**Audiology**

**Policy/Procedure/Guidance/Protocol**

**Title**

|  |  |
| --- | --- |
| Version: |  |
| Date approved: | [long date format] |
| Review date: | [long date format] |
| Implementation date: | [long date format] |
| Supersedes: |  |
| Changes from previous version: |  |
| Equality Impact Assessment Date: | [month & year] |
| Target audience: | e.g. All Audiology Staff/All Audiology clinical staff/All Audiology Admin staff/ Team specific [please detail] |
| Lead Executive: |  |
| Author(s): | [name] – [role] |
| Consultation with: | [name] – [role] |

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1. Introduction

*A brief introduction (50 words max)*

1. Executive Summary

*A summary of the documents intended uses*

1. Policy/Procedure/SOP/Guidance Statement

This stays as below:

To comply with national recommended procedures and guidance, Audiology staff must meet the responsibilities of their individual roles as defined in Section 5 (Roles & Responsibilities), and must adhere to the practices defined in Section 6 and associated documents defined in Section 11 (References).

1. Definitions

|  |  |
| --- | --- |
| **Term** | **Definition** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Roles and Responsibilities

This stays as below:

* 1. Lead Executive

The Lead Executive are responsible for approving this document and ensuring that it is reviewed in line with Trust Policy.

* 1. Audiology Staff

Audiology staff are responsible for accessing, reading, understanding and following this document where it applies to their job role.

1. Policy/Procedure/Protocol/Guidance
   1. Heading 1
   2. Heading 2
2. Training and Implementation
   1. Training

*Describe training available here and state whether or not it links to a core mandatory training topic.*

* 1. Implementation

*Describe how the practices in this document will be implemented with specific regard to responsibilities set out in section 5 and identified monitoring required detailed in section 10.*

* 1. Resources

*Where training/implementation creates any additional resource consequences, state this here.*

*Otherwise state:*

No additional resources are required.

1. Equality Impact Assessment (EQIA) Form

An equality impact assessment has been undertaken on this document and has not indicated that any additional considerations are necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Q1. Date of Assessment: [month, year]** | | | |
| **Q2. For the document and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the document or implementation down into areas)** | | | |
| **Protected Characteristic** | **a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups experience? i.e. are there any known health inequality or access issues to consider?** | **b) What is already in place in the document or its implementation to address any inequalities or barriers to access including under representation at clinics, screening** | **c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality** |
| **The area of the document or its implementation being assessed:** | | | |
| Race and Ethnicity | No issues identified |  |  |
| Gender | No issues identified |  |  |
| Age | No issues identified |  |  |
| Religion | No issues identified |  |  |
| Disability | No issues identified |  |  |
| Sexuality | No issues identified |  |  |
| Pregnancy and Maternity | No issues identified |  |  |
| Gender Reassignment | No issues identified |  |  |
| Marriage and Civil Partnership | No issues identified |  |  |
| Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation) | No issues identified |  |  |

**Area of service/strategy/function**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q3. What consultation with protected characteristic groups inc. patient groups have you carried out?**  None | | | | |
| **Q4. What data or information did you use in support of this EQIA?**  None | | | | |
| **Q.5 As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?**  None | | | | |
| **Q.6 What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the document and its implementation is not discriminating against any groups** | | | | |
| **What** | | **By Whom** | **By When** | **Resources required** |
|  | |  |  |  |
| **Q7. Review date** | Not applicable | | | |

1. Values and Behaviours

The Trust’s Values and Behaviours describe the principals and beliefs of our people and show that ‘we listen, we care’. The Values and Behaviours have been considered in relation to this document.

Please rate each value from 1 – 3 (1 being not at all, 2 being affected and 3 being very affected)

|  |  |
| --- | --- |
| **Value** | **Score (1-3)** |
| 1. **Polite and Respectful**   Whatever our role we are polite, welcoming and positive in the face of adversity, and are always respectful of people’s individuality, privacy and dignity. | 1 |
| 1. **Communicate and Listen**   We take the time to listen, asking open questions, to hear what people say; and keep people informed of what’s happening; providing smooth handovers. | 1 |
| 1. **Helpful and Kind**   All of us keep our ‘eyes open’ for (and don’t ‘avoid’) people who need help; we take ownership of delivering the help and can be relied on. | 1 |
| 1. **Vigilant (patients are safe)**   Every one of us is vigilant across all aspects of safety, practices hand hygiene & demonstrates attention to detail for a clean and tidy environment everywhere. | 1 |
| 1. **On Stage (patients feel safe)**   We imagine anywhere that patients could see or hear us as a ‘stage’. Whenever we are ‘on stage’ we look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe, and are never unduly worried. | 1 |
| 1. **Speak Up (patients stay safe)**   We are confident to speak up if colleagues don’t meet these standards, we are appreciative when they do, and are open to ‘positive challenge’ by colleagues | 1 |
| 1. **Informative**   We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues. | 1 |
| 1. **Timely**   We appreciate that other people’s time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital. | 1 |
| 1. **Compassionate**   We understand the important role that patients’ and family’s feelings play in helping them feel better. We are considerate of patients’ pain, and compassionate, gentle and reassuring with patients and colleagues. | 1 |
| 1. **Accountable**   Take responsibility for our own actions and results | 1 |
| 1. **Best Use of Time and Resources**   Simplify processes and eliminate waste, while improving quality | 1 |
| 1. **Improve**   Our best gets better. Working in teams to innovate and to solve patient frustrations | 1 |
| **TOTAL** | 12 |

1. Monitoring Matrix

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Minimum**  **requirement**  **to be monitored** | **Responsible**  **individual/**  **group/**  **committee** | **Process**  **for monitoring**  **e.g. audit** | **Frequency**  **of monitoring** | **Responsible**  **individual/**  **group/**  **committee for review of**  **results** | **Responsible**  **individual/**  **group/**  **committee**  **for development**  **of action plan** | **Responsible**  **individual/**  **group/**  **committee**  **for monitoring**  **of action plan** |
| Service evaluation/ monitoring audits | [input required] | [input required] | [input required] | [input required] | [input required] | [input required] |
| Adverse Incident Surveillance | [input required] | [input required] | [input required] | [input required] | [input required] | [input required] |
| Peer review | [input required] | [input required] | [input required] | [input required] | [input required] | [input required] |

1. References

*Include as appropriate: national guidance, Trust documentation, published research, manufacturer recommendations/guidance, other Audiology documents*

***Do not hyperlink***

1. Appendices