

POLICIES AND PROCEDURAL DOCUMENTS

Development and Management Policy

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Version control sheet

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Equality Statement

Equality, diversity and human rights are central to the work of the Hampshire, Southampton and Isle of Wight (HIS) CCG. This means ensuring local people have access to timely and high quality care that is provided in an environment which is free from unlawful discrimination. It also means that the CCG will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work CCG staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. CCG staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The CCGs' equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012 duties placed on CCGs to reduce health inequalities, promote patient involvement and involve and consult the public.

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1. Introduction

- 1.1 Policies and procedural documents (for definition please see [Section 4](#)) are a key component of the Hampshire, Southampton & Isle of Wight CCG (the CCG) corporate governance framework and risk management system, which keep the organisation and its staff safe, protect the same from challenge, reputational damage and claim for redress.
- 1.2 The CCG uses policies and procedures to enable staff working for, and with us, to do so in a way that is efficient, consistent, safe and in keeping with our values, objectives and purpose.
- 1.3 The development, approval and monitoring of the use of our policies, also ensures that we meet statutory, legal and insurance requirements as well as best practice in relation to corporate and clinical governance.

2. Purpose

- 2.1 To provide a framework for the above in accordance with our values regarding transparency and openness.
- 2.2 The environment within which we operate is one of constant change, and we must be in a position to respond to the challenges posed by these changes. This document seeks to ensure that our policies and procedures remain relevant by setting out our process for their development and management.

3. Scope

- 3.1 This policy applies to all staff employed by, and staff working on behalf of the CCG and applies to all strategies, policies, procedures, protocols, guidelines and plans being issued under our CCG logo.
- 3.2 This policy sets out the expectations of quality and there are specific, limited circumstances where exceptions may apply:
 - Where procedural documents are shared with other CCGs and/or the Commissioning Support Unit, the format and approval process may differ.
 - Where procedural documents have been 'inherited' as part of collaborative or partnership working with other bodies. In this case, procedural documents will be reviewed in accordance with this guidance, as and when they come up for review.
 - Strategies (and other operational/business planning documents) will conform to the corporate standards set out in this policy; however, the contents/headings may differ and will typically be nationally driven.
- 3.3 We may also utilise procedural documents developed for us by third parties. This policy together with the CCG policy template should be used for the purposes of approval and monitoring as well as assistance to those third parties in the

development and format of such policies bearing our CCG logo (see [Section 8](#) for further information). The CCG expects its commissioning partners and service providers to have in place an equivalent policy reflecting their own corporate standards of documentation.

4. Definitions

- 4.1 A **STRATEGY** is a plan designed to achieve a longer term aim or goal. These timeframes can range from 2-3 years through to 15-20 years.
- 4.2 A **POLICY** sets out an organisation's statement of intent and defines the course of action to be taken to meet this. It outlines processes specific to the particular organisation.
- 4.3 A **PROCEDURE** is a set of detailed step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve the stated outcome.
- 4.4 A **PROTOCOL** is an explicit detailed plan of a procedure (usually locally defined).
- 4.5 A **GUIDELINE** is a broad statement of good practice. There is a degree of flexibility in the application of guidelines. Guidelines can themselves assist in determining strategies, policies, procedures etc.
- 4.6 A **PLAN** is a detailed document of what needs to be done and how this will happen.
- 4.7 The term **PROCEDURAL DOCUMENT** refers to all the above-mentioned documents.

5. Roles and responsibilities

- 5.1 **Accountable Officer** – has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.
- 5.2 **CCG Governing Body** – is responsible for ratifying all policies in use by the organisation.
- 5.3 **Chief of Staff (or nominated lead)** – is responsible for advising staff/office holders on the contents of this policy and will ensure that the formal approval procedure set out in this policy is followed.
- 5.4 **CCG committees** – the terms of reference of Governing Body committees may require them to review and approve corporate policies prior to ratification by the Governing Body.
- 5.5 **Stakeholders** – are responsible for:
 - reviewing this policy and providing feedback
 - ensuring the policy has been implemented.

