Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE SERVICE BASED POLICY

CLINICAL CODING

Policy Number:	**IT15**
Scope of this Document:	**All Staff**
Recommending Committee:	**Joint SIRO and Information Governance Group**
Approved By:	**Executive Director of Finance**
Date Ratified:	**April 2020**
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Version Number:	**Version 5**
Lead Executive Director:	**Executive Director of Finance**
Lead Author(s):	**Senior Clinical Coders**

TRUST-WIDE SERVICE BASED POLICY

2020 - Version 5

Striving for perfect care and a just culture

TRUST-WIDE SERVICE BASED POLICY

Clinical Coding Policy

Further information about this document:

Document name	**Clinical Coding IT15**
Document summary	This document will clearly define Mersey Care NHS Foundation Trust's process to promote good practice and consistency of information produced during the Clinical Coding Process. The document will help to ensure the quality, accuracy and timeliness of Clinical Coding data. It will consolidate agreed protocols and methodologies and condition specific coding. It will highlight, promote and enhance the status and role of Clinical Coding.
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To be read in conjunction with	**IT02** IM&T Security Policy **IT06** Corporate Health Records Policy and Procedures **IT10** Policy and Procedure for Confidentiality and Data Sharing **IT14** Data Protection Act Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 3	Information Governance & Caldicott Committee	October 2014
Version 3.1	Corporate Document Review Group	October 2015
Version 3.2	Corporate Document Review Group	March 2017
Version 3.3	Health Records & Data Quality Working Group	March 2019
Version 4.0	Health Records & Data Quality Working Group	May 2019
Version 5.0	Joint Information Governance/Siro Group	March 2020

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

1. PURPOSE AND RATIONALE

1.1 Accurate Clinical Coding is a driver for national change in the treatment of diagnosed conditions and associated co-morbidities. It is important for the Trust to understand the caseload case mix and reasons for admission within the Trust it helps to inform:

- Health and Social Care Professionals;
- Managers, Commissioners and Planners;
- Patients and Public;
- Payment by Results;
- Data Security Protection Toolkit Requirements;
- National Standards set by the Terminology and Classifications Delivery Service.

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2. SCOPE

2.1 Clinical Coding staff translate medical terminology into classification codes. It is required to accurately report the complexity and make up of the case mix and to satisfy national requirements. The standards associated with Clinical Coding change regularly and Clinical Coders ensure that our information is of the highest standard and accuracy. This policy is intended to ensure that all staff involved in the process understands their responsibilities and that required training is kept up to date. There are no services exempt from this policy.

2.2 In this context the term Clinical Coding refers to the coding of diagnostic Mental Health, physical, medical and social conditions present in individuals receiving care from Mersey Care NHS Foundation Trust. Clinical Coding also refers to the coding of procedures/interventions.

2.3 The classifications used are International Statistical Classification of Diseases and Related Health Problems 10th revision, fifth edition (ICD10), Classification of Interventions and Procedures (OPCS) version 4 (2020).

3. OUTCOME FOCUSED AIMS AND OBJECTIVES

3.1 All procedures involved in the capture of information for Clinical Coding purposes are clearly defined in this document for the clinical information systems.

3.2 All quality assurance procedures for the Clinical Coding department are detailed in this document to ensure continual improvements in the standard and quality of coded data in the trust.

3.3 All changes to the Clinical Coding policy and/or procedures are detailed in this policy and procedure document in the appropriate manner to ensure all contributors are in agreement with the current practice. Any alterations to Clinical Coding practice should have change and implementation dates provided within this document, and comply with national coding rules and conventions.

3.4 All future Clinical Coding policy and procedure decisions made between the Clinical Coding department and individual clinicians will be fully described, agreed and signed by the clinical lead for the specific department within this document. All policies or procedures agreed within this document adhere to National Clinical Coding Standards Reference Book which contains the rules, conventions and standards for Clinical Coding (ICD & OPCS).

3.5 Training plans for Clinical Coders are clearly defined and documented within this policy.

3.6 Details of communication arrangements are detailed in this document to ensure effective dissemination of information regarding coding, resolution of queries and changes in coding practice to all coding staff and users of information.

