chaplaincy Team available for advice and support. Religion, Belief and Cultural Practices Policy and Guidance	different health outcomes for some religious groups such as people of Muslim faith. This is being addressed within the Trust through EDHR and Patient Experience structures	
<b>Sexual orientation including lesbian, gay and bisexual people</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Mandatory EDHR Training Trust partnership work with 3 <sup>rd</sup> sector organisations Trust support of Northern Pride Sexual health training programmes and services LBGBT Staff Network	Nationally there is evidence of different health outcomes for LGB people in relation to some health needs. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As above
<b>Age</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Children and Young People's Services and Elderly Medicine Services Trust work in relation to Dementia Care Your'e Welcome Accreditation for Children and Young People's Services Services for teenagers for example Cancer Services Mandatory EDHR Training Trust partnership work with 3 <sup>rd</sup> sector organisations	Nationally there is evidence of different health outcomes in relation to age and some health needs. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As above
<b>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Psychological and Mental Health Services Rehabilitation Services Professions Allied to Medicine services Accessible Information Standard Provision of BSL Signers and Deaf Blind Guides	Nationally there is evidence of different health outcomes in relation to disability and some health needs. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As Above

<b>section</b>	LD Liaison Nurse, flagging of learning disability and patient passport. Trust work to support Carers Mandatory EDHR Training Trust partnership work with 3 <sup>rd</sup> sector organisations Disability Staff Network		
<b>Gender Re-assignment</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Trust Gender Identity Working Group Mandatory EDHR Training Trust partnership work with 3 <sup>rd</sup> sector organisations	Nationally there is evidence of different health outcomes for Trans people in relation to some health needs. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As above
<b>Marriage and Civil Partnership</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Mandatory EDHR Training	No	As above
<b>Maternity / Pregnancy</b>	Equality Analysis on Policies and Business plans Structures and staff in place to support the Trust to comply with the Equality Act 2010 Maternity Services available for advice and support. Breast Feeding Policy and signage Mandatory EDHR Training Trust partnership work with 3 <sup>rd</sup> sector organisations	Nationally there is evidence of different health outcomes for mothers and babies who have protected characteristics. This is being addressed within the Trust through specific services and EDHR and Patient Experience structures	As above

**9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?**

No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement      No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No. The policy outlines how insurance arrangements can offer financial compensation or reduce financial losses for either employees or the Trust as a whole.

## **PART 2**

**Signature of Author**

**Print name**

**Jackie Moon, Head of Patient Safety and Risk**

**Date of completion**

11/08/2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)