5.6 **Governance Team** - is responsible for ensuring the following:

- maintaining a central policy register
- ensuring the ratified documents are uploaded to the intranet and / or the CCG website in a timely manner as required by the policy
- contacting the Document Author when a policy is nearing its review date.

5.7 **Document Author** – is responsible for ensuring that:

- documents they are responsible for (as determined by their role) are regularly reviewed and maintained
- the Governance Team has been notified of any new policies or reviewed policies/procedural documents
- policies that they are responsible for are formally ratified following the correct procedures
- that documents are cascaded appropriately
- that all documents follow the corporate format
- that the effectiveness of the policy is monitored and evidenced
- that any issues identified through the standard monitoring are followed up and appropriate actions taken.

5.8 **Line managers** - are responsible for ensuring their staff are aware of, and adhere to, this policy.

5.9 **Staff and others engaged in the business of the CCG** - should ensure that they follow this policy when developing procedural documents.

6. Development of new and the revision of existing policies and procedural documents

6.1 Process

6.1.1 A flow chart for the policy development, approval and ratification process can be found in [Appendix 1](#).

6.1.2 All proposed procedural documents must be registered with the Governance Team for inclusion on the central policy register.

6.1.3 The Governance Team will issue each procedural document with a reference number (see [Section 15](#) for instructions on version control).

6.2 Justification

6.2.1 The grounds for creation of a new procedural document must be justified by the Document Author who must check to ensure that they avoid duplication.

6.3 Timescales

- 6.3.1 Document Authors must be mindful that sufficient time is allowed to complete all the required steps in the process (from initiation to formal approval / ratification).

7. Statutory requirements

- 7.1 All policies etc. must comply with relevant statutory requirements, any subsidiary legislation and subsequent amendments, including but not limited to the following Acts:

- Health & Safety at Work Act 1974
- Health and Social Care Act 2008 (Regulated Activities), Regulations 2014
- Health Act 2009
- Care Quality Commission (Registration), Regulations 2009.
- Equality Act 2010
- Human Rights Act 1998
- Promoting Equality and Human Rights in the NHS: a guide for Non-Executive Directors of NHS Boards (2005) Department of Health
- Mental Health Act 2007
- Mental Capacity Act 2005
- Civil Contingencies Act 2005
- Finance Act 2011
- Freedom of Information Act 2000
- Re-use of Public Sector Information Regulations 2005
- Data Protection Act 1998 and 2018
- Environmental Information Regulations 2004
- Corporate Manslaughter & Corporate Homicide Act 2007

7.2 Equality Act 2010 - Equality Analysis

- 7.2.1 CCGs, like all public authorities, have to demonstrate “due regard” to the Public Sector Equality Duty of the Equality Act 2010 to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity.
- Foster good relations between people who share a protected characteristic and those who do not.

- 7.2.2 Equality analysis is a way of demonstrating “due regard”. This is by considering the effect of policies and functions on different groups protected from discrimination by the Equality Act 2010. The reasons for this are to consider if:

- There are any unintended consequences for some groups.
- If the policy will be effective for all target groups.

7.2.3 The purpose of equality analysis is to identify and address existing or potential inequalities resulting from policy and practice development. Ideally, equality analysis will cover all aspects of diversity and help the CCGs to gain a good understanding of their functions and the way decisions are made by:

- Considering the current situation.
- Deciding the aims and intended outcomes of a policy or function.
- Considering what evidence there is to support the decision and identifying any gaps.
- Ensuring it is an informed decision.

7.3 **Equality Act 2010 - Conduct of Equality Analysis**

7.3.1 The CCG's Equality Impact Assessment (EIA) procedure supports the CCG to have "due regard" to the Public Sector Equality Duty of the Equality Act 2010.

7.3.2 The EIA procedure contains a template which provides a clear and structured method to assess the potential impact on protected groups. It helps ensure a policy or decision is made in a fair way, based on evidence.