3.7 All confidentiality and security issues incurred during the coding process are detailed in this document to ensure adherence to local policies and National Clinical Coding Standards Reference Book which contain the rules, conventions and standards for Clinical Coding (ICD & OPCS).

4. PROCESS

4.1 Current Clinical Coding practices:

4.1.1 Information is documented by clinical staff regarding the service user's diagnosis and treatment within the Health Records.

4.2 Inpatient Discharges and Ward Transfers

4.2.1 Each week an uncoded discharge/transfer list is printed by Clinical Coding staff this is used to identify inpatient transfer/discharges that require coding.

When completing for the Learning Disabilities Respite Ward the following process should be followed:

- We use proformas which are updated annually and kept on the coding department. This information is obtained via a meeting between the LD manager and a member of the coding team. Verification of the diagnosis can be found on the Clinical Information system. The Clinical Coders then code the primary diagnosis and co-morbidities on the electronic system from the proforma and the notes.
- Local coding policies must be signed off as per the form (Appendix 4). The Clinical Coders also visit the ward to update all diagnoses and proformas. All proformas are signed and dated by the Ward Manager and kept in file for validation.

4.2.2 Clinical Coding information is obtained from Mersey Care Trust (MCT) - Admission Clerking, MCT - Physical Health Nursing Assessment v2, GP summary, discharge letter (Clinician) and Progress Notes Report (Medical), the Learning Disabilities Respite Ward uses proformas and progress notes (see Appendix 1).

4.3 Source Document:

4.3.1 Clinical Coding Information can also be obtained by the Clinical Coders by contacting the relevant consultant on occasions.

4.3.2 Clinical Coders access the services users Health Record as and when it is required or necessary.

4.4 Timescales:

4.4.1 The coding process is instigated at the beginning of each week. The aim is to have all diagnoses coded weekly and entered onto Clinical Information Systems.

4.4.2 The completed inpatient records are submitted by the Business Intelligence Today team (BiT) to NHS digital Payments by Results (PbR) Flex Date after the end of each month to Secondary User Service (SUS) for Hospital Episode Statistics (HES). Flex Dates can be obtained from the Hospital Episodes website.

4.4.3 100% completion of coding for transfers/discharges has to be achieved by a date in the following month as per requested by the BIT to be submitted to SUS for national submission.

4.4.4 The BiT send a list of uncoded episodes for the month which is checked against the coders list, and any differences are reported back to the BiT. This is to ensure all missing data is captured to achieve 100% completion for Data Quality review.

4.4.5 Procedure for validation is followed (see Appendix 2).

4.4.6 The Clinical Coder translates medical terminology into ICD10 and OPCS classification codes and then enters the codes against the appropriate patient and ward stay on RiO. The Clinical Coder will code the main condition treated or investigated if this is not clear the main symptom, abnormal findings or problem will be coded as a primary diagnosis.

4.5 The role of Consultant/Junior Doctors in the coding process

4.5.1 Consultant and Junior Doctors are instrumental in the provision of high quality documentation and their role is recognised

4.6 Validation of clinical coded information

4.6.1 To ensure adherence to National Clinical Coding Standards, validation routines (Appendix 2) such as internal data quality measures are followed to facilitate the detection and correction of errors within Mersey Care NHS Foundation Trust which are:

- Document any new protocols established or changes to existing coding policy;
- Ensure that coding staff are aware of changes to policy;
- To undertake internal audits of coded data;
- Disseminate any problems highlighted in audits and address any local training issues;
- To maintain the Clinical Coding Validation Procedure document;
- Develop the role of Clinical Coding within the Trust;
- Maintain the good working relationship with Consultants;
- Clinical Coders to attend all relevant Clinical Coding forums, the Cheshire and Merseyside Quarterly Coding Advisory Group (CAG) meetings hosted by the Clinical Coding Academy, MIAA and both national and local specifically orientated to mental health; and
- Promote the role of Clinical Coders with the Trust and raise awareness of the importance of Clinical Coding and level of detail required for accurate patient coding.

4.7 **Details of Internal and External audit programs for coding:**

4.7.1 Internal audits are conducted by the Clinical Coding team within the Trust.

4.7.2 Data Security & Protection Clinical Coding audits are undertaken annually by MIAA.

4.8 To implement any changes required to procedures as a result of any recommendations from Internal/External Audit

4.8.1 Following receipt of audit reports the Audit Action plan is updated. The actions are discussed with Clinical Coders to ascertain if the changes can be implemented within the coding team. The actions will be taken to the Health Records and Data Quality Data Working Group and noted there once completed.

4.9 Details of processes for clinical staff to provide appropriate and relevant information for Clinical Coding purposes

4.9.1 For full details of Clinical Coding procedure by service please see Appendices.

5. TRAINING AND SUPPORT

5.1. The Clinical Coding Department has two members (1.4 WTE) of staff, one full time experienced Clinical Coder and one part time qualified Clinical Coder.

5.1.1 Trust responsibility for Clinical Coding sits with the Chief Information Officer

5.2 Training Program (Appendix 4):

5.2.1 All novice Clinical Coders on appointment to post, are required to complete 2 mandatory eLearning courses prior to attending the Clinical Coding Standards course within 6 months of appointment.

5.2.2 During the two years the novice coder will attend both a six and a twelve month follow up course. A written assessment and feedback on the progress of the novice coder is provided to the coder and Trust.

5.2.3 The novice will be classed as an experienced Clinical Coder after completing two years as above.

5.3 Training Program Trained Coder Level:

5.3.1 Clinical Coders are required to continually update their Clinical Coding knowledge by attendance at specific training modules

5.3.2 All Clinical Coding staff are required to attend a refresher course every three years.

5.3.3 Qualified Auditor or Trainer must attend Forums/refresher courses as documented in DELEN.

5.3.4 All Clinical Coders are encouraged to train towards achieving the National Clinical Coding Qualification (ACC) and the Trust will support the coder in attaining this qualification. Please see Appendix 4 for policy 'Career Pathway for Clinical Coding Staff to Attain Accredited Clinical Coding Qualification'. Any coder wishing to undertake further qualifications will be supported by the Trust.

5.4 Communication in Clinical Coding

5.4.1 It is vital that there are clear procedures documented to deal with the queries arising during the coding process. Everyone involved in the supply and use of clinical information should be aware of the process of collecting data.

5.4.2 Query Protocol

- Reference all coding materials such as the Clinical Coding Standards and coding clinics;
- Queries to be raised and discussed with other coders in the team to see if the query can be resolved at this level;
- Speak to consultant for clarification;
- Unresolved coding queries should then be escalated through and forwarded to MIAA via the correct documentation.
- All patient identification should be anonymised.
- All responses to the Trust's queries are circulated to each coder within the department.

- When a query is resolved a local Clinical Coding policy will be written and signed by the Clinical Lead and Clinical Coding team.

5.5 Regional Coding Communication

- Coding Clinics are accessible on line;
- Digital Coding Standards ICD and OPCS are accessible on line;
- There is a Mental Health Unification Group who meet every 3 months at Derby also the Coding Advisory Group at Brunswick Dock. Clinical Coders and Manager from the Trust attend regularly and disseminate information and minutes when available to the coding team.
- Clinical Coders have access to DELEN (MHUG) Mental Health Unification Group workspace which enables the team to have discussions via email with other Mental Health Clinical Coders

5.6 Security and Confidentiality

5.6.1 All staff within the Team dealing with identifiable service user information are made aware of the importance of ensuring service user confidentiality and the security of sensitive information.

5.6.2 All staff within the department are made aware of the policies and procedures governing the disclosure and sharing of data both internally and with external organisations operated by the Trust.

5.6.3 All staff are made aware of the departmental policy that any information being forwarded to external sources for coding queries should be completely anonymous.

5.6.4 All staff within the department are made aware of who the Trust's Caldicott Guardian is, should any issues in security and confidentiality arise.

5.6.5 All staff have access to the following confidentiality and security documentation:

- GDPR/Data Protection Act 2018;
- Confidentiality: NHS Code of Practice;
- Trust Health Records Policy
- The Code of Practice for Record Management;
- Caldicott Principles;
- Access to Health Records (1990); and
- Information Security Management: NHS Code of Practice.

5.7 Reference Documents

- Clinical Coding Standards for ICD, OPCS and coding clinic;
- International Statistical Classification of Disease and Related Health Problems, 10th Revision, fifth Edition (ICD-10);
- Classification of Surgical Operations and Procedures 4th Revision (OPCS

4(2020);
- GDPR/Data Protection Act 2018
- Health Records Policy
- Confidentiality: NHS Code of Practice;
- The Code of Practice for Record Management;
- Access to Health Records (1990); and
- Information Security Management: NHS Code of Practice.

6. CONSULTATION

6.1 This policy has been developed by the Trust's Clinical Coding team. The policy has also been reviewed by the Clinical Coding Line Manager, Chief Information Officer.

7. DUTIES

7.1 Chief Executive

The Chief Executive as the accountable officer is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity.

7.2 Clinical Coders

Their role is to translate medical terminology in the patient's record into classification codes then record accurately against the relevant Admitted Patient Care (APC) Commissioning Data Set (CDS) in line with ICD and OPCS standards and coding clinic.

7.3 Consultants/ Junior Doctors

They are responsible for providing full, accurate and comprehensive documentation.

7.4 Business Information Team

The BiT team have the responsibility for submitting monthly datasets as per National requirements.

7.5 Executive Director of Finance

Formal responsibility for Clinical Coding lies with the Executive Director of Finance.

7.6 Caldicott Guardian

The Trust's Caldicott Guardian has a particular responsibility in ensuring that a robust framework to comply with all legislation is in place across the Trust. It is the responsibility of the Caldicott Guardian to ensure that every member of staff within the Trust complies with all requirements of Information Governance, which is driven by various legislation and guidelines issued by the Department of Health and other sources.

7.7 Senior Information Risk Owner

The Senior Information Risk Owner is responsible for ensuring that the Trust manages its information assets securely and has taken appropriate action to mitigate against any data loss/data breach incidents and that all data loss/data breach incidents are monitored and reviewed.

7.8 Joint Senior Information Risk Owner/Caldicott Group

The Joint Senior Information Risk Owner/Caldicott Group ensures the Trust operates within the Information Governance framework and reports to the Trust Executive Committee via a bi-monthly IG Chair's report and Annual Report.

7.9 Health Records & Data Quality Working Group

The Health Records & Data Quality Working promotes high standards of records management, identifying and mitigating any risks associated with the Trust's health records and data quality processes and procedures.

8. MONITORING

8.1 Monitoring of this policy will be by undertaken by the Trusts Clinical Coding team. Frequent audits and an Annual Data Security and Protection audit will be undertaken and the results will be presented to the Audit Committee bi-annually to report on data quality. All audit findings will be reviewed and monitored at the Joint Senior Information Risk Owner/Information Governance Committee.

9. APPENDICIES

LOCAL CODING POLICIES BY SERVICE

1. Local Coding Policies by Service

1.1 Brain Injury Unit

a. Main Condition being treated
b. Sequalae of Brain Injury **late effect** should always be coded
c. Any other psychiatric condition
d. Injury and External codes
e. Any co-morbidities including mandatory codes
f. Social codes if relevant
g. Allergies if relevant

1.1.1 Mersey Care NHS Foundation Trust use **OPCS** rehabilitation code for every service user in Brain Injury Unit, as they are all being re-trained in activities of daily life.

1.1.2 Information is taken from MCT - Admission Clerking, MCT - Physical Health Nursing Assessment v2, GP summary, discharge letter (Clinician) and Progress Notes Report (Medical).

1.2 Acute, Older Peoples and Forensic

a. Main Condition being treated
b. Any other psychiatric condition
c. Injury and External codes
d. Any co-morbidities including mandatory codes
e. Social codes if relevant
f. Allergies if relevant

1.2.1 Information is taken rom MCT - Admission Clerking, MCT - Physical Health Nursing Assessment v2, GP summary, discharge letter (Clinician) and Progress Notes Report (Medical).

1.3 Hope Centre – Addictions

a. Drug/alcohol dependence (condition treated)
b. Any other dependent drug/alcohol
c. Other non-dependent drug(s)
d. Any psychiatric condition
e. Injury and External codes
f. Comorbidities and mandatory codes
g. Social codes if relevant
h. Allergies if relevant
i. OPCS Rehabilitation codes for Drug or Alcohol must always be coded

1.3.1 Information is taken from MCT - Admission Clerking, MCT - Physical Health Nursing Assessment v2, GP summary, discharge letter (Clinician) and Progress Notes Report (Medical).

1.4 **Learning Disabilities (excluding Whalley Site)**

a. Respite code
b. Main condition for respite
c. Any other psychiatric condition
d. Injury and External codes
e. Co-morbidities including mandatory codes
f. Social codes if relevant
g. Allergies if relevant

1.4.1 Information is taken from frequent meetings with the manager at Wavertree Bungalow, GP summary and Progress Notes.

Appendix 2

INFORMATICS & PERFORMANCE IMPROVEMENT DEPARTMENT PROCEDURE FOR THE VALIDATION OF CLINICAL CODING

In order to perform validation, a scan (report) of discharged service users must be generated via Clinical Information Systems by the Clinical Coding Staff and printed out each Monday for the previous weeks accumulative discharges.

The BiT team will produce an uncoded discharge/transfer list at the end of every month. The Clinical Coding team will check this against their uncoded list, any differences will be reported to the BiT.

Clinical coder will take information from MCT - Admission Clerking, MCT - Physical Health Nursing Assessment v2, GP summary, discharge letter (Clinician) and Progress Notes Report (Medical).

When coding Wavertree Bungalow the coders use a completed Proforma along with Progress notes.

Information from queries to consultant must be documented (preferably in writing) to provide information to auditors if it is required.

Regular audits are undertaken to provide information regarding training requirements and to understand if coding policies are required.

Implemented:
Review Date:
Next Review Date:
Author: Clinical Coding Team

Appendix 3

DETAILS OF LOCAL POLICIES

CLINICAL CODING LOCAL POLICY DETAILS 1st April 2020 – 31st March 2021
LOCAL POLICY TITLE:
IMPORTANT INFORMATION

LOCAL POLICY ISSUE
.
LOCAL POLICY
.

Consultant	……
Signature	……..
Date	……

Name of Coder	Signature of Coder	Date
D. Bridson		
S. Smith		

Appendix 4

In order to ensure that Clinical Coders are trained to the highest standard Mersey Care NHS Foundation Trust supports and promotes continuing professional development.

Year 1

Upon taking up post within Mersey Care NHS Foundation Trust the new member of staff will be required to attend the Trust Induction Program. Leading on from this the member of staff will receive departmental Induction and be shown the Mersey Care NHS Foundation Trust home website where all Trust policies can be located together with a directory of services provided within Mersey Care NHS Foundation Trust.

During the first month they will have access rights set-up with an NHS email account. Following this training will be given on the Trusts Clinical Information System which includes reference to current legislation that the Trust must work within. Specific departmental procedures will be outlined to the newcomer to assist understanding the functionality of Clinical Coding and how it fits into the organisation – this may also involve the member of staff spending time in "other" relevant sections to understand data flows e.g. national reporting deadlines.

As part of the departmental induction process the clinical coder will be expected to familiarise themselves with general medical terminology as well as specific terms used within Mental Health Services. Additional guidance will be provided on the usage of the International Classification of Diseases (ICD), Office for Population Censuses and Surveys (OPCS), Coding Standards and Coding Clinic.

Staff who have not had any previous experience of Clinical Coding or staff that have not actively coded for the last 2 years will be required to complete two mandatory eLearning modules before attending a Clinical Coding Standards Course.

Following attendance at the Novice Clinical Coders' Course the Coder will be given assistance for approximately the next 2 years by experienced coders. Their coded data will be monitored regularly with spot checks to allow data to be analysed and corrected by the experienced coder before it is entered onto the Trust's Clinical Information Systems.

The novice coder will have a 6 month review followed by a 12 month review by the standard course tutors who provide a written assessment and feedback on progress to the Trust.

During the first year the Clinical Coder will have a Personal Achievement and Contribution Evaluation (PACE) performed by the immediate line manager for the Clinical Coding team, any requests for training should be raised and identified during the PACE meeting.

Year Two

Throughout their employment with Mersey Care NHS Foundation Trust the Clinical Coder will be required to attend specialty workshops and an anatomy & physiology workshop that may be organised locally by the MIAA or National events relevant to the knowledge and

skills required for Clinical Coding staff. The Line Manager will also ensure that annual PACE reviews are performed to identify any further training requests and to support the Clinical Coder in gaining knowledge and as the Clinical Coder gains experience they will be expected to participate in departmental audits. They will also be expected to assist with the review of departmental procedures and/or the development and production of written procedures.

Following the 2 year supervision period, the novice coder would then be considered to be classed as an experienced Clinical Coder.

Year 2 +

Every clinical coder is required to attend the Clinical Coding refresher course, every three years to keep their Clinical Coder status.

Auditors and Trainers will attend relevant sessions as required by NHS digital.

Relevant Clinical Coding Qualification Workshops will also be attended.

As the Clinical Coder at year 3 should have gained a substantial knowledge base then they will be expected to commence undertaking internal Clinical Coding audits.

Within the third year the Clinical Coder will also be required to complete/update all Mersey Care NHS Foundation Trust Corporate Mandatory e-learning Training modules.

National Accredited Clinical Coding Qualification

All Clinical Coders are encouraged to train towards achieving the National Accredited Clinical Coding Qualification (ACC). Clinical Coding staff should discuss with their Line Manager at their PACE whether they wish to undertake the National Accredited Clinical Coding Qualification which is the recognised NHS digital professional certificate available for Clinical Coding staff. Examinations are held in March and September annually. If the Clinical Coder wishes to pursue taking the qualification then the relevant training should be arranged. MIAA may be contacted to discuss the best options for supporting and preparing the Clinical Coder for the qualification.

10. Equality and Human Rights Analysis

Title: Policy and Procedure for Clinical Coding
Area covered: Trust wide

What are the intended outcomes of this work? To ensure accurate Clinical Coding across the Trust.
Who will be affected? Staff

Evidence
What evidence have you considered? *The document in question was read, and where necessary discussed between the assessors, in order to consider whether the policy (and its impact) will have on human rights or equality.*
Disability including learning disability Document states it is available in different formats upon request to the document author.
Sex Nothing noted with the analysis.
Race Nothing noted with the analysis.
Age Nothing noted with the analysis.
Gender reassignment (including transgender) Nothing noted with the analysis.
Sexual orientation Nothing noted with the analysis.
Religion or belief Nothing noted with the analysis.
Pregnancy and maternity Nothing noted with the analysis.
Carers Nothing noted with the analysis.
Other identified groups Nothing noted with the analysis.
Cross cutting Nothing noted with the analysis.

Sexual orientation Not applicable.
Religion or belief Not applicable.
Pregnancy and maternity Not applicable.
Carers Not applicable.
Other identified groups Not applicable.
Cross cutting Not applicable.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Not engaged.
Right of freedom from inhuman and degrading treatment (Article 3)	Not engaged.
Right to liberty (Article 5)	Not engaged.
Right to a fair trial (Article 6)	Not engaged.
Right to private and family life (Article 8)	Not engaged.
Right of freedom of religion or belief (Article 9)	Not engaged.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Not engaged.
Right freedom from discrimination (Article 14)	Not engaged.

Engagement and involvement
Removed after consultation with George Sullivan (email 14/11/2013).

Summary of Analysis
Eliminate discrimination, harassment and victimisation This policy has gone through Equality & Human Rights process.
Advance equality of opportunity To ensure it does not directly or indirectly discriminate
Promote good relations between groups To support the Trust to meet its Equality Act duties.

What is the overall impact?
The assessment panel view is there are no equality and human rights issues with the document.

Addressing the impact on equalities Not required.

Action planning for improvement Not required.
• No actions noted

For the record
Name of persons who carried out this assessment (Min of 3): Mike Jones (Finance). Geoff Springer (IG)
Date assessment completed: 14/11/2013, **10/10/2016, 7/09/2017 and Review April 2021**
Name of responsible Director: Director of IPI
Date assessment was signed: 14/11/2013 **10/10/2016 11/09/17**