MEETING DATE:	10 October 2013	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE** **CLINICAL COMMISSIONING GROUP** **GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.2	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	John Pougher Assistant Senior Officer, Quality & Assurance CCG	

POLICY FRAMEWORK DOCUMENT

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)* Public

1. PURPOSE OF THE REPORT:

The aim of this document is to provide a framework for policy development, review and approval that will ensure a consistent approach for all strategy, policy, guidelines and any other procedural documents produced by the CCG.

Individual documents will vary according to their nature and intended audience, however, the format outlined in this framework sets a minimum standard. When a new policy is drafted or an existing one reviewed, the author should ensure that it complies with this framework.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	
Improve patient experience	
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		**No**	**x**

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	**Yes**		**No**	**x**
5. LEGAL IMPLICATIONS:	**Yes**		**No**	**x**
6. RESOURCE IMPLICATIONS:	**Yes**		**No**	**x**
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**x**
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	**x**
9. RECOMMENDATIONS:				

The CCG is asked to: -

- Approve the Policy Framework Document

NHS
North Lincolnshire
Clinical Commissioning Group

POLICY FRAMEWORK DOCUMENT

September 2013

Authorship:	
Committee Approved:	
Approved date:	
Review Date:	
Equality Impact Assessment	**Completed - Full/Completed - Screening *[delete as required]***
Sustainability Impact Assessment:	**Completed**
Target Audience:	
Policy Reference No:	***Optional for the CCG to consider***
Version Number:	

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY FRAMEWORK GUIDANCE

1. Introduction

The aim of this document is to provide a framework for policy development, review and approval that will ensure a consistent approach for all strategy, policy, guidelines and any other procedural documents produced by the CCG.

Individual documents will vary according to their nature and intended audience, however, the format outlined in this framework sets a minimum standard. When a new policy is drafted or an existing one reviewed, the author should ensure that it complies with this framework.

A policy template is attached.

2. New Policies - Checklist

Before starting to draft and/or revise a policy document, consider and/or take the following actions:

2.2 Engagement

Decide what level of engagement may be required and make arrangements to meet with the identified individuals or groups. See examples in the policy template. Advice is available from the CSU Communications and Engagement Team. Include details of the engagement undertaken and any outcomes in Section 2 of the policy.

2.3 Equality Impact Assessment

Refer to the Equality Impact Analysis Guidance and form at Appendix 1 and use it to assess whether a screening or full assessment is required. The advice in the guidance should be followed whilst drafting the document, not completed as an afterthought. Additional advice is available from Emma Parker 01482 672191. Insert the outcome (ie whether full assessment or screening only) into the front sheet. Depending on the Equality Impact Findings, insert the appropriate wording into the policy at Section 3.1. The assessment paperwork should be included with the policy document when it is presented for approval to the approving committee.

2.4 Sustainability

Use the instructions and form at Appendix 2 to undertake a Sustainability Impact Assessment. Include a summary of the results at Section 3.2. The assessment paperwork should be included with the policy document when it is presented for approval to the approving committee.

2.5 Bribery Act

Use the guidance at Appendix 3 and consider whether the Bribery Act is relevant. Policies where the Bribery Act will have a significant impact are mainly those relating to procurement, sponsorship and business conduct. If it is relevant, include an appropriate statement at Section 3.3 to demonstrate that effective bribery prevention measures are in place. Otherwise include the following statement:

> *The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or*

review, as appropriate) of this policy document and no specific risks were identified.

2.6 Process

Gather all relevant legislation, guidance etc. to help with the Introduction and Policy Purpose and Aims sections.

Request a reference number from the CSU Corporate Affairs Administrator for the front cover. The following information will be required – title, author, CCG and/or CSU lead.

Use a writing style which is concise and clear, using unambiguous terms and language. All documents should comply with the CCG's corporate style and branding including font style and size and consistent header and footer content.

2.7 Approval

Find out what the approval process is for the document. It may differ for different subject areas. It may have to be presented for discussion to a group (eg Senior Management Team) or a committee with delegated powers, before being formally approved by the Governing Body and/or the Council of Members. Seek advice from the appropriate lead Director/Senior Officer in the CCG with reference to the Scheme of Delegation (SoD).

All new policies and major revisions should be approved by the Governing Body/Council of Members (see comment above). Minor changes could be approved by the relevant Committee and/or the Senior Management Team at the discretion of the Chair in line with the SoD and the agreed Terms of Reference.

Once approval has been given, the author is responsible for ensuring that a fully up to date copy of the policy, including the impact analyses paperwork, and a fully updated front sheet, is sent to the CSU Interim Corporate Strategy & Policy Manager so that details can be entered onto the CCG policy database and arrangements made for uploading to the CCG intranet.

2.8 Dissemination

The author is responsible for ensuring a process is implemented which ensures that everyone to whom the policy applies is made aware of it (and any subsequent changes/revisions) by means of agreed dissemination routes eg team briefings.

Everyone to whom the policy applies is responsible for keeping themselves up to date with policies and procedures.

3. Policy Reviews

- All policies must be reviewed in line with the agreed review date. Three months' notice will be given to authors with a reminder sent out by the CSU Corporate Services Team a month before the review date.
- Minor changes may be approved by the Committee with delegated responsibility.
- If the outcome of a review is regarded as significant changes required, re-approval should be sought from the CCG Governing Body/Council of Members as appropriate.
- The author is responsible for updating the front cover with the date of re-approval and the new review date and forwarding this information to the CSU Corporate

Affairs Administrator for inclusion on the policy database *[amend according to CCG's agreed procedure].*

- The author is responsible for ensuring the CSU is instructed to put the revised policy on the CCG's website, ensuring the previous version is deleted and alerting staff that the policy has been revised. *[may need to be amended in line with procedures agreed within the CCG]*
- Regular reports on the approval and review process will be provided by the CSU Corporate Affairs Team to the CCG Senior Leadership Team on a quarterly basis *[if this is required as part of the service specification with the CSU].*

This policy framework document has been produced by the Corporate Affairs Team in the North Yorkshire & Humber Commissioning Support Unit. Advice is available from the CSU Interim Corporate Strategy & Policy Manager (Marlene Wharton 01482 672190 email: mwharton@nhs.net) and/or the Legal & Governance Lead (Steve Mason 01423 859620).

Appendix 1

TEMPLATE POLICY DOCUMENT

NHS
North Lincolnshire
Clinical Commissioning Group

TITLE

Date
(Month and Year)

Authorship:	
Committee Approved:	
Approved date:	
Review Date:	
Equality Impact Assessment	**Completed - Full/Completed - Screening *[delete as required]***
Sustainability Impact Assessment:	**Completed**
Target Audience:	
Policy Reference No:	***Optional for the CCG to consider***
Version Number:	

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet

CONTENTS

Page

1 Introduction

2 Engagement

3 Impact Analyses
3.1 Equality
3.2 Sustainability
3.3 Bribery Act 2010

4 Scope

5 Policy Purpose and Aims

6 Definitions *(if relevant & appropriate)*

7 Roles / Responsibilities / Duties

8 Implementation

9 Training and Awareness

10 Monitoring and Audit

11 Policy Review

12 References

13 Associated Documentation

Appendices

1 INTRODUCTION

Insert text here to include reasons for the document and the context, including references to, and applicability of, existing and new legislation, guidance etc which dictates the need.

2 ENGAGEMENT

Explain which groups and/or individuals have been involved in the development of the policy and the outcomes. This could include – staff, unions, other internal departments, external organisations, service users, members of the public.

3 IMPACT ANALYSES

3.1 Equality

All policies require an assessment for their impact on people with protected characteristics (defined in the guidance document). An Equality Impact Analysis Toolkit is available for this purpose and is attached at Appendix 1 of the Policy Framework Guidance Document, together with guidance on how to undertake the assessment.

Further advice is available from Emma Parker in the CSU Corporate Affairs Team, Tel: 01482 672191.

Once completed, insert appropriate wording from the Equality Impact Findings into this section of the document and record on the front sheet whether a full assessment or a screening has been undertaken.

3.2 Sustainability

Anyone developing a policy or procedural document is required to complete a Sustainability Impact Assessment. The purpose is to record any positive or negative impacts that the policy is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment form is attached at Appendix 2 of the Policy Framework Guidance Document, together with instructions to help with completion. Include the conclusions in this section of the policy document.

Completed paperwork on all assessments should be submitted with the policy for approval and published on the internet.

3.3 Bribery Act 2010

Consider whether reference needs to be made to the provisions of the Bribery Act 2010. Guidance is included at Appendix 4 of the Policy Framework Guidance Document.

Further information on the Bribery Act can be found at www.opsi.gov.uk/acts. A list of frequently asked questions is available from the CSU Corporate Strategy and Policy Manager.

4 SCOPE

Identify to whom the policy applies eg all staff, CCG Members, temporary staff, seconded staff, contractors and others undertaking work on behalf of the CCG etc.

5 POLICY PURPOSE & AIMS

Include the purpose and objectives of the policy ie what is the policy trying to achieve.

6 DEFINITIONS

List and describe the meaning of terms used, if appropriate.

7 ROLES / RESPONSIBILITIES / DUTIES

Define the key individuals and specify their responsibilities eg the Accountable Officer and other senior managers, together with what is expected of other managers and all staff. Include any departmental or committee responsibilities in terms of reviewing and approving revisions.

8 IMPLEMENTATION

Explain how the policy will be disseminated and implemented and by whom. For example how it will be communicated eg through team briefings, by managers etc and who is responsible.

If the document is a revision, explain the process to be undertaken to remove outdated copies from the internet and ensure staff are aware of the new version.

If appropriate include the following statement – *'Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure'.*

9 TRAINING & AWARENESS

Identify how staff will be made aware of the policy *(via the intranet is recommended)* and how any associated training needs will be provided to ensure compliance.

10 MONITORING & AUDIT

State how implementation and compliance will be measured in line with the policy objectives. Identify any key performance indicators.

11 POLICY REVIEW

Suggested text – *'This policy will be reviewed in x years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy'.*

12 REFERENCES

List any relevant national legislation, guidance, publications and related policies.

13 ASSOCIATED DOCUMENTATION

List any other relevant documents not listed in References.

APPENDICES

List numbered Appendices with clear headings and cross reference within the policy document. Start each Appendix on a new page. Equality and Sustainability Impact Assessment(s) paperwork should be appended as standard practice.

Add, as required:

- Any protocols, procedures and technical guidance to be followed which will ensure the policy is implemented appropriately, including any specific responsibilities.
- A summary of supporting information and/or guidance to assist staff in implementation.

Appendix 2

Equality Impact Analysis: Guidance

September 2012

Equality Impact Analysis: Brief Guide

1. THE EQUALITY ACT 2010

The Equality Act came into force on 1 October 2010. The Act brings together over 116 separate pieces of legislation into one single Act. Combined, they provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.
The Equality Act covers 9 protected characteristics:

- Age
- Gender
- Pregnancy and Maternity
- Religion and Belief
- Marriage and Civil Partnership
  (generally only applies to workplace practices)
- Disability
- Gender Reassignment
- Race
- Sexual Orientation

The Law applies to all employers and service providers. In addition, under the Equality Act 2010 all public organisations have a general duty to:

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

In order to demonstrate implementation of these duties public bodies are required to undertake and publish outcomes of Equality Impact Analysis.

2. WHAT IS AN EQUALITY IMPACT ANALYSIS?

An Equality Impact Analysis is a way of estimating the likely equality implications of either:

- The introduction of a new policy, project, or function or,
- The implementation of an existing policy, project, or function within the organisation.

Once equality implications have been identified, steps can be taken to amend the proposed policy, project or function or amend the way in which it is currently implemented to ensure it is inclusive and does not discriminate (either deliberately or accidentally).

3. WHAT NEEDS TO BE ANALYSED FOR ITS IMPACT?

All functions, policies and strategies should be impact analysed as they are created and as part of the review process. Equality issues should also be considered in any procurement process as the legal liability in relation to equality issues usually remains with the public body who commissions the service.

4. GATHERING VIEWS AND FEEDBACK

Thinking about equalities implications should be integral to the development and review process for policies/strategies. As part of your development/ review process, you should include questions about equalities when you ask for views or collate feedback from staff/

patients/ carers/ community groups regarding their needs, particularly relating to disability, race, religion/belief and also age, gender, sexual orientation, human rights.

5. COMPLETING THE EQUALITY IMPACT ANALYSIS

- *Start thinking early about incorporating equalities into your document*
  Thinking about equalities implications should be an integral part of your policy or strategy development/review process. Consider existing views and feedback or whether you need to gather new information.
- *Don't complete the impact assessment on your own*
  Once you have the feedback and evidence you need, if you possibly can, gather a few people who are familiar with the policy/ strategy/ service area and work through the impact analysis process together.
- *What is meant by an Negative Impact*
  This means that at least one of the different protected characteristics (Race, Gender, Disability, etc) has less favourable access, experience or outcome to the policy or function compared to the others.
- *What is meant by a Positive Impact*
  This means that a policy, project service or function has a positive impact on one or more of the equality groups <u>without</u> having any consequential negative impact on any other equality group.

6. WHAT TO DO WHEN YOU HAVE COMPLETED YOUR IMPACT ANALYSIS

- *Reflecting outcome of impact analysis within the policy/strategy*
  Consider if any of your impact analysis findings and actions need to be reflected within the content of the policy/strategy and alter the wording appropriately. A simple example of this is to ensure you have inserted the information about alternative languages/formats. A brief summary of actions identified should also be included.

- *Action planning*
  Build actions identified in the documentation into your team's action planning processes.

- *Action monitoring and progression*
  Ensure that your team progresses any actions you have identified through the impact analysis to completion.

- *Sorting out the paperwork*
  The completed paperwork should be submitted with the policy for approval and published on the internet site.

Equality Impact Analysis: Completing The Form

Below is a step by step guide to completing the Equality Impact Analysis Form (EIA)

1. EQUALITY IMPACT ANALYSIS

This section is a summary of your policy, project or function, the aims of it and who it will affect

2. EQUALITY IMPACT ANALYSIS: SCREENING

This is a summary analysis to identify if the policy, project or function has any potential equality impact (negative or positive) on Equality Groups.

The Screening is a brief process and designed to avoid spending unnecessary time and resources performing a full EIA when it is clear there is likely to be no potential equality implications.

The Screening is designed to make you consider if the policy, project or function will have a positive or negative impact on each of the nine protected characteristics.

Remember that Equality Groups can be internal people (e.g. employees, Volunteers etc.) and external people (e.g. Patients and other customers).External people include those who apply, for example, to the Trust for services, treatment and employment.

If the policy, project or function does have a positive or negative impact on one of the nine protected characteristics a full impact analysis will be required.

If there is a negative impact the impact analysis will allow the user to evidence what the impact is and what changes can be made to reduce or eliminate the impact.

An example of a negative impact:
A policy of providing a guide to Trust services in English only will have a Negative Impact on all Patients who do not read English. This policy is therefore likely to have an Adverse impact on people of a different Race and people who have certain Disabilities. **Action:** Consult with groups of different races and people with disabilities including the blind and partially sighted, deaf and hearing impaired those with learning difficulties to find out the best way for them to access the information. Amend the policy to offer the guide in alternative languages and formats on request or proactively produce the document in a popular format.

If there is a positive impact the impact analysis will allow the user to evidence what the impact is and any engagement which took place to this was best practice for that group:

An example of a positive impact:
A Translation and Interpretation Policy is being developed to provide advice on how to access translation and interpretation services for patients and service users.

This policy is likely to have a positive impact on people of a different Race and people who have certain Disabilities.

Action:
Consult with groups of different races and people with disabilities including the blind and partially sighted, deaf and hearing impaired those with learning difficulties to find out the best way for them to access the information.

Evidence the outcomes of the engagement in the Impact Analysis and ensure that the policy reflects the results.

In some cases evidence of this positive or negative impact may already exist from previous engagement with the affected protected group. If evidence is available it may not be necessary to go out and engage again but ensure that it is included in the Equality Impact Analysis.

Include the reasoning on the screening form as to why the policy, project or function has a positive or negative impact on one of the nine protected characteristics.

If there is no positive or negative impact go to Section 7 of the form

Equality Impact Analysis: Full Assessment

Where an Initial Screening process has identified some likely affect or impact on Equality groups, a full EIA is required. This is performed using the accompanying Equality Impact Analysis documentation. The EIA document and process has four aims:

a) To assess the activity to identify if any impact or effect on Equality Groups exists (this will have already been identified as part of the Initial Screening process and the information is simply copied from the Initial Screening documentation).
b) To assess, record and rate the impact the activity has on Equality Groups.
c) To detail the actions required to remove, reduce or justify the impact or effect of the activity.
d) To detail how the actions proposed will be monitored or evaluated.

3. EQUALITY IMPACT ANALYSIS: LOCAL PROFILE DATA

Where it has been identified that a protected characteristic will be impacted on by the policy, project or function it is important that you understand the profile of that group of people and the percentage of the population that it will affect.

In this section you need to gather data regarding the group affected. This data can be found form a variety of sources including:

The Office of National Statistics
http://www.ons.gov.uk/ons/index.html

Projecting Adult Needs and Service Information
http://www.pansi.org.uk/

Projecting Older People Population Information
http://www.poppi.org.uk/

Yorkshire and Humber Public Health Authority
http://www.yhpho.org.uk/default.aspx

Health Profiles
http://www.localhealth.org.uk/

East Riding Data Observatory
http://dataobs.eastriding.gov.uk/

For the East Riding of Yorkshire there is a Knowledge Management Toolkit which is available on the website http://www.erypct.nhs.uk/templates/Page2682.html?id=3786

4. EQUALITY IMPACT ANALYSIS: EQUALITY DATA AVAILABLE

Include in this section details of any data which is already available from the nine protected characteristics, service users or staff via previous engagement or consultation as well as evidence from previous complaints or the usage rates of services for specific groups (are they disproportionately high or low for that group?).

5. EQUALITY IMPACT ANALYSIS: ASSESSMENT TEST

This section is to evidence the actual impact (positive or negative) the implementation of this policy, project or function has on employees, service users or other people who share characteristics protected by The Equality Act 2010.

In some circumstances there is a *genuine determining reason* why it may be justifiable to discriminate.

An example of justifiable discrimination
An individual Funding Request Policy advises that the criteria for fertility treatment includes women aged 23-39. This will have a negative impact on women who are aged 22 and under and 40 and over. Nice guidelines advise that the older a woman is the less likely she is to get pregnant. Specifically: • For every 100 women who are 23-35 years old more than 20 will get pregnant after one cycle of IVF • For every 100 women who are 36-38 around 15 will get pregnant • For every 100 women aged 39 around 10 will get pregnant • For every 100 women aged 40+ around 6 will get pregnant You therefore have the best chance of success with IVF if you are between 23 and 39 years old. The discrimination is justified as there is clinical evidence that shows that a treatment is less effective within a certain age band.

See Appendix A for an example of completed EIA Assessment Tests.

6. ACTION PLANNING

Where the EIA has revealed that there is risk of an unjustifiable negative impact on one of the nine protected characteristics it is necessary to propose actions which reduce these risks.

This section should include any actions which have been set and the timescale for completion as well as an identified lead who is responsible for ensuring their completion.

The section should include any actions which have been identified and completed during the development process and which have already initiated a change to the policy.

You must ensure that all recommended changes to policy, identified throughout the EIA process, are included in the policy document (ie the policy is amended to reflect the results of the EIA).

7. EQUALITY IMPACT ANALYSIS FINDINGS

As a result of completing the EIA you should be in a position to agree an analysis rating:

Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the Action Planning section of this document.
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

It is important that any of the findings from the EIA are evidenced within the policy which should include a specific section on Equality and Diversity.

A suggested set of wording is included in the EIA form, however, you will need to include any positive and negative impacts you identified as a result of the EIA and any actions which have been or are being carried out.

8. SENIOR APPROVAL

The last section is for you to provide any additional comments and to document senior manager approval.

Once the EIA is completed it should be published on the Internet alongside the approved Policy.

APPENDIX A

A POLICY OF PROVIDING A GUIDE TO TRUST SERVICES IN ENGLISH ONLY

1. Equality Impact Analysis: Assessment Test				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?				
Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)	x			
Race (All Racial Groups)			x	People who cannot read English will not be able to have access to this information
Disability (Mental and Physical)			x	People who are blind or partially sighted or have a learning difficulty may not be able to have access to this information
Religion or Belief	x			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and, if applicable, justification where a *Genuine Determining Reason* exists**
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			

2. Action Planning				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
People who cannot read English will not be able to have access to this information	Speak with people who already work with different racial groups to find out how they think the information could be made accessible to them. Proactively produce information in a specific language where there is a specific need.			
People who are blind or partially sighted or have a learning difficulty may not be able to have access to this information	Engage with local communities from different disabilities to find out how they in what way they would like to access this information. Speak with people who already work with different disabilities to find out how they think the information could be made accessible to them. Proactively produce information in a specific format as recommended by groups (look at font size, coloured paper)			

Appendix 2A

Equality Impact Analysis: Form

September 2012

For support with completion of this documentation, please see the accompanying guidance and/or contact the Equality Lead in the North Yorkshire and Humber Commissioning Support Unit

3. Equality Impact Analysis	
Policy / Project / Function:	
Date of Analysis:	
This Equality Impact Analysis was completed by: (Name and Department)	
What are the aims and intended effects of this policy, project or function ?	
Please list any other policies that are related to or referred to as part of this analysis?	
Who does the policy, project or function affect ? Please Tick ✔	Employees ☐ Service Users ☐ Members of the Public ☐ Other (List Below) ☐

4. **Equality Impact Analysis: Screening**					
	Could this policy have a positive impact on…		Could this policy have a negative impact on…		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	☐	☐	☐	☐	
Age	☐	☐	☐	☐	
Sexual Orientation	☐	☐	☐	☐	
Disabled People	☐	☐	☐	☐	
Gender	☐	☐	☐	☐	
Transgender People	☐	☐	☐	☐	
Pregnancy and Maternity	☐	☐	☐	☐	
Marital Status	☐	☐	☐	☐	
Religion and Belief	☐	☐	☐	☐	
Reasoning					
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

5. **Equality Impact Analysis: Local Profile Data**	
Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

6. **Equality Impact Analysis: Equality Data Available**	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* *4.* Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs*	Yes ☐ No ☐ Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	
Promoting Inclusivity **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**	

7. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)				
Race (All Racial Groups)				
Disability (Mental and Physical)				
Religion or Belief				
Sexual Orientation (Heterosexual, Homosexual and Bisexual)				

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	**No Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Pregnancy and Maternity				
Transgender				
Marital Status				
Age				

8. Action Planning				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**

9. Equality Impact Analysis Findings				
Analysis Rating:	□ Red	□ Red/Amber	□ Amber	□ Green

		Actions	Wording for Policy / Project / Function
Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Remove the policy** Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	**The policy can be published with the EIA** List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice. ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]***

Equality Impact Findings (continued):			
		Actions	Wording for Policy / Project / Function
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.	**The policy can be published with the EIA** The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document. ***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]***
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**The policy can be published with the EIA** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Brief Summary/Further comments	

Approved By		
Job Title:	Name:	Date:

Appendix 3

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	**Positive Impact**	**Negative Impact**	**No specific impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020				
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.				
Reduce the risk of pollution and avoid any breaches in legislation.				
Goods and services are procured more sustainability.				
Reduce carbon emissions from road vehicles.				
Reduce water consumption by 25% by 2020.				
Ensure legal compliance with waste legislation.				
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020				
Increase the amount of waste being recycled to 40%.				
Sustainability training and communications for employees.				
Partnership working with local groups and organisations to support sustainable development.				
Financial aspects of sustainable development are considered in line with policy requirements and commitments.				

INSTRUCTIONS FOR COMPLETING THE SUSTAINABILITY IMPACT ASSESSMENT

Sustainability is one of the Trust's key Strategies and consequently the Trust has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the Trust's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Trust Sustainability Lead (email: mike.mcdermott@erypct.nhs.uk telephone: (67)2120.

Appendix 4

Bribery Act 2010 Guidance

Introduction

On July 2011 the Bribery Act 2010 came into force, making it a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery.

The Ministry of Justice in its consultation and guidance set out six broad management principles whereby an organisation can demonstrate an effective defence by showing that it had effective bribery prevention measures in place.

Risk Assessment – this is about knowing and keeping up to date with the bribery risks you face in your sector and market;

Top level commitment – this concerns establishing a culture across the organisation in which bribery is unacceptable. If your business is small or medium sized this may not require much sophistication but the theme is making the message clear, unambiguous and regularly made to all staff and business partners;

Due diligence – this is about knowing who you do business with; knowing why, when and to whom you are releasing funds and seeking reciprocal anti-bribery agreements ; and being in a position to feel confident that business relationships are transparent and ethical;

Clear, Practical and Accessible Policies and Procedures – this concerns applying them to everyone you employ and business partners under your effective control and covering all relevant risks such as political and charitable contributions, gifts and hospitality, promotional expenses, and responding to demands for facilitation demands or when an allegation of bribery comes to light.

Effective implementation – this is about going beyond 'paper compliance' to embedding anti-bribery in your organisation's internal controls, recruitment and remuneration policies, operations, communications and training on practical business issues.

Monitoring and review – this relates to auditing and financial controls that are sensitive to bribery and are transparent, considering how regularly you need to review your policies and procedures, and whether external verification would help.

Relevance to the NHS

NHS organisations are included in the Bribery Act's definition of a "relevant commercial organisation". Any senior manager or executive who consents to or connives in any active or passive bribery offence will, together with the organisation, be liable for the corporate offence under the act.

Any individual associated with an organisation who commits acts or omissions forming part of a bribery offence may be liable for a primary bribery offence under the act or for conspiracy to commit the offence with others – including, for example, their employer.

Risks in breaching the Bribery Act

There are a number of risks entailed in breaching the Bribery Act. These include:

- Criminal sanctions against directors, board members and other senior staff as a corporate offence – Section 7 of the Act.
- Convictions of bribery or corruption may also lead to the organisation being precluded from future public sector procurement contracts.
- Damage to the organisation's reputation and negative impact on patient/stakeholder perceptions.
- Potential diversion and/or loss of resources.

What do NHS organisation's need to do?

There are a number of steps NHS organisations can take:

- The Board needs to understand its responsibility in respect of the act.
- Be clear that, as NHS organisations, you are covered by corporate liability for bribery on the part of their employees, contractors and agents.
- Take steps to make your employees, contractors and agents aware of the standards of behaviour that are expected of them: this may include training for employees who might be affected – for example, employees with responsibility for procurement.
- Review existing governance, procedures, decisions-making processes and financial controls, introduce them if not already in place and, where necessary, provide appropriate training for staff.
- Record the fact that these steps have been taken, as they provide the defence against corporate liability under the act.

Areas for Action

- Once risks have been assessed the organisation must put in place procedures that are *proportionate* to bribery risks that are identified.

- The checklist below provides details of areas for actions to assist in ensuring proportionate steps to ensure prevention and defence against corporate liability under the act. The checklist is based on best practice guidance documents issued by NHS Protect in May 2011, Ministry of Justice and other anti-bribery and corruption NGOs.

- Internal Audit and Counter Fraud Teams will provide support to the organisation to help ensure that assurance can be given against the points in the following checklist during 2012/13.

Appendix 4

Bribery Act 2010 Guidance and Bribery Prevention Checklist

Areas for action	Expected Action	Evidence of Compliance/Assurance
1. Governance and Top Level Commitment	The Chief Executive should make a statement in support of the anti-bribery initiative and this should be published on the organisation's website. The board of directors should take overall responsibility for the effective design, implementation and operation of the anti-bribery initiatives. The Board should ensure that senior management is aware of and accepts the initiatives and that it is embedded in the corporate culture.	
2. Due Diligence	This is a key element of good corporate governance and involves making an assessment of new business partners prior to engaging them in business. Due diligence procedures are in themselves a form of bribery risk assessment and also a means of mitigating that risk. It is recommended that at the outset of any business dealings, all new business partners should be made aware in writing of the organisation's anti-corruption and bribery policies and code of conduct.	
3. Code of conduct	The organisation should either have an anti-bribery code of conduct or a general code of conduct for staff with an anti-bribery and corruption element. The organisation should revise the Standards of Business Conduct Policy (or equivalent) and Declaration of Interests guidance (see point 4 below) to reflect the introduction of the Bribery Act.	

Appendix 4

Areas for action	Expected Action	Evidence of Compliance/Assurance
4. Declaration of Interests/Hospitality	The organisation should have in place a declaration of business interests/gifts and hospitality policy which clearly sets out acceptable limits and also a mechanism to monitor implementation.	
5. Employee employment procedures	Employees should go through the appropriate propriety checks e.g. CRB (Criminal Records Bureau) and/or a combination of other checks before they are employed to ascertain, as far as is reasonable, that they are likely to comply with the organisation's anti-bribery policies.	
6. Detection procedures	The organisation should ensure Internal Audit/Counter Fraud check projects, contracts, procurement processes and any other appropriate systems where there is a risk that acts of bribery could potentially occur.	
7. Internal reporting procedures	The organisation should have internal procedures for staff to report suspicious activities including bribery.	
8. Investigation of Bribery allegations	The organisation should have procedures for staff to report suspicions of bribery to NHS Protect (previously NHS Counter Fraud and Security Management Service) and the organisation's Local Counter Fraud Specialist for investigation/referral to the appropriate authorities.	
9. Risk assessment	MoJ (Ministry of Justice) guidance states"…organisations should adopt a risk-based approach to managing bribery risks…[and] an initial assessment of risk across the organisation is therefore a necessary first step". The organisation should, on a regular basis, assess the risk of bribery and corruption in its business and assess whether its procedures and controls are adequate to minimise those risks.	

Appendix 4

Areas for action	Expected Action	Evidence of Compliance/Assurance
10. Record keeping	The organisation should keep reasonably detailed records of its anti-fraud and corruption initiatives, including training given, hospitality given and received and other relevant information.	
11. Internal review	The organisation should carry out an annual internal review of the anti-bribery and corruption programme.	
12. Independent assessment and certification	Proportionate to risks identified, the organisation should commission, at least every three years, an independent assessment and certification of its anti-bribery programme.	
13.Internal and External communications	The organisation should publicise the NHS Fraud and Corruption Reporting Line (FCRL) and on-line fraud reporting facility. The organisation should publicise the Security Management role (theft and general security issues) and reporting arrangements. The organisation should work with its stakeholders in the public and private sector to help reduce bribery and corruption in the health industry.	
14.Awareness and training	The organisation should provide appropriate anti-bribery and corruption awareness sessions and training on a regular basis to all relevant employees.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
15. Monitoring: • Overall Responsibility • Financial/Commercial Controls	A senior manager should be made responsible for ensuring that the organisation has a proportionate and adequate programme of anti-fraud, corruption and bribery initiatives. The organisation should ensure that its financial controls minimise the risk of the organisation committing a corrupt act. The organisation should ensure that its commercial controls minimise the risk of the organisation committing a corrupt act. These controls would include appropriate procurement and supply chain management, and the monitoring of contract execution.	