Policy for the development, ratification and implementation of policies (Policy for Policies)

# Document Control:

| **Document Control Information** | **Details** |
| --- | --- |
| Policy Name | Policy for the development, ratification and implementation of policies |
| Policy Number | MSEICB 016 |
| Version | 1.0 |
| Status | Approved ICB policy |
| Author / Lead | Viv Barnes, Governance Lead |
| Responsible Executive Director | The Chief Executive has delegated responsibility to the Chief of Staff for the management of policies |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | 4 March 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | 1 July 2024 |
| Target Audience | All ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers) |
| Stakeholders engaged in development of Policy (internal and external)  | * Governance Leads
* Human Resources
* Audit Committees in Common
 |
| Impact Assessments Undertaken *(State if not-applicable)* | * Equality and Health Inequalities Impact Assessment - completed
* Quality Impact Assessment – N/A
* Privacy Impact Assessment – N/A
 |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 21/2/22 | Viv Barnes, Governance Lead | Draft ICB Policy |
| 0.2 | 25/2/22 | Viv Barnes, Governance Lead | Amended to reflect feedback from Governance Leads |
| 0.3 | 3/6/22 | Viv Barnes, Governance Lead | Final amends prior to adoption |
| 1.0 | 7/7/22 | Viv Barnes, Governance Lead | Formatting review prior to uploading |
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## Introduction

To ensure robust governance, organisations need formal written documents, such as policies, which communicate standard corporate organisational ways of working. These help to clarify strategic and operational requirements and ensure consistency within day to day practice. In addition, they can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. It is recognised that systems need to be in place to ensure policies are user friendly, up-to-date and easily accessible.

A common format and approval structure for policies will reinforce corporate identity. More importantly, this will help to ensure that policies and related procedures in use are current and reflect an organisational approach. It will also avoid confusion and assist employees to readily access information within the document in a consistent manner.

## Purpose

Mid and South Essex Integrated Commissioning Board (the ICB) intends that its organisational policies should provide a clear understanding of what is expected of employees and Board members.

Whilst this document is particularly relevant to staff who are responsible for writing or reviewing policies, it is equally important that all Board members and employees understand the relevance of having these in place.

Occasionally policies will be developed through partnership working and may have a different format than that described here. In these instances the policy itself will be adopted but will still be quality-assured against the criteria of this document to ensure that when presented for final approval it meets the ICB’s requirements.

This document outlines the process for policy development from inception through to ratification, implementation and evaluation.

A flow chart detailing this process is shown at Appendix B.

## Scope

This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

## Definitions

* **Policy** - an organisation wide corporate policy is a ratified plan of action which applies to all relevant staff as a ‘must do’ requirement. The formal policy document is legally binding between employer and employee. A policy says ‘*what you must know or do*.’
* **Procedure** - an organisation wide procedure is a standardised series of actions taken to achieve a task in an agreed and consistent manner to attain a safe and effective outcome. A procedure is a formal document that must be complied with as it may be used to support an individual or the ICB during legal action. A procedure tells you ‘*how it must be done*.’
* **Strategy** - a strategy is a document that defines a process of moving towards an ideal situation, generally over the long-term, implementing actions or compliance with a policy. A strategy tells you ‘*how we will get from A to B*.’

## Roles and Responsibilities

### Integrated Care Board

* + 1. The ICB Board has overall responsibility for ensuring that the organisation has a robust system in place for the development, approval and regular review of policies covering all of its corporate activities.
		2. The ICB Board will receive formal confirmation from the committee sponsoring the policy that it meets the requirements of the Policy for Policies. The ICB Board is responsible for providing formal approval of all new ICB policies and those which have been subject to substantial or significant revisions, having received this assurance.

### Audit Committee

* + 1. The responsibility of this Committee is to review and ratify corporate, Health and Safety, Information Governance and emergency planning related policies that are new or have been subject to substantial or significant revisions since the previous version.
		2. Provided the Audit Committee is satisfied with the content and presentation of the policy, they will ratify it and recommend it for final approval by the ICB Board. The Audit Committee has delegated authority to give final approval to any policies that have been subject to no revisions or only minor changes from the previous version.

### Quality Committee

* + 1. The Quality Committee has the same responsibilities as detailed in section 5.2 above but in relation to clinical policies.

**The Finance and Investment Committee**

* + 1. The Finance and Investment Committee has the same responsibilities as detailed in section 5.2 above but in relation to procurement and investment policies.

### Chief Executive

* + 1. The Chief Executive Officer of the ICB has overall accountability for implementing the Policy for Policies.

### Chief of Staff

* + 1. The Chief Executive has delegated operational responsibility for implementation of this policy to the Chief of Staff.

### Policy Authors

* + 1. Policy authors are responsible for reviewing and updating the policies within their remit on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

### Governance Lead

* + 1. The Governance Lead will provide support with policy development by:
		- Offering support and advice to policy authors.
		- Testing the rationale for the need for an ICB policy.
		- Logging the policy on the relevant policy register.
		- Identifying possible overlap/conflict with any other policies that have been ratified or are in development.
		- Identifying whether the document is a policy or a local procedure or guidance.
		- Identifying and confirming the correct ratification route.
		- Confirming that a draft policy meets the requirements of the Policy Development Checklist (Appendix C) before it is submitted to the ratifying committee.
		- Uploading ratified policies to the intranet and internet.
		- Maintaining the register of active policies.
		- Archiving old policies.

### Line Managers

* + 1. Line Managers are responsible for:
		- Identifying when a new or amended policy may be required for the areas within their remit.
		- Ensuring that new members of staff are made aware of key policies as part of their induction.
		- Highlighting new and amended policies within their team briefings.
		- Monitoring the implementation of policies within their team and addressing any failures to follow agreed processes.

### All Staff

* + 1. All staff need to ensure they are aware of the system for policy development, ratification and implementation. This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.
		2. All staff should be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

## Policy Detail

**Style and format**

* + 1. All policies and any related procedures should be developed using the Policy Template appended to this policy (Appendix D)**.** Requirements in respect of style and format are detailed on the template itself.
		2. The Policy Template has been designed to be accessible in accordance with the requirements of the Equality Act 2010 and the Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018. It is imperative, therefore, that policy authors use the template provided and do not attempt to modify its format.

**Key features of a well-written policy**

Each policy must be compliant with all current legal and statutory requirements that are relevant to their development. A well written policy should:

* + Be clear, concise, jargon free and written in straightforward language.
	+ Explain abbreviations or acronym the first time they are used.
	+ Take account of the relevant views of stakeholders where appropriate.
	+ Be sound / evidence based.
	+ Have clear objectives.
	+ Specify how it will be implemented, monitored and audited.
	+ Describe a consequence of any breaches.

**Development of new and revised policies**

It is important that the development of policies and related procedures are linked to service priorities and that they do not duplicate other work either nationally or locally. Therefore, the author must ensure that they have researched the background and available evidence prior to consultation and ratification.

An author may be requested to develop a new policy based on ICB needs, changes in legislation or national requirements.

An author who is reviewing an existing policy is expected to review the contents of the current version for their continued relevance and maintaining continuity between versions. The author will also be responsible for undertaking a new Equality Impact Assessment.

Whilst writing the policy, the author should use the Policy Development Checklist (Appendix C) to confirm whether it meets all necessary requirements.

**Consultation**

Consultation should be undertaken to secure the support and experience from all relevant individuals and groups.

It is vital to the success of the implementation of any policy that the expertise and experience of all relevant parties has been considered, particularly those who will be expected to implement its requirements.

The consultation process is an opportunity to influence the policy content and should not be considered only as an exercise to satisfy the checklist requirements.

A draft policy when sent out to stakeholders should be as near to the ‘final’ draft version as possible and include all relevant references with details of associated documentation. This will help to ensure that the stakeholders are able to review and make appropriately informed comments. Sufficient time should be given to enable a thorough review by stakeholders.

A list of all staff and stakeholders consulted during the policy development should be included in the relevant section.

**Preparation for approval**

* + 1. Once the policy has been fully consulted upon and comments considered it is ready for formal agreement and ratification.
		2. It is the author’s responsibility to contact the Governance Lead to request that the policy be added to the agenda of the next most convenient and appropriate committee meeting.
		3. The author should submit the draft policy, completed Policy Development Checklist and a summary of the purpose of the policy (if new) or of the key changes that have been to the existing policy (if amended) to the Governance Lead.
		4. The Governance Lead will review the policy and associated documents and advise the policy author if any changes or additional information is needed before it is submitted to the ratifying committee.
		5. The policy author may be invited to attend the committee meeting to present the policy and respond to any queries.
		6. If the policy is not deemed to be ready for formal ratification, the committee will agree with the author where amendment or clarification is required. The author will then re-submit to the next meeting if appropriate. If the policy is deemed ready for final approval (with or without minor amendments), then it will be ratified and recommended to the ICB Board for final approval.

**Fastrack policy approval process**

* + 1. There will be occasions due to urgency or immediacy where the process of formal ratification needs to be accelerated, but this should be on an exceptional basis only. In these circumstances, committee Terms of Reference allow for urgent decisions to be taken outside of their normal meeting schedule. If necessary, the policy can then be formally approved by the ICB Board under the exercise of Emergency Powers.

**Dissemination and communication to staff and the public**

* + 1. The Governance team will arrange for all ratified policies to be added to the staff intranet page and staff will be notified of all policy activity through the ICB’s internal communication system.
		2. Policies must be provided in alternative formats upon request, such as larger print, easy read, braille, audio format and different languages.

**Document control including archiving arrangements**

* + 1. The Governance team will hold a central register of all current policy documents, together with a master file of electronic copies, including archived documents.

## Monitoring Compliance

Performance indicators will be used to monitor effectiveness of this policy. These will include complaints, claims and incidents to identify where failure to follow policy may have impacted on commissioning, service delivery, regulatory compliance or corporate governance.

The relevant sponsoring committee will be responsible for ensuring that policies submitted to them for approval are compliant with this policy.

## Staff Training

* + 1. There is a requirement as part of local induction to ensure that staff are made aware of the importance of policies and procedures and their adherence to them.
		2. All policies must identify the training requirements associated with them and the frequency with which this training is required

## Arrangements for Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the ICB Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the ICB Board.

## Associated Policies, Guidance and Documents

* + 1. The author is required to provide details of supporting or linked strategy, policy, procedural or other documents within the ICB that may need to be read in conjunction with the policy or for staff to be aware of their existence.
		2. For this policy the associated documentation is:
		- Policy Template.
		- Policy Checklist.

**Associated Policies**

This policy is relevant to all ICB Policies.

## References

The author should provide references to any documents that have been used to develop the policy as evidence that it has been based on best practice and guidance.

For this policy the references are:

* + Thurrock CCG Policy for the Development, Ratification and Implementation of Policies and related procedural documents.
	+ Equality Act 2010.
	+ Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

## Equality Impact Assessment

An Equality Impact Assessment (EIA) of this policy has been undertaken and it has identified no equality issues.

The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Policy for Policies**Version number (if relevant):** 1.0 | **Directorate/Service**: CEO’s office / Governance |
| **Assessor’s Name and Job Title:** Viv Barnes, Governance Lead | **Date:** February 2022 |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| This policy provides a framework for the development of staff and public policies to ensure that they are user friendly, up-to-date and easily accessible. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| This policy acknowledges that at least 1 in 5 people in the UK have a long term illness, impairment or disability and many more have a temporary disability. The policy template has therefore been developed to meet the accessibility requirements of the Equality Act 2010 and the Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| * Governance Leads
* Human Resources
* Audit Committees in Common
 |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | No impact identified |
| Disability(Physical and Mental/Learning) |  |  | X | No impact identified. Policies will be made available in alternative formats on request. |
| Religion or belief |  |  | X | No impact identified |
| Sex (Gender) |  |  | X | No impact identified |
| Sexual Orientation |  |  | X | No impact identified |
| Transgender / Gender Reassignment |  |  | X | No impact identified |
| Race and ethnicity |  |  | X | No impact identified. Policies will be made available in alternative formats on request. |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | No impact identified |
| Marriage or Civil Partnership |  |  | X | No impact identified |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Performance indicators will be used to monitor effectiveness of this policy. These will include complaints, claims and incidents to identify where failure to follow policy may have impacted on commissioning, service delivery, regulatory compliance or corporate governance. |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Key Stages of the Policy Process

## Appendix C - Policy Development Checklist

| **Policy title:** |  |
| --- | --- |
| **Criteria for Compliance** | **Author Yes/No** | **Author’s Comments** | **Reviewer’s Comments** |
| Could this policy be incorporated within an existing policy? |  | If no explain why |  |
| If a new policy, has the Governance Team been notified so a policy reference can be allocated?  |  |  |  |
| Does this policy follow the style and format of the agreed template? |  |  |  |
| Has the Document Control table been completed?  |  |  |  |
| Has the Version Control table been completed? |  |  |  |
| Is there an appropriate review date? |  | Explain if less or more than 2 years |  |
| Have key performance indicators (or other arrangements) been identified to monitor effectiveness of the policy? |  |  |  |
| Have all relevant associated policies and references been listed? |  |  |  |
| Have all appropriate stakeholders been consulted and identified on the stakeholder list? |  |  |  |
| Has an Equality Impact Assessment (EIA) been undertaken? (included within Policy template) |  |  |  |
| Has the policy been amended to address any negative impacts identified from the EIA? |  |  |  |
| Is a Quality Impact Assessment (QIA) or required?*NB: Seek advice from Quality Team if required.*  |  |  |  |
| Is there a clear indication of how the policy will be implemented? |  |  |  |

## Appendix D – Policy Template

SEE OVERLEAF

**XXXX Policy Name**

**Document Control:**

|  |  |
| --- | --- |
| **Document Control Information** | **Details** |
| Policy Name |  |
| Policy Number |  |
| Version |  |
| Status |  |
| Author / Lead |  |
| Responsible Executive Director |  |
| Responsible Committee |  |
| Date Ratified by Responsible Committee |  |
| Date Approved by Board/Effective Date |  |
| Next Review Date |  |
| Target Audience |  |
| Stakeholders engaged in development of Policy (internal and external)  |  |
| Impact Assessments Undertaken *(State if not applicable)* | * Equality and Health Inequalities Impact Assessment
* Quality Impact Assessment
* Privacy Impact Assessment
 |

**Version History**

| Version | Date | Author (Name and Title) | Summary of amendments made |
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## Introduction

Insert text

## Purpose / Policy Statement

Insert text Insert statement of policy

Insert narrative for bullet list:

* Bullet list (remove if not using)

## Scope

E.g. This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

## Definitions

* State Word – Provide Definition
* State Word – Provide Definition
* State Word – Provide Definition

## Roles and Responsibilities

**Integrated Care Board**

* + 1. Insert narrative for ICB Board responsibilities.

**XXXX Committee**

* + 1. Insert narrative for Committee responsibilities.

**XXXX Committee**

* + 1. Insert narrative for XXX Committee responsibilities (if applicable – repeat as necessary).

**Chief Executive**

* + 1. Insert narrative for what the Chief Executive is accountable for.

**Director of XXX**

* + 1. Insert narrative for what the Executive Director lead is accountable for.

**Policy Authors**

* + 1. Insert narrative for what the Policy Authors are accountable for.

**Arden and GEM Commissioning Support Unit (AGEMCSU)**

* + 1. Insert narrative for relevant AGEMCSU responsibilities (if applicable)

**Governance Lead**

* + 1. Insert narrative for what the Governance Lead is accountable for (if applicable).

**Line Managers**

* + 1. Insert narrative for what Line Managers are accountable for.

**All Staff**

Insert narrative for what all staff are accountable for.

## Policy Detail

**Subheading**

* + 1. Insert text. Additional headings can be added instead of subheadings if this aids comprehension.

## Monitoring Compliance

Insert text regarding KPIs or other ways of monitoring compliance with the policy.

Insert text regarding Committees responsible for monitoring compliance.

## Staff Training

State training requirements

## Arrangements for Review

* + 1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

* List supplementary documents (if applicable)

**Associated** [**Policies**](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies#230d3b8e)

* List here the relevant associated ICB policies

## References

* + Provide a list of references of the documents that have informed or contributed to this policy.

## Equality Impact Assessment

State either – the EIA has identified no equality issues with this policy OR Issues identified in the EIA were XXX and they have been addressed by XXX.

The EIA has been included as Appendix A.

**Appendix A - Equality Impact Assessment**

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy and version number:**  | **Directorate/Service**:  |
| **Assessor’s Name and Job Title:**  | **Date:**  |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
|  |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
|  |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
|  |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  |  |  |
| Disability(Physical and Mental/Learning) |  |  |  |  |
| Religion or belief |  |  |  |  |
| Sex (Gender) |  |  |  |  |
| Sexual Orientation |  |  |  |  |
| Transgender / Gender Reassignment |  |  |  |  |
| Race and ethnicity |  |  |  |  |
| Pregnancy and maternity (including breastfeeding mothers) |  |  |  |  |
| Marriage or Civil Partnership |  |  |  |  |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
|   |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

**Implementing the Policy/Service**

**Negative outcomes – action plan**

If there are no negative outcomes, please remove this section.

An Equality Impact Assessment cannot be signed off until negative outcomes are addressed. What actions you have taken/plan to take to remove/reduce negative outcomes?

| 1. Action taken/to be taken
 | 1. Date
 | 1. Person Responsible
 |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

If a negative outcome(s) remain explain why you think implementation is justified.

Insert response here

**Appendix B – Title XXX**

Insert other appendices as appropriate