7.3.3 Completion of an EIA involves using equality information and the results of engagement with protected groups and others to understand the actual effect or the potential effect of the CCG's functions, policies or decision. It can support identification of practical steps to address any negative effects or discrimination, to advance equality and to foster good relations.

7.3.4 Failure to assess the equality impact on a policy may increase the risk of making an unfair decision which could potentially be discriminatory. It also helps CCGs to identify opportunities to promote equality and reduces the potential for legal challenge.

7.3.5 Many policies, such as IT Security and Information Governance are procedural documents that will have low impact on people with characteristics protected by the Equality Act. As such, these do not need an EIA to be completed; in these cases policies should include the statement *'This policy has been assessed as having a low impact on people with characteristics protected by the Equality Act. As such a full equality impact assessment is not required'*. Advice may be sought from the Equality & Diversity Leads.

7.3.6 All policies which have been assessed as having a medium or high impact by an Equality & Diversity Lead should have an EIA completed, which should be appended to the policy when published. EIAs need to be reviewed as part of the review process when existing policies are reviewed.

7.3.7 The Policies and Procedural Documents: Development and Management Policy has been assessed as having a low impact on people with characteristics protected by the Equality Act. As such a full equality impact assessment is not required.

7.4 Bribery Act 2010

7.4.1 The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

7.4.2 For further information see <https://www.gov.uk/government/publications/bribery-act-2010-guidance>.

7.4.3 Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified.

7.5 Data protection legislation (as defined in the Data Protection Act 2018)

7.5.1 The implications of this legislation must be considered in the development of all procedural documents and Document Authors should refer to the Information Governance Framework for assistance.

8. Style and format

8.1 All procedural documents must be presented in accordance with the standard template (see Policy Template on the intranet).

8.2 Non-compliance with the corporate standards detailed in this template must be exceptional, and justified on presentation for approval and adoption.

9. Content

9.1 It is evident that each procedural document will contain information specific to the subject area however, the basic content requirements are as follows:

- Document title
- Version Control Information
- Contents page
- Introduction and/or background
- Purpose
- Scope
- Definitions

- Roles and responsibilities
- The subject matter of the policy e.g. Development and management of policies and procedural documents
- Equality and Quality Analysis
- Training considerations
- Dissemination
- Monitoring arrangements
- Consultation and stakeholder information
- Review timescales
- References (where these have been used as evidence base in the document).

10. Non CCG policies/special circumstances

- 10.1 Policies which are adopted from our partner organisations (such as Commissioning Support Unit, Local Authority, NHS England / Improvement, Department of Health) do not need to be rewritten in the CCG format if the CCG is intending to adopt them. However, a separate front sheet (see [Appendix 2](#)) should be attached to the policy showing the title and CCG policy reference. Details of the consultation process and the standard document control requirements must also be given on this sheet with a nominated CCG owner, rather than the Document Author, who would be responsible for reviews and CCG adoption.

11. Approval process

- 11.1 If appropriate, the policy or procedural document should be presented to the relevant CCG sub-committee or group for review prior to final approval by the CCG Executive Team (or similarly constituted group reporting to the Executive Team, such as a Corporate Governance Group / Policy Review Group). The checklist attached as [Appendix 3](#) should be used to guide practice when developing a new policy / procedural document for approval.
- 11.2 The Governing Body may wish to review this process and delegate this role to one of its sub-committees. This should also be reflected in the CCG Scheme of Delegation.
- 11.3 The CCG Governing Body is responsible for the final ratification of policies for use within the CCG. Final ratification will be made via the use of a list of those policies approved by the Executive Team (or nominated group) that shows the:
- Policy name in full
 - Unique reference number
 - Committee(s) and / or group(s) which reviewed and approved the policy
 - Date of approval

- Outstanding conditions to approval

- 11.4 Policies approved with outstanding conditions may be ratified by Chair's action dependent on the type of condition. This request should be made of the Chair at the time of ratification.
- 11.5 There is a requirement placed on the CCG by external agencies such as NHS Resolution, that some policies are formally approved by the Governing Body and this may not be delegated. The Governing Body will also be expected to approve policies with significant public interest or where enactment would require a significant change in the way the CCG operates. Policies presented to the Governing Body for approval should first have been considered and agreed at the appropriate sub-committee or group.
- 11.6 Ratification is the point at which the approved policy is presented to the CCG Governing Body as final and accepted as ready for publication. Please note that CCG Governing Body minutes must reflect the ratification by policy name and unique policy reference number.
- 11.7 It is accepted that following approval of a procedural document by the appropriate committee or group there needs to be an allowance of time before the policy becomes fully operational in order to allow appropriate dissemination of the new/revised policy within the CCG. It is therefore expected that any procedural document approved will be fully operational within three months of the date of approval unless otherwise notified.

12. Dissemination//publication

- 12.1 The policy / procedural document must set out clearly how it will be disseminated to staff and relevant staff holders via the intranet.
- 12.2 The Document Author may also wish to consider other routes of dissemination e.g. notification via newsletters, direct mailings to stakeholder organisations etc.
- 12.3 It is the responsibility of the Governance Team to ensure that ratified procedural documents are uploaded on to the intranet (for staff) and the website (for the general public) and that previous copies are archived in accordance with information governance guidelines.

13. Monitoring

- 13.1 The Document Author must be able to demonstrate the effectiveness of the policy at the point of review, for example by; carrying out audits, reviewing incidents that may have occurred related to the policy, feedback from staff. How procedural documents will be monitored for effectiveness must be set out in this section and include review of the Equality Impact Assessment. If policy compliance is the subject of an Internal Audit review or other monitoring mechanism, this should be described in this section and will represent the audit of effectiveness and

compliance. Results of evaluation / records of any discussion should be provided with the revised / updated policy when submitted for approval.

- 13.2 Where there are gaps or omissions, an action plan should be generated. The Executive Team (or nominated group) will have oversight of this information.
- 13.3 Monitoring of each document will be undertaken on an individual basis and should be identified within the document.

14. Review and revision

- 14.1 Unless otherwise specified, all procedural documents should be reviewed by the Document Author every three years, and resubmitted for approval to the Executive Team (or nominated group), with a schedule of proposed changes. More frequent review may be required if there are significant changes in practice or law or as a result from staff feedback. The next scheduled date for review must be detailed on the cover of each procedural document, and it is the responsibility of the Document Author to carry this out.
- 14.2 Minor variations are permitted without the need to follow the full approval process (see flow chart in [Appendix 1](#) below (existing policies). Additional advice can be sought from the Chief of Staff (or nominated lead).

15. Version control

- 15.1 The version of the document should be clearly displayed on the cover sheet.
- 15.2 The first draft of a new policy is version 0.1, with each iteration or amendment prior to final approval increasing the version number by 0.1 (i.e. 0.1, 0.2, 0.3).
- 15.3 The first approved version of a new policy is version 1.0.
- 15.4 If minor amendments are subsequently made, the version control number should increase to 1.1 (then 1.2, 1.3 etc)
- 15.5 When the document is formally reviewed in full and revised, following approval the version control number should increase to 2.0 (then 2.1, 2.2, 2.3 or 3.0, 3.1, 3.2 etc as appropriate).
- 15.6 The version control table is provided in the template to keep track of each iteration of the document and the reason for the change, for example, amendments following a consultation or changes in legislation.

16. Extending the lifespan of policies (by exception)

- 16.1 The Chief of Staff may temporarily extend the lifespan of a policy in exceptional circumstances to enable robust and comprehensive review e.g. where new guidance is anticipated, but not yet issued. This extension is subject to

confirmation from the Document Author of its continued validity and organisational relevance; the extension should normally not exceed a period of six months.

- 16.2 If the lifespan is extended, the Document Author must note this on the current policy's front cover and advise the Governance Team for updating of the central policy register and arranging for its upload to the CCG's intranet and / or website as appropriate.

17. NHS Constitution

- 17.1 The CCG is committed to designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

- 17.2 This Policy supports the NHS Constitution as follows:

"The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population".

18. Training requirements

- 18.1 The policy / procedural document must set out any training requirements for its implementation.

- 18.2 There is no training requirement identified within this Policies and Procedural Documents: Development and Management Policy. A policy template is available on the intranet and any specific queries should be addressed to the Governance Team.

- 18.3 All stakeholders involved in policy development should be aware of the contents of this Policies and Procedural Documents: Development and Management Policy ('Policy for Policies').

19. Dissemination of this policy

- 19.1 This policy will be published on the CCG website and / or intranet (as appropriate) and promoted to staff through internal staff communications such as the intranet / staff App / newsletters / staff briefings.

20. Monitoring of this policy

20.1 The CCG will ensure that all policies meet the required format as detailed within this policy and that they meet the following criteria:

- Each policy gives complete document control information
- All policies have a front sheet in the approved format and contain details against the nine section headings where applicable
- All policies requesting approval follow the basic requirements of corporate identity and format
- All policies detail where ultimate responsibility for adherence lies
- Each policy considers the training needed to implement the policy and ongoing training commitments
- Each policy includes an auditing standard, audit/review criteria or similar tool which stipulates how implementation will be monitored/ audited and evaluated giving timescales and/or frequency and detail what steps will be taken in response to audit results
- Each policy clearly details monitoring arrangements and identifies success criteria
- An equality impact assessment (EIA) for equality and diversity has been carried out prior to approval and details of the result, consultation and monitoring process are included in the equality and diversity section
- Each policy details the consultation process that has been undertaken prior to seeking approval.

21. Review of this policy

21.1 This Policy will be reviewed by the Governance Team every three years to ensure continued validity and relevance. More frequent review may be required if there are significant changes in practice or law or as a result from staff feedback.

22. References and links relating to this policy

- The Advisory, Conciliation and Arbitration Service (ACAS).
- Good Governance Institute
- NHS Resolution
- Department of Health and Social Care

Appendix 1 – Process




Document Authors must be mindful that sufficient time is allowed to complete all the required steps in the process (from initiation to formal approval / final ratification). Indicative timescales are detailed below.

STEP	INDICATIVE TIMESCALE	POLICY DEVELOPMENT PROCESS – FLOW CHART PROCESS (NEW)
1.	Within first 28 days	Procedural document requirement identified ↓
2.		Author and Executive Lead identified ↓
3.		Author to Register New Policy with Governance Team ↓
4.		Governance Team to register NEW policy on Policy Register and confirm receipt back to author
5.	Within next 56 days	Author to draft policy and obtain initial approval from Exec Lead ↓
6.		Author to co-ordinate consultation with key members of staff and unions (where appropriate) update as required. ↓
7.		Final version to be approved by Executive Lead ↓
8.		Author to submit Final version to the Governance Team to arrange review / approval by the Executive Team (or nominated group) ↓

STEP	INDICATIVE TIMESCALE	POLICY DEVELOPMENT PROCESS – FLOW CHART PROCESS (NEW)
9.		Final version to be ratified by the CCG Governing Body
10.		Once approved Governance Team to return final approved version to Document Author for their records / cascade.
11.		Governance Team to register NEW policy and publish on the Website and / or Intranet as required and retain master copy in central records.
12.		Governance Team will send out reminder to document author at least three months prior to next formal review
		Policy review procedure to be followed as set out in this policy

STEP	INDICATIVE TIMESCALE	POLICY DEVELOPMENT PROCESS – FLOW CHART PROCESS (EXISTING) NB IF IT IS A MINOR VARIATION E.G. CHANGE OF JOB TITLE GO STRAIGHT TO STEP 5.
1.	3 months ahead of review date	Governance Team will send out reminder to document author at least three months prior to next formal review
2.	Within first 28 days	Author to update policy and obtain initial approval from Exec Lead
3.	Within next 56 days	Author to co-ordinate consultation with key members of staff and update as required.

STEP INDICATIVE TIMESCALE POLICY DEVELOPMENT PROCESS – FLOW CHART PROCESS (EXISTING) NB IF IT IS A MINOR VARIATION E.G. CHANGE OF JOB TITLE GO STRAIGHT TO STEP 5.

- 4. Final version to be approved by Executive Lead
- 5. Once approved final version returned to Governance Team for submission to the Executive Team (or nominated group) for review / approval (where significant / potentially contentious changes are required may also need to be submitted to CCG Governing Body for ratification).

- 6. Once approved Governance Team to return final approved version to Document Author for their records / cascade.

- 7. Governance Team to register updated policy and publish on the Website and / or Intranet as required and retain master copy in central records.


Governance Team will send out reminder to document author at least three months prior to next formal review

Policy review procedure to be followed as set out in the policy for policies.

Appendix 2 – Cover sheet for joint policy

INSERT LOGOS OF BODIES/ORGANISATIONS

INSERT POLICY TITLE

CCG Policy number	
Version	
Approved by	
CCG owner	
CCG lead executive	
Date of approval	
Next due for review	
Consultation process	

Appendix 3 - Procedural Document - checklist for development

Procedural document checklist for approval			
To be used as guidance to support development of new policies / procedural documents. To be completed and attached to any new document which guides practice when submitted to the appropriate committee for consideration and approval.			
	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/Unsure	Comments/Details
A	Is there a sponsoring director?		
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Rationale		
	Are reasons for development of the document stated?		
3.	Development Process		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders, unions (where appropriate) and users?		
4.	Content		
	Is the objective of the document clear?		
	Is the target group clear and unambiguous?		
	Are the intended outcomes described?		
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
6.	Approval		
	Does the document identify which committee/group will approve it?		
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.		
8.	Process for Monitoring Compliance		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to		

Procedural document checklist for approval

To be used as guidance to support development of new policies / procedural documents.
 To be completed and attached to any **new** document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed: Policy framework for the development and management of procedural documents	Yes/No/Unsure	Comments/Details
	monitor compliance with the document?		
9.	Review Date		
	Is the review date identified?		
10.	Overall Responsibility for the Document		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?		

Appendix 4 – Equality Impact Assessment Form

To be completed if a policy / procedural document has been assessed by an Equality & Diversity Lead as having a medium or high impact on people with characteristics protected by the Equality Act.

Equality analysis

Title of policy, project or proposal:

Name of lead manager:
Directorate:

Q1 What are the intended outcomes of this policy, project or proposal?
Q2 Who will be affected by this policy, project or proposal? <i>Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.</i>

Evidence
Q3 What evidence have you considered? <i>Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.</i>
Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people.</i>
Disability (physical and mental) <i>Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.</i>
Dementia <i>Given the CCGs commitment to commissioning “Dementia Friendly” services, consider and detail any impact on people with dementia.</i>
Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.</i>

<p>Marriage and civil partnership <i>Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p>
<p>Pregnancy and maternity <i>Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.</i></p>
<p>Race <i>Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. It will also include language and different cultural practices and individual experience of health systems in other countries.</i></p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.</i></p>
<p>Sex (gender) <i>Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.</i></p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.</i></p>
<p>Carers <i>Consider and detail (including the source of any evidence) impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association) but should also consider patient/guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.</i></p>

<p>Serving Armed Forces personnel, their families and veterans <i>The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).</i></p>
<p>Meeting psychological needs <i>The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.</i> <i>Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.</i></p>
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).</i></p>
<p>Involvement and consultation <i>For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.</i></p>
<p>Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p>
<p>Q5 How have you involved stakeholders in testing the policy or programme proposals?</p>
<p>Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

Negative impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)

For your records

Role of person who carried out this assessment:

Date assessment completed:

Date to review actions:

Role of responsible executive lead:

Date assessment was approved: