POLICY FOR THE MANAGEMENT OF POLICIES AND STANDARD OPERATING PROCEDURES

Version 4.1

Subject and version number of document:	Policy for the Management of Policies and Standard Operating Procedures Version 4.1
Serial number:	COR/001/V4.01
Operative date:	1 June 2018
Author:	Governance Manager
CCG owner:	Chief Finance Officer
Links to other policies:	N/A
Review date:	March 2021
For action by:	All staff
Policy statement:	This document sets out the process by which the policies and standard operating procedures (including documents on procedures, protocols and guidelines) of the CCG will be prepared, approved, ratified, implemented and reviewed. This is a corporate policy.
Responsibility for dissemination to new staff:	Line Managers
Mechanism for dissemination:	All new and revised policies are promote to staff through the staff newsletter and the intranet, and are published on the CCG website.
Training Implications:	All staff at induction
Further details and additional copies available from:	Website: https://westhampshireccg.nhs.uk/document-tag/corporate-policies/
Equality Analysis Completed?	Yes
Consultation Process	Management Committee – 14 June 2012 Policy Sub Group – 15 May 2013 Corporate Governance Committee – 18 June 2013 Policy Sub Group – 10 September 2014 Policy Sub Group – July & November 2015, March 2016, May 2018
Approved by:	Policy Sub Group, final version via Chair's Action
Date approved:	30 May 2018

Website Upload:

Website	Location in FOI Publication Scheme	https://westhampshireccg.nhs.uk/document-tag/corporate-policies/
Keywords:		

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1			Full policy reviewed. Main changes: • Section 3.3 EIA amended to refer to a checklist i.e. not all policies need to be fully impact assessed • Section 3.12 Success Criteria amended • Section 4.7 Reference to CCG Owner added • Appendix 4 Policy Template amended • Appendix 5 Policy Implementation Impact Assessment Template amended (shortened) • Appendix 6 Equality Analysis Template amended to include Checklist • References to Business Manager amended to Policy Administrator throughout the document	15 May 2013

2			Full review, main changes:
			• Detail within former Appendices 8 and 9 moved into the body of the policy.
			• Clarification of some of the content throughout the policy.
			• Amendments made to bring policy in line with current governance processes:
			  o Add sections 3.43 and 4.4
			  o Amend sections 3.61, 3.62, 3.82, 3.10.1, 3.11.1, 3.13.3, 3.14.2, 4.3, 5 and 7.2.
				14 June 2014

3	March 2016		Full review of policy following policy audit July 2015 / changes in governance processes December 2015	January 2016
4	May 2018		Full review of policy following policy audit April 2018 / internal audit of governance processes 2017/18	May 2018
5	July 2019	App 4	Update EIA template	15 July 2019

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
1	15 May 2013	Policy Sub Group	Corporate Governance Committee	Full review of policy.
2	14 June 2014	Governance Manager / Policy Administrator	Policy sub group	Review of policy
3	January 2016	Governance Manager / Policy Administrator	Policy Sub Group / Board	Full review of policy.
4	May 2018	Governance Manager / Policy Administrator	Policy Sub Group, Chair's Action.	Full review of policy in light of recent audits, see amend 4 above.

POLICY FOR THE MANAGEMENT OF POLICIES AND STANDARD OPERATING PROCEDURES

SUMMARY OF KEY POINTS TO NOTE

This document sets out the process by which the policies and standard operating procedures (including documents on procedures, protocols and guidelines) of the CCG will be prepared, approved, ratified, implemented and reviewed.

- All policies must be produced in the approved format, which is in alignment with the CCG style guide, which can be found with all the Corporate Document Templates on the standard network drive.
- The intention to develop or amend a policy must be registered with the CCG policy administrator (a member of the Governance Team), who maintains a central register of all policies
- Policy authors should agree and undertake consultation with appropriate internal and external stakeholders prior to submission to the relevant group for submission (Policy Sub Group or Clinical Governance Committee)
- Policy authors are responsible for monitoring the effectiveness of their policies and ensuring that policies clearly state how this monitoring will be undertaken
- Policy authors must ensure that any new policies are reviewed by the Equality & Diversity Manager to determine if an Equality Impact Assessment is required. If this is the case, the completed EIA must be submitted with the new policy for consideration by the Policy Sub Group.
- Any amended policies which have been identified by the Equality & Diversity Manager as requiring an EIA must have an updated template submitted with the amended policy for consideration by the Policy Sub Group.
- Policies may be reviewed at any time at the request of staff or management, however they will automatically be reviewed after the first twelve months and thereafter on pre-determined basis depending on the policy (e.g. some Information Governance policies require annual review, whereas others are triennially). The policy administrator will inform author's when their policies are due for review

POLICY FOR THE MANAGEMENT OF POLICIES AND STANDARD OPERATING PROCEDURES

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POLICY FOR THE MANAGEMENT OF POLICIES AND STANDARD OPERATING PROCEDURES

1. INTRODUCTION AND PURPOSE

1.1 Organisational documentation is an essential tool of governance, which helps to achieve the strategic objectives, operational requirements and brings consistency to everyday activity. A standard format and a clear process for the approval of such documents helps to ensure that policies and procedures are up to date and reflect the ambitions of the organisation.

1.2 All documents must undergo a rigorous process of development and ratification to ensure they are right and relevant and provide the necessary protection and guidance for the organisation. These must be approved and monitored by the Policy Sub Group and ratified by the CCG Board

1.3 The purpose of this policy is to ensure there is a standard approach to the development, ratification, dissemination and review of policies and standard operating procedures (SOPs).

2. SCOPE AND DEFINITIONS

2.1 **Scope**

2.1.1 This policy applies to all directly and indirectly employed staff and other persons working for the CCG.

2.1.2 For the purpose of this policy, the word 'policy' refers to any policies, pathways, procedures, protocols and guidelines, produced by the CCG.

2.2 **Definitions**

2.2.1 The following definitions will apply:

Strategy:	An overall plan to achieve longer-term objective.
Policy:	A statement representing a principle adopted course of action.
Standard Operating Procedures (SOPs):	Documents on procedures, protocols and guidelines.
Procedure:	The established form of conducting or performing an activity as a defined series of steps or actions to meet the requirements of a policy.
Protocol:	The rules of behaviour.

Guidelines: Advisory or good practice principles put forward to set standards or determine a course of action. Clinical guidelines do not replace professional judgement and discretion.

3.   PROCESS/REQUIREMENTS

3.1   Brief summary

3.1.1   A brief summary for the policy development, approval and ratification process has been provided in Appendix 1.

3.2   Statutory compliance

3.2.1   All policies, protocols, guidelines and procedures will comply with the relevant statutory requirements, any subsidiary legislation and subsequent amendments.

3.3   Equality analysis

3.3.1   In accordance with the CCG's commitment to equality and diversity we will comply with the Equality Act 2010 when developing new and reviewing old policies (further guidance: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/

3.3.2   This means we need to understand the effect our policies and practices may have on patients or employees, and in particular those with different protected characteristics. The nine protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Appendix 4 shows the CCG's equality analysis template which is the tool staff drafting or reviewing policies should use to help them assess the equality impact of policy implementation. If a policy has been developed and will be equality impact assessed by the Commissioning Support Unit on the CCG's behalf (e.g. HR policies), the CSU equality analysis template may be used.

3.3.3   All new policies should be sent to the Equality & Diversity Manager for advice as to whether the policy has a low, medium or high impact on equality. Only policies that have a medium or high equality impact will need to be impact assessed. The policy should be developed in line with the findings of the equality analysis. When reviewing an existing policy, the equality analysis / statement must also be reviewed to ensure it remains up to date. This is likely to include looking at data about the protected characteristics of people impacted by the implementation of the policy. It may also include feedback from patients or staff. Staff can seek support from the CCG Equality Manager.

3.3.4 The completed / reviewed equality analysis / statement must be submitted as part of the policy approval process, and will be published on the CCG website.

3.4 Policy initiation

3.4.1 To avoid duplication, promote the involvement of all relevant stakeholders and to provide general support in the development of policies a short checklist has been developed (see Appendix 2). This does not require completion and submission to the policy administrator.

3.4.2 The intention to develop a policy must be registered with the CCG governance team who maintain a central register of all policies.

3.4.3 Policies should not be introduced unnecessarily; wherever possible the list of policies should be reviewed to ascertain if the detail can be linked/amalgamated into an existing policy. Advice can be sought from the policy administrator, human resources (HR) or the information governance (IG) team.

3.5 Policy style and format

3.5.1 All policies and standard operating procedures should be presented in accordance with the standard template (see Appendix 3). This policy document is presented in the corporate style for policies.

3.6 Policy consultation

3.6.1 It is the responsibility of the author to agree and undertake the appropriate consultation on the policy document (both for new policies and those due for review), and allow enough time for this to be undertaken effectively, prior to passing the document through the approval process. This can be done by individual/group/team consultation, staff side representatives (if appropriate), virtually by email to relevant stakeholders, via the intranet or by task and finish groups.

3.6.2 All documents should be reviewed by and commented on by the appropriate internal staff and external stakeholders prior to review and approval by the Policy Sub Group or Clinical Governance Committee as appropriate and then formal ratification by the CCG Board.

3.6.3 Advice on groups/individuals to be consulted can be sought from the engagement team, the CCG policy administrator or the appropriate lead director.

3.6.4   Any groups/individuals consulted throughout the development or review of the policy should be listed in the reference table at the front of the policy.

3.6.5   Any reviews or amendments as a result of the consultations must be listed in the review log at the front of the policy and will also require ratification. The process outlined in section 3.13.3 will need to be completed.

3.6.6   It is good practice to give consultation periods of at least one month (but no less than two weeks) to ensure that staff on leave are able to give the document appropriate attention. If considering external consultation, longer may be required. At the end of a consultation period, where some staff have not responded it will be considered that staff have no comments or concerns. A view should be taken as to whether particular individuals expected to have a key opinion have responded for example, workforce policies should go through the Learning & Growth meeting for consultation.

3.6.7   Draft versions of policies are maintained in the policy development files, which will highlight any amendments which have been made as a result of consultation.

3.7   **Special circumstances**

3.7.1   Local Authority, NHS, or Department of Health policies do not need to be rewritten into the CCG format if the CCG is intending to adopt them (for example, Commissioning Support Unit IT Security Policies which have been adopted by the CCG). A separate front sheet 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 owner, rather than the author, who would be responsible for reviews and CCG re-approval.

3.8   **Policy approval and ratification**

3.8.1   The policy should be presented to the either the Policy Sub Group or Clinical Governance Committee for approval prior to final ratification by the CCG Board.

3.8.2   The CCG Board has delegated the role of CCG policy approval to the Clinical Governance Committee and the Policy Sub Group.

	Approval	Final Ratification
Clinical Policies	Clinical Governance Committee	CCG Board
Non-Clinical Policies Inc. HR and Finance Policies	Policy Sub Group	

3.8.3 The CCG Board is responsible for the final ratification of policies for use within the CCG. CCG Board minutes must reflect the ratification by policy name and policy reference number.

3.9 Policy dissemination and access

3.9.1 All approved policies will be disseminated by means of the CCG website. Attention is also drawn to new and updated policies by stakeholder / staff newsletters / the intranet.

3.9.2 Authors should consider whether there are additional audiences for the policy, for example stakeholders or partner organisations, where further dissemination would be appropriate. This should be detailed in the policy.

3.9.3 As part of induction, it will be the responsibility of new members of staff to familiarise themselves with key CCG policies relevant to their role. These documents will be identified in their induction process.

3.10 Policy roles and responsibilities

3.10.1 All policies should include a section outlining the different roles and responsibilities that staff/users/groups may have in relation to the policy, in accordance with the standard template (see Appendix 3).

3.11 Policy implementation/training/awareness

3.11.1 It is the responsibility of the author/owner to ensure that any resource implications and associated costs, such as equipment, are considered and presented in accordance with the standard template (see Appendix 3)

3.11.2 It will be the responsibility of the author/owner to ensure that any policy introduced within the organisation includes consideration for the provision of training or guidance for managers and staff.

3.11.3 As part of the arrangements for the implementation of individual policies, the author/owner will need to detail the specific education and training requirements for the staff operating the policy/procedure, including induction and mandatory training elements.

3.11.4 The training section should be presented in accordance with the standard template (see Appendix 3).

3.12 Monitoring the effectiveness of the policy

3.12.1 It is important to ensure that the policy document achieves its aims. The policy document must stipulate 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, this should include equalities monitoring where it has been identified that the policy has a medium or high equalities impact. See section 7 Appendix 3 for details of the information that should be included.

3.12.2   All policies are subject to regular review (see section 3.13). A review cycle will be developed to ensure that each policy is reviewed at least every three years. In addition, a number of polices will be audited by internal audit processes.

3.12.3   Authors/owners will be expected to take remedial action in response to audit findings and report as appropriate to the Policy Sub Group via the policy administrator.

3.13   Policy review

3.13.1   Documents will usually be current for a <u>maximum</u> of three years prior to review. There are exceptions to this where some documents must be reviewed on an annual or biennial basis. This will be determined by the policy authors depending on the contents of the policy or any relevant legislation / guidance.

3.13.2   Upon review authors should ensure that any references or links used within the document are still relevant and current.

3.13.3   The policy administrator will inform authors/owners when policies are scheduled for review. This will include reminding them that consideration needs to be given to any Equality & Diversity monitoring requirements and equality analysis review and where necessary an updated / completed Equality Impact Assessment (EIA) template will need to be provided. All reviewed policies where there have been significant amendments to the content of the policy must be re-approved by the relevant committee. After review and re-approval the policy version number will be advanced by the CCG policy administrator and the reviewed policy will be published on the CCG website and publicised to staff via the CCG newsletter, acting as a 'refresher' to staff.

3.13.4   On occasion it may be necessary for a document to be reviewed earlier than the agreed review date, for example in the light of changing legislation or national guidelines or as identified by the Policy Sub Group. In these cases, it is the responsibility of authors/owners to inform the policy administrator.

3.14   Policy control and archiving

3.14.1   Record retention periods are defined in the Records Management: NHS Code of Practice. The CCG policy administrator is responsible

for any subsequent revisions to a document and archiving of all previous versions of documents electronically and/or hard copy.

3.14.2 The owner should ensure appropriate communication of any amended documents or revisions to the relevant service areas covered by the CCG.

3.14.3 As per section 3.13.3, after review and re-approval the policy version number will be advanced and a complete copy of the reviewed policy will be distributed acting as a 'refresher' to staff.

4. ROLES AND RESPONSIBILITIES FOR THIS POLICY

4.1 **CCG chair** – The chair of the CCG has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

4.2 **CCG Board** – Has the responsibility for ensuring that all policies in use in the organisation are ratified by the CCG Board.

4.3 **Approving committees** - The Scheme of Delegation identifies the committee that has been delegated responsibility for approval of policies by the CCG Board (Policy Sub Group/Clinical Governance Committee). This is also confirmed in appropriate committee terms of reference.

4.4 **Policy Sub Group** – The Policy Sub Group has delegated responsibility for the review, approval and recommendation for ratification by the Board of HR, health & safety and non-clinical policies.

4.5 **Stakeholders** – Are responsible for ensuring the following:
- To review this policy and provide feedback
- Ensure policy has been implemented.

4.6 **Policy administrator** - Is responsible for ensuring the following:
- Maintaining a central policy register
- Contacting the author/owner when policy is nearing its review date, to include reminding them of the need to review / update the EIA and ensure robust monitoring processes are specified.
- Ensuring that the policy format is in accordance with the specified template
- Maintaining version control and archiving
- That documents are accessible on the CCG website (where appropriate).

4.7 **Document author (policies developed within the CCG)** - is responsible for ensuring the following:

- Documents that they are responsible for (as determined by their role) are regularly reviewed and maintained

- That the CCG policy administrator has been notified of any new policies or reviewed policies and the central register updated

- Policies that they are responsible for are formally consulted on and agreed through the correct process

- That all documents follow the CCG corporate guidelines and house style

- That the effectiveness of the policy is monitored and evidenced

- That any issues identified through the standard review/audit are followed up and appropriate actions taken.

- That any training needs are identified and actioned

4.8 **Owner** - is responsible for liaising with the document author to ensure the following:

- Documents that they are responsible for (as determined by their role) are regularly reviewed and maintained

- That the CCG policy administrator has been notified of any new policies or reviewed policies and the central register updated

- Policies that they are responsible for are formally ratified following the correct procedures

- That all documents follow the corporate format

- That the effectiveness of the policy is monitored and evidenced

- That any issues identified through the standard audit/review are followed up and appropriate actions taken.

5. TRAINING FOR THIS POLICY

5.1 Whilst there is no specific training provided to ensure that policies are written in accordance with the CCGs style guide, any queries should be addressed to the CCG policy administrator. Training will be provided by the CCG Equality & Diversity Manager for conducting equality impact assessments.

6. EQUALITY ANALYSIS RELATING TO THIS POLICY

6.1 The CCG is committed to equality, diversity and inclusion for all, as well as to meeting the Public Sector Equality Duty (Equality Act 2010).

6.2 Both new policies, and existing policies when reviewed, come within the Public Sector Equality Duty. This means that policy authors must consider whether the policy will be effective for all patients and/ or staff. This process is called equality impact assessment.

6.3 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.

7. SUCCESS CRITERIA/MONITORING THE EFFECTIVENESS OF THIS POLICY

7.1 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

7.2 The policy administrator will conduct a review/audit against the above criteria within the first 12 months and thereafter on a three yearly basis. The completed audit will be reviewed and any issues identified as a result of the audit will need to be followed up by the policy administrator. This may lead to an earlier review of the policy.

8. REVIEW OF THIS POLICY

8.1 This document may be reviewed at any time at the request of the staff or management, but will automatically be reviewed on a triennial basis.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS FOR THIS POLICY

- The Medicines and Healthcare products Regulatory Agency (MHRA)

Policy for the Management of Policies and Standard Operating Procedures (COR/001/V4.01)
July 2019
Version 4.01   17

- NHS Litigation Authority (NHSLA) Risk Management Standards 2012/13

- Legislation.gov.uk

- Good Governance Institute

- The Advisory, Conciliation and Arbitration Service (ACAS)

- NHS South West London A Framework for the Development and Management of Policy and Procedural Documents

- Records Management: NHS Code of Practice

- The Department of Health

APPENDIX 1: POLICY DEVELOPMENT AND APPROVAL PROCESS

STAGE 1:
Development & Consultation

1. **Inform policy administrator of intention to create a new policy** (this is to check for duplication and obtain a serial number)

2. **Complete policy using standard template (see Appendix 3)**

3. **Equality & Diversity Manager to advise if policy has a low, medium or high impact on equality. Complete equality analysis template where required. (see Appendix 4** attached to completed policy)

4. **Consult**

5. **Review of the policy pre-approval checklist is recommended (see Appendix 2)**

6. **Amend draft policy as appropriate after consultation**

STAGE 2:
Approval

Appropriate committee to review policy for approval. See section 3.8.

7. Policy presented to appropriate committee with attachments

STAGE 3:
Ratification

Ratification by CCG Board

8. Approved policy presented to CCG Board

STAGE 4: *Review / Monitoring*
Following review or after completing an audit (see section 3.12) where a policy specific audit standard has been developed, the results of the audit will need to be sent to the policy administrator along with the updated policy. If significant amendments are made as a result of consultation with stakeholders, the policy will then need to go to the appropriate committee for review as per STAGE 2 of this summary and then onto STAGE 3 for ratification.

APPENDIX 2: POLICY PRE-APPROVAL CHECKLIST (FOR REFERENCE PURPOSES ONLY)

Checklist			
1	Before Development	**To prevent duplication – have you informed the Policy Administrator of your intention to develop a new policy?**	Yes / No
2	Consultation	**Have you involved the appropriate stakeholders?** • Are other departments involved, communities or partnership agencies?	Yes / No
3	Format	**Has the corporate front cover been included and the appropriate sections of the reference table at the front of the document been completed?** • Serial number / operative date / review date etc	Yes / No
		Does the document follow the organisations corporate guidelines and house style?	Yes / No
		Are the standard sections included? • Introduction and purpose • Scope (and definitions where appropriate) • Process/requirements (optional as may not be appropriate for all policies) • Roles and responsibilities • Training • Equality analysis • Success criteria/monitoring the effectiveness of the policy • Review • References and links to other documents (where appropriate)	Yes / No
		Has a source been identified for queries?	Yes / No
4	Scope	**Does the document state what staff groups and patient/client group(s) it relates to?**	Yes / No
5	Training Implications	**Have the training and educational implications of the document been considered and documented?**	Yes / No
6	Impact Assessment	**Is there evidence that any potential resource implications have been considered.**	Yes / No
		If the policy has been identified as having a medium or high equality impact by the equality and diversity manager has an equality analysis template been completed and submitted with the policy?	Yes / No
7	References	**Is relevant national guidance/evidence present in the document?**	Yes / No
8	Monitoring Effectiveness	**Does the policy stipulate 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. This should include equalities monitoring where appropriate.**	Yes / No

9	Communication / Dissemination	Have you agreed the stakeholders to which the policy applies along with the mechanisms for dissemination once approved	Yes / No Name:

APPENDIX 3: POLICY TEMPLATE

West Hampshire
Clinical Commissioning Group

POLICY TITLE

(Version X)

Subject and version number of document:	Insert document title and version number.
Serial number:	Insert your next sequential number.
Operative date:	Insert the date the document will be operational.
Author:	This should be job title only as names can change. If the document is being reviewed by a different role, state the job title of the reviewer / person taking responsibility for the revision.
CCG owner:	This should be job title only as names can change.
Links to other policies:	
Review date:	Insert the date the document will be reviewed (this is 1 year after the document is first written and then every 2 years thereafter unless the Document Manager stipulates a different timescale).
For action by:	State who the document applies to.
Policy statement:	Summarise the purpose of the document.
Responsibility for dissemination to new staff:	State who will responsible for informing new staff about this document.
Mechanisms for dissemination:	State who the policy needs to be disseminated to eg staff, CCG members, other stakeholders, who will be responsible for taking this forward and the mechanisms that will be used. This needs to be considered for both new and revised policies.
Training implications:	Insert who needs to be aware of the content of the policy and how they will be made aware.
Resource implications	Detail if there will be any impact in implementing this policy, such as additional staffing, staff training impact, equipment or provision of resources.

Further details and additional copies available from:	Insert website address or the job title of who to contact to obtain additional information.
Equality analysis completed?	This document includes a section about Equality analysis (previously called equality impact assessment), the aim being to encourage and support policy developers to demonstrate 'due regard' to the Equality Act 2010. This will be achieved if all new policies are assessed for equality impact at an early stage, and records kept of the equality analysis process and any actions identified. All new policies should be sent to the Equality & Diversity Manager to identify if the policy has a low, medium or high equality assessment. Policies which have a medium or high equality impact will need to be impact assessed by the author. Guidance can be sought from the Equality & Diversity Manager.
Consultation process	Insert job titles of persons/committees consulted during the construction of this policy.
Approved by:	Insert name of group/committee that approved the policy.
Date approved:	Insert the date the policy was approved.

Website upload:

Website	Location in FOI Publication Scheme	
Keywords:	*Insert helpful keywords (metadata) that will be used to search for this document on the intranet and website*	

Amendments summary:

Amend No	Issued	Page(s)	Subject	Action Date
1				
2				
3				

4				
5				

Review log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes

INSERT POLICY TITLE

SUMMARY OF KEY POINTS TO NOTE

Please provide the brief summary statement and then bullet the key points to note from the policy (i.e. the key points someone should be aware of if do not read whole policy)

-

INSERT POLICY TITLE

Contents

Insert a contents table. In order to ease navigation through the document, please use the automated contents function that provides hyperlinks to sections.

INSERT POLICY TITLE

1. INTRODUCTION AND PURPOSE

1.1 Insert text

2. SCOPE (& DEFINITIONS where appropriate)

2.1 **Scope**

2.1.1 It is essential that the document explicitly states who it applies to. If the policy applies to all CCG staff, then the policy should state this.

2.2 **Definitions**

2.2.1 Insert any definitions for any terms used where appropriate

3. PROCESS/REQUIREMENTS (where appropriate)

3.1 This heading is a suggested heading only and may not be appropriate for all policies, such as those where several policies have been amalgamated.

3.2 There is no prescriptive way of detailing this section and the main body of the document will be unique depending on the subject matter. Include subsections as required.

3.3 Do not use personal names / contact details unless the information is publicly available; use job titles and generic contact details. For further information refer to the CCG Policy for the Management of the Freedom of Information Act 2000: Disclosure Guidance.

4. ROLES AND RESPONSIBILITIES

4.1 Outline here (subsections may be necessary) the different roles and responsibilities staff / users may have in relation to this document.

4.2 Where there are no specific roles, then the standard sentence should be included i.e. 'All staff must adhere to this policy'.

4.3 Do not use personal names / contact details unless the information is publicly available; use job titles and generic contact details. For further information refer

to the CCG Policy for the Management of the Freedom of Information Act 2000: Disclosure Guidance.

5.   TRAINING

5.1   Outline here any training implications or issues as a result of this document. The Document Author must ensure that the learning & development team have been engaged in the development of the document where any learning or training needs have been identified.
Attendance at any training session carried out as a consequence of the policy implementation must be formally recorded and documented.

5.2   Where no specific training is required, then the standard sentence should be included i.e. 'No specific training is required in relation to this policy'.

6.   EQUALITY ANALYSIS

6.1   Include a statement summarising the outcome of the equality analysis that was conducted in relation to this policy, making reference to the equality analysis form which must be appended to all policies which have been identified as having a medium or high equalities impact by the equality and diversity manager.

6.2   Policies which have been identified as having a low equalities impact should include the standard statement:

> *The CCG is committed to equality, diversity and inclusion for all, as well as to meeting the Public Sector Equality Duty (Equality Act 2010).*
>
> *Both new policies, and existing policies when reviewed, come within the Public Sector Equality Duty. This means that policy authors must consider whether the policy will be effective for all patients and/ or staff. This process is called equality impact assessment.*
>
> *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.*

7.   SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

7.1   The author/owner 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, discussing the policy at team meetings. Any subsequent issues/findings resulting from the review should be incorporated in the new version of the policy.

7.2   It will be necessary to formally document the results of the evaluation and keep records of any discussions relating to the monitoring of the policy for audit purposes.

7.3   This section should include details of the following (in accordance with NHSLA best practice);

- Monitoring arrangements for compliance and effectiveness, to include equalities information as identified by the equality and diversity manager where relevant i.e. audit, review, performance reports to Committees of the Board etc
- Responsibilities for conducting the monitoring/audit
- Methodology to be used for monitoring/audit
- Frequency of monitoring/audit, quarterly, on a rolling basis
- Process for reviewing result and ensuring improvements in performance occur.

7.3   In relation to policies that support the NHSLA Risk Management standards 2012-2013, Document Authors should ensure they have referred to the NHSLA guidance to ensure that all the criteria requirements have been met.

8.   REVIEW

8.1   Include the standard statement: "This document may be reviewed at any time at the request of either the staff or management, or in response to changes in legislation, but will automatically be reviewed after twelve months and thereafter on a biennial basis"

9.   REFERENCES AND LINKS TO OTHER DOCUMENTS (where applicable)

9.1   Where applicable, the document must contain a section detailing the research/evidence/references that were used to assist with the development of the policy. Some of this information may be included at the beginning of the document as way of an introduction but should be referenced in full at the back of the policy. The Harvard Referencing System should be used as standard i.e. Last name, First initial (Year published). *Title.* City: Publisher.

9.2   Signpost the reader to other relevant and supporting policies/standard operating procedures. (Ensure these are cross referenced within the main body of the policy where appropriate).

Equality Impact Assessment template

Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The aim is to identify positive and negative impacts on equality and to mitigate or remove any negative impacts. If one or more negative impacts cannot be mitigated or removed you will need to justify how it/they are proportionate to achieve the legitimate aim of the policy, plan or project.

Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):
  - ❖ Age
  - ❖ Disability
  - ❖ Gender reassignment
  - ❖ Marriage and civil partnership
  - ❖ Pregnancy and maternity
  - ❖ Race
  - ❖ Religion or belief
  - ❖ Sex
  - ❖ Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

Please complete the template by following the instructions in each box. If you would like support in completing this form, please contact the Quality Team or CCG equalities lead who may be emailed at:
nickbirtley@nhs.net

Equality analysis

NHS
West Hampshire
Clinical Commissioning Group

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? *Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.*

Evidence
Q3 What evidence have you considered? *Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.*
Age C*onsider and detail (including the source of any evidence) across age ranges on old and younger people.*
Disability (physical and mental) *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.*
Dementia *Given the CCGs commitment to commissioning "Dementia Friendly" services, consider and detail any impact on people with dementia.*

Gender reassignment (including transgender)

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.

Marriage and civil partnership

*Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, c*onsider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

Pregnancy and maternity

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.

Race

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.

Religion or belief

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.*

Sex (gender)

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.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.

Carers

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.*

Serving Armed Forces personnel, their families and veterans

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).

Meeting psychological needs

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.

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.

Other identified groups

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).

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.

Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Q5 How have you involved stakeholders in testing the policy or programme proposals?

Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:

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 inequalities 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:	
Responsible Director:	
Date assessment was approved:	