

POLICY DEVELOPMENT, APPROVAL AND IMPLEMENTATION POLICY

Ratification Process

| | |
|------------------------------|---|
| Lead Author: | Associate Director of Corporate Affairs (CCG Secretary) |
| Developed by: | Associate Director of Corporate Affairs (CCG Secretary) and CCG Policies Group |
| Approved by: | Integrated Performance and Assurance Committee -30.04.19 |
| Ratified by: | CCG Governing Body – 14.05.19 |
| Version: | 4 |
| Latest Revision date: | April 2019 |
| Review date: | April 2021, or earlier if required by changes in local or national requirements |

Document Control Sheet

| | |
|--------------------------------------|--|
| Development and Consultation: | Policy developed to ensure consistent approach to policy development. The CCG Policies Group was involved in the original development and subsequent review of this document. |
| Dissemination | This policy is available to all CCG staff and independent contractors via the CCG website. Information about the policy was included in the staff and independent contractor newsletters |
| Implementation | The policy is used by all groups that develop, approve or ratify policies for the CCG. |
| Training | Formal training not required. |
| Audit | A record of relevant policies is maintained by the Corporate Governance Team including details of when a policy is due for renewal. The group approving each policy will use the checklist to ensure the policy meets the requirements of this policy. |
| Review | The Policy Review Group will review this policy every 2 years or sooner if significant amendments are made. The revised policy will be presented to the Integrated Performance and Assurance Committee for it to review and approval |
| Links with other Documents | The Policy should be read in conjunction with: <ul style="list-style-type: none"> • Communications, Engagement and Membership Strategy |
| Equality and Diversity | An Equality and Impact Assessment on this Policy has previously been undertaken. This has been re-visited as part of the latest review - with no changes required. |

Revisions

| Version | Page/ Para No | Description of change | Date approved |
|---------|-----------------|--|---|
| 1 | | Revised to meet changes in CCG structures | November 2013 & July 2017 |
| 2 | 2 | Document Control Sheet - Links with other documents updated | 16.03.16 |
| | 7 | Duties and Responsibilities - updated | 16.03.16 |
| | 10 | Reference to the Policy Review Group added | 16.03.16 |
| | 18 | Policy Review Group ToR Added as Appendix 4 | 16.03.16 |
| | 20 | Equality Impact Assessment - Reviewed | 19.07.17 |
| 3 | Throughout | Updated to reflect latest changes in CCG committee and staffing structures | 08.12.18 – Policies Group: CEC – 27.02.18 |
| 3 | 25 - Appendix 6 | New Appendix 6 - implementation & dissemination plan template added | 08.12.18 – Policies Group: CEC – 27.02.18 |
| 4 | 5 | Ratification flowchart updated to reflect changes to Committee structure. | 08.04.19 - Policies Group |

| | | | |
|---|-----------------|--|---------------------------|
| 4 | 7 | Duties and responsibilities section updated. | 08.04.19 - Policies Group |
| 4 | 19 - Appendix 4 | Policies Terms of Reference - minor updates made | 08.04.19 - Policies Group |
| 4 | 30- Appendix 7 | Equality Impact Assessment - Reviewed | 08.04.19 - Policies Group |

Table of Contents

| | | |
|-----|---|---|
| 1. | Introduction | 4 |
| 2. | Purpose and Scope | 4 |
| 3. | Definitions | 4 |
| | • Type of document | 4 |
| 4. | Source of Document and Ratification Flowchart | 5 |
| 5. | Duties and Responsibilities | 5 |
| 6. | Developing the Strategy, Policy or Procedure | 6 |
| 7. | Document Control | 6 |
| 8. | Style and Format | 7 |
| 9. | Equality Impact Assessment | 7 |
| 10. | Document Amendment, Review and Archiving | 8 |
| 11. | Approval and Ratification | 8 |
| 12. | Dissemination | 8 |
| 13. | Implementation of Policies and Procedures | 9 |
| 14. | Database | 9 |

Appendices

| | |
|--|----|
| Appendix 1 – Development, Dissemination and Implementation Flowchart | 10 |
| Appendix 2 – Approval Checklist | 11 |
| Appendix 3 – Policy Template | 13 |
| Appendix 4 - Policy Review Group Terms of Reference | 18 |
| Appendix 5 – Equality Impact Assessment (EIA)Template | 20 |
| Appendix 6 - Implementation Plan Template | 26 |
| Appendix 7 - Completed EIA | 30 |

1. Introduction

This policy aims to ensure a consistent and evidence based process for the development, approval and management of all Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) policies and procedures.

2. Purpose and Scope

This policy sets out the responsibilities and requirements for developing, approving, ratifying and management of the CCG strategies, policies or procedures, for all CCG staff.

3. Definitions

Type of document

Strategy

A strategy is a forward looking statement about the organisation's planned use of resources and deployment capabilities. It is a long term plan of action designed to achieve a particular goal.

Strategy is about choice which affects outcomes and is adaptable by nature rather than a rigid set of instructions.

Policy

A policy is a strategic level document of what should be done in a particular circumstance, agreed by stakeholders. Policies do not allow for variation of practice.

All policies must be approved and ratified. Some policies need to have final sign off by the CCG Governing Body dependant on the statutory requirements relating to the policy.

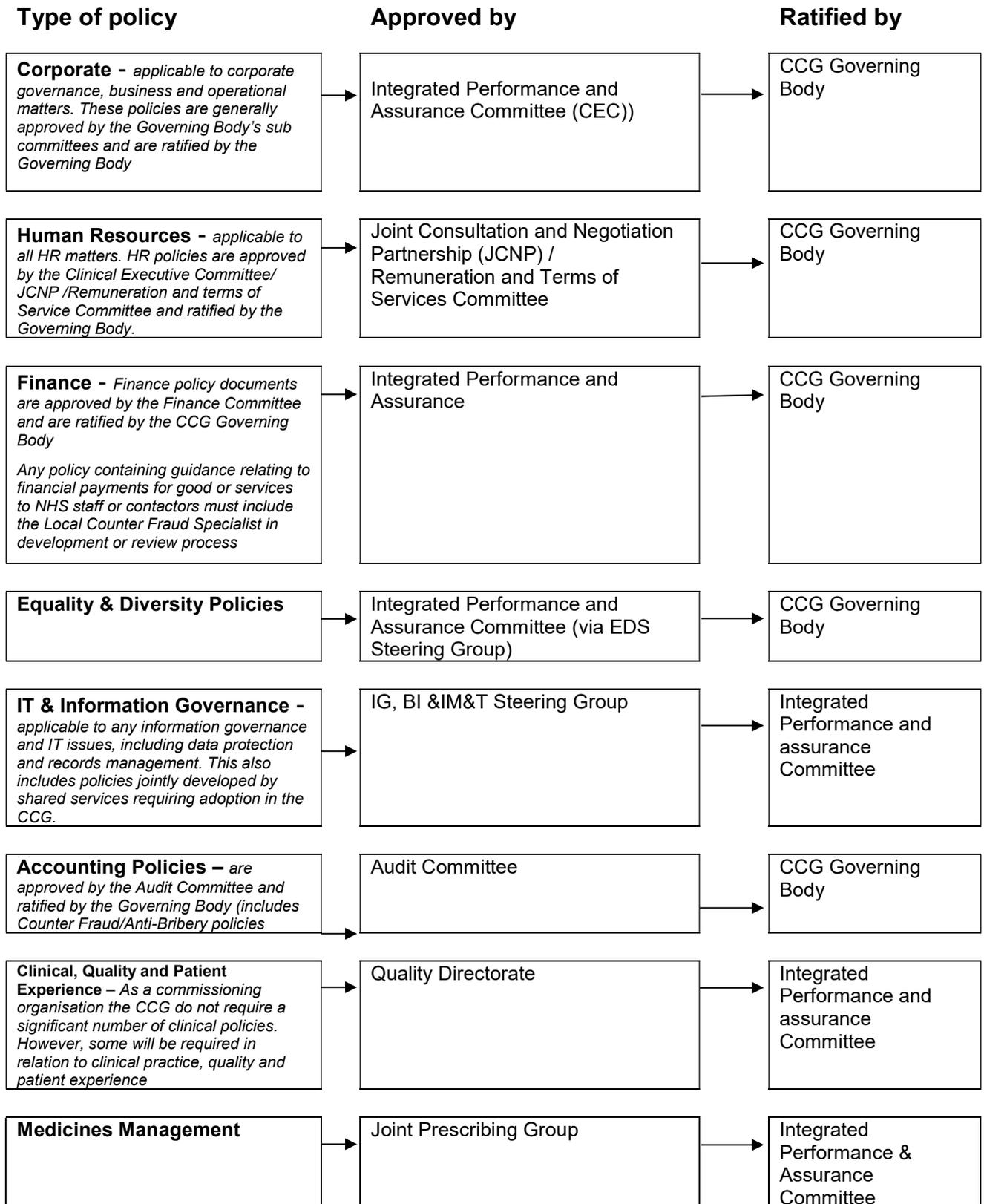
Procedure/Protocol

A procedure or protocol gives step by step guidance on how a policy is to be implemented. Whilst a policy sets out general aims and responsibilities, a procedure/protocol will state clearly who will do what and when. It is often included as the appendix to a policy.

Procedures and protocols do not need formal Governing Body or committee approval. They will either be agreed by local approval groups or as part of a policy.

4 Source of document and Ratification Flowchart

A document ratification flowchart is set out below.





5. Duties & Responsibilities

Organisations are subject to a number of legal, statutory and good practice guidance requirements covering a wide range of subjects. In order to meet these requirements and to be able to demonstrate sound management within the constraints of existing legislation, it is necessary to have clear operational policies and procedures.

The following specific duties and responsibilities apply within the CCG

Accountable Officer - has overall responsibility for ensuring systems for all areas of policies and procedures are fit for purpose.

CCG Governing Body - is responsible for final sign off regarding certain policies (see section 10).

Chief Operating Officer – has responsibility for overseeing the Policy for Policy Overview Group, which will be chaired by the Associate Director of Corporate Affairs (CCG Secretary).

CCG Policies Group - Policies Group meets three times a year to review the Policy Database and monitor progress on the updating of existing or development of new policies. The membership comprises representatives from all Directorates. The Terms of Reference are attached at Appendix 4.

Teams developing policies & procedures - All CCG members and staff in developing policies and procedures are responsible for following the standards and guidance set out in this policy. Wherever possible patients should be represented in any development group.

Advice relating to the design and review of documents in relation to systems weaknesses and countering fraud is available from the Local Counter Fraud Specialist.

Approval Group - The development team or author must pass responsibility to a relevant group to approve the policy or procedure. This group must ensure an Equality & Diversity Impact Assessment has been carried out and action taken (see section 8 - Equality & Diversity Assessment). The group should check the document using the Policy Development checklist given in Appendix 2. They should check it is valid and relevant for its area of scope, that the document control is complete and that the format and spelling are correct.

Governing Body Sub Committees designated sub groups of the CCG Governing Body with delegated responsibility to endorse relevant policies.

CCG staff are responsible for co-operating with the development and implementation of CCG policies and procedures as part of their normal duties and responsibilities.

Temporay and Agency Staff, Contractors and Subcontractors - All temporary and agency staff, contractors and subcontractors will be expected to comply with the requirements of CCG policies and procedures applicable to their area of operations.

6. Developing the Strategy, Policy or Procedure

A flowchart for the development of policies and procedures is given in the Appendix 1. This gives details of the questions to ask and processes to follow when developing or reviewing a policy.

A template for the format and contents of the document is given in Appendix 3.

7. Document Control

The front page of the policy or procedure must show the lead author, the group(s) that have approved and ratified it, the version number, the date it was ratified and the date it will be reviewed.

Draft policies and procedures should clearly be annotated as draft.

The second page of the policy or procedure must give document control details. These include:

- Development and consultation
- Dissemination
- Implementation
- Training
- Audit
- Review
- Links to other policies and/or procedures

8. Style and Format

The following guidelines should be followed to make the document easy to navigate and read:

- Use simple, understandable English.
- Use a simple font such as Arial, with a font size of at least 12.
- Include a header or footer giving the name of the document and the date of implementation.
- Number sections and subsections so staff can easily refer to the relevant part of the document.
- Pages should be numbered, with page numbers and total pages, i.e. Page 5 of 16.
- For larger documents [i.e. greater than 4 main pages] use a table of contents

to help navigation.

- Make use of bullet points to add clarity.
- Documents should be left justified only. Fully justified documents are difficult for someone who is visually impaired to read.
- Additional information that enhances the complete document should be included as a numbered appendix, with reference to it within the text of the main document. The content will depend on the type of document and may include a flow diagram.
- When making references to documents, it should be possible to directly access the document referred whilst reading the main policy. This is done with the use of a hyperlink.

9. Process for Undertaking Equality Impact Assessment

When a new policy is being developed, the approval group must complete an Equality Impact Assessment (EIA) to consider if a policy has a positive or negative effect on a particular group, and how this has been managed.

The fact that the EIA has been carried out must be noted in the document control. It is essential that the assessment and any other evidence in relation to the assessment are retained as it may be required during inspection by a variety of agencies. The EIA template is attached at Appendix 5. The EIA form should be submitted to the HR Advisor (Equality & Diversity) who will report the outcomes to the Equality and Diversity Steering Group, which is a sub group of the Clinical Executive Committee (CEC).

The EIA must also be revisited when reviewing a policy. If major changes to the policy are anticipated, it may be necessary to complete a new EIA form. If in doubt advice should be sought from the HR Advisor (Equality & Diversity).

The HR Advisor (Equality & Diversity) will assign a unique EIA number against each policy and which will be referenced in the CCG's Policies database.

Clinical Policies: All clinical policies undergo an initial assessment of impact as part of the evidence based review process. If deemed necessary, the relevant full impact assessments would then be completed prior to review at the Integrated Performance and Assurance Committee.

10. Document Amendment, Review and Archiving

Policies will be reviewed 2 years after ratification, or earlier if needed in the light of new evidence/legislation/guidance.

Minor amendments that only change the administrative details of the policy or procedure only need to have the changes agreed by the approval group. This should be detailed in the Revisions section of the Document Control Sheet. The version number should be adjusted at the second level, i.e. version 2 would be amended to version 2.1.

Amendments which alter the major processes of the document should be adjusted at the first level, i.e. version 2 would be amended to version 3. The document will then need to be ratified.

It is essential that the version number and date on the front page, and in the footer, are also updated.

When the new version of a document is ratified and disseminated, the old version is archived on the CCG shared drive.

11. Approval and Ratification

A flowchart showing the route for ratification is set out in section 4 of this policy.

Approval The appropriate expert group will approve the content for accuracy, evidence base and using the best practice. It will complete an EIA using the policy development checklist

The policy or procedure should be developed and approved by the relevant group.

Ratification

Final ratification of the policy is via the appropriate Governing Body Sub Committee, or the Governing Body itself.

A flow chart showing the route for ratification is set out in section 3 above.

Policies and Procedures/strategies need to go to the Governing Body when:

- They will have a major financial implication for the organisation [i.e. more than £100,000].
- They are high level HR Policies, over which there is some local discretion [i.e. Grievance Policy, Disciplinary Policy].
- They are multi-agency and cross cutting and will have a significant impact on the organisation [i.e. Community Strategy, Supporting People Strategy].
- They may have a major impact on how CCG discharges its statutory responsibilities.

The above list is not exhaustive and is only meant to give guidelines. If there is any doubt about whether a policy or strategy needs Governing Body ratification, advice can be sought from the Associate Director of Corporate Affairs (CCG Secretary).

12. Dissemination

The dissemination process for the policy must be documented on the Document Control Sheet. It is the responsibility of the lead author to organise the dissemination of the policy. A template to support dissemination is set out at Appendix 6

On completion of the ratification process, the policy should be added to the CCG website. The Report Author should arrange for this to be done (advice can be sought from the Communications Team where required). If appropriate, details are included in the staff, or other, newsletters, or disseminated to the appropriate independent contractor groups.

New and revised policies should be communicated via i-Connect and where appropriate confirmation of receipt should be provided to the CCG Secretary. This would apply to key corporate policies such as the Health and Safety Policy and Risk Management Policy etc. where an implementation plan will be required.

13. Implementation of Policies and Procedures

Compliance with policies and procedures is a requirement within employees' terms and conditions set out in their contract.

It is the responsibility of each line manager to seek guidance on the potential implications of a new policy on their area of responsibility. Where necessary the manager can arrange for an appropriate member of staff to give a briefing on the implications of the policy on their area of work.

If an adverse event occurs, compliance with any relevant policies and procedures forms part of the investigation process.

14. Database

A database of CCG policies will be maintained within the Corporate Affairs Directorate.

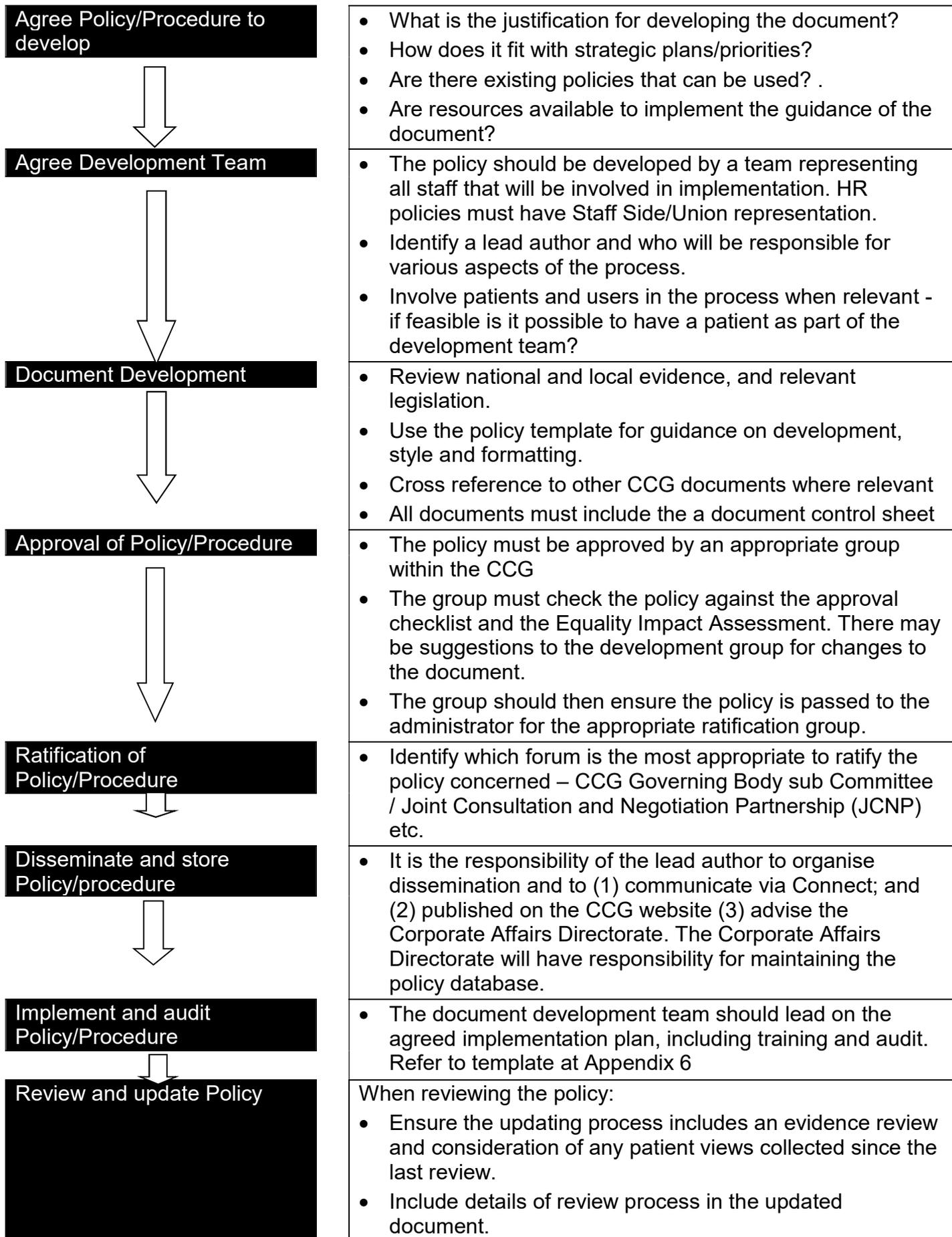
15 Equality Impact Assessment

The completed Equality Impact Assessment for this Policy has been reviewed and is set out at Appendix 7

16 Review

This policy will be reviewed on a bi-annual basis, unless the need for an earlier review is identified.

Appendix 1 – Development, Dissemination and Implementation Flowchart



Appendix 2 – Approval Checklist

This form should be used by the Approval Group to ensure the policy meets the agreed requirements. Use and results of the checklist should be minuted.

Title of Document _____

Approval Group _____

Date of Check _____

Yes No N/A Comments

1. Basic Details

| | | | | |
|--|--|--|--|--|
| Is the title clear and unambiguous? | | | | |
| Is it clear if it is a guideline, policy, protocol or procedure? | | | | |
| Is the authorship clear? | | | | |
| Is the document clearly dated? | | | | |
| Is the document control sheet complete? | | | | |

2. Rationale

| | | | | |
|---|--|--|--|--|
| Are reasons for developing the document clearly stated? | | | | |
|---|--|--|--|--|

3. Development Process

| | | | | |
|---|--|--|--|--|
| Is the method described in brief? | | | | |
| Are the people involved in the development identified? | | | | |
| Were all relevant parties involved in the development? | | | | |
| Is there evidence of consultation with stakeholders and users – if appropriate? | | | | |

4. Content

| | | | | |
|---|--|--|--|--|
| Is the objective of the document clearly stated? | | | | |
| Is the scope identified e.g. patients and/or staff? | | | | |
| Are the intended outcomes described? | | | | |
| Is the guidance clear, relevant and unambiguous? | | | | |
| Has a Equality Impact Assessment been completed | | | | |

Yes No N/A Comments

5. Evidence Base

Is evidence to support the document identified?

Are key references given?

Are appendices relevant?

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

6. Summary of Guidance

Is there a quick reference guide, key recommendations or flowchart summarising the document – if appropriate?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

7. Format

Is the document in an easily readable font?

Is there an appropriate header or footer on each page?

Is it easy to find sections within the document?

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

8. Dissemination and Implementation

Is there a dissemination plan?

Is there an implementation plan, including training and audit?

| | | | |
|--|--|--|--|
| | | | |
| | | | |

9. Review

Is the date of review stated?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

10. Any comments or changes needed

—

Policy approved: Yes / No

Appendix 3 – Policy Template

Red text is for guidance and should be deleted as document is completed

Policy Title

Ratification Process

Lead Author

Developed by

Approved by

Ratified by

Version

Latest Revision date

Review date

Document Control Sheet

| | |
|--------------------------------------|--|
| Development and Consultation: | Give details of the team that developed the policy, any patient involvement and the group that approved the document |
| Dissemination | Give details of how the policy will be disseminated to and how this will happen |
| Implementation | Give details of which group is responsible for implementation |
| Training | Give details of any training required and who needs the training, or indicate if no training required |
| Monitoring | How and where compliance with the policy will be monitored, audited, and by whom |
| Review | Who is responsible for reviewing the policy |
| Links with other documents | The policy should be read in conjunction with: Give details of any other linked documents, or delete if not linked documents |
| Equality and Diversity | The XXXX has carried out an Equality Impact Assessment and concluded the document is compliant with the CCG Equality and Diversity Strategy. Add details of the individual or group which carried out the Equality and Diversity Impact Assessment and any actions taken. |

Revisions

| Version | Page/Para No | Description of Change | Date Approved |
|---------|--------------|-----------------------|---------------|
| | | | |

When you change the version, remember to update the front cover and footer version number and date. Double click on the footer to access the footer and footer toolbar.

Contents

| | |
|---|----|
| 1. Introduction..... | 18 |
| 2. Purpose and Scope..... | 18 |
| 3. Duties and Responsibilities | 18 |
| 4. Guidance..... | 18 |
| Other Sections..... | 18 |
| Statutory and other Relevant Guidance | 18 |
| References | 18 |
| Appendix - Title | 18 |

To add a Table of Contents for your headings, go to Insert, Index and Tables.

To update the Contents page, right click within the grey area, choose Update Field. If you get another option, choose Update entire table.

1. Introduction

State the reason for developing the document, for example:

- to enable healthcare professional to recognise and respond effectively to ...
- this is area of high volume activity and high cost ...
- to support nurse prescribing for ...

2. Purpose and Scope

Give details of:

- Objective[s]: Clearly state what the document is intended to achieve
- Intended Outcome[s]: What are the intended benefits for patients and staff

State who the guidance is intended for, both who will use the guidance and who it will be used for i.e. which patient/staff groups.

3. Duties and Responsibilities

State the responsibilities of staff at various level in implementing the document.

The following specific duties and responsibilities apply within the CCG: For example:-

Governing Body Members

Directors

Senior Managers

Team leaders

CCG Staff

etc

Add or delete as necessary.

4. Guidance

- Add the main content of the document here.
- These sections form the main part of the document.
- Use clear headings, sections and subsections to make the document easy to navigate.
- Ensure the guidance addresses the objectives, outcomes and target population, and all areas of relevant practice.
- If the document refers to a form, flowchart, patient information leaflet etc, include these as appendices wherever possible.
- Cross reference to other CCG policies or documents as appropriate.

Other Sections

Statutory and other Relevant Guidance

Give details of any statutory, national or other relevant guidance that has been used to develop this document, e.g. This document meets the requirements of level 1.1.6 of the Risk Management Standards for CCG?.

References

Any documents referred to within the document must be listed, giving the author[s], title, publication source and date. Appendix - Title

If you have appendices, add the title as directed. This will be added to the Contents page.

Policy Review Group

Terms of Reference

1. Purpose

The Policy Review Group will review the Policy Database and monitor progress on the updating of existing or development of new policies for Cambridgeshire and Peterborough Clinical Commissioning Group. The Group will also ensure policies are compliant with any new or revised statutory duties relevant to the CCG.

2. Membership

Deputy Director of Corporate Affairs (Chair)
Head of HR and OD (Deputy Chair)
Senior ICT Service Development Manager
HR Advisor (Equality & Diversity). Corporate Services Support Manager
(Information Governance)
Governance Support Manager

(s) from Directorate as follows:

- Nursing and Quality - Complex cases
 - Nursing & Quality - Medicines Optimisation
 - Primary & Planned Care - Exceptional Cases & Clinical Policies
 - Finance
- Other Directorate representatives as required.

3. Frequency

The Policy Review Group will meet three times per annum. Meetings will be arranged with Teleconference facilities. The Chair (or in their absence the Deputy Chair) will have the option to convene additional meetings if and when required.

4. Key Objectives

- 4.1 To review the Policy Database on a regular basis and to ensure that policies are updated in line with their Revision Dates.
- 4.2 To ensure consistency of all Policies across the CCG and that they are developed in the appropriate format.
- 4.3 To share good practice in developing policies and procedures.

- 4.4 To ensure all policies have an Equality Impact Assessment and that these are updated on a regular basis.
- 4.5 To have oversight on the implementation of new and revised policies as where appropriate

5. Reporting

- 5.1 Action notes will be taken at each meeting and reviewed by the Governance Support Manager.
- 5.2 The Policy Review Group will report to the Integrated Performance and Assurance Committee on an exceptions basis.

6. Review

These Terms of Reference will be reviewed on an annual basis.

Sharon Fox
Deputy Director of Corporate Affairs

Approved by: Integrated Performance & Assurance Committee
Date: XX

APPENDIX 5

Equality Impact Assessment - Template

| | |
|---|--|
| Name of Proposal (policy/strategy/function/service being assessed) | |
| Those involved in assessment: | |
| Is this a new proposal? | |
| Date of Initial Screening: | |

| | |
|--|--|
| What are the aims, objectives? | |
| Who will benefit? | |
| Who are the main stakeholders? | |
| What are the desired outcomes? | |
| What factors could detract from the desired outcomes? | |
| What factors could contribute to the desired outcomes? | |
| Who is responsible? | |
| Have you consulted on the proposal? If so with whom? If not why not? | |

| Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick) | | Yes | No |
|---|--|-----|----|
| Age | <u>Consider:</u> Elderly, or young people | | |
| Disability | <u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties | | |
| Gender Reassignment | <u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned | | |
| Marriage and Civil Partnership | <u>Consider:</u> Impact relevant to employment and /or training | | |

| | | | |
|-------------------------|---|--|--|
| Pregnancy and maternity | <u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater | | |
| Race | <u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group | | |
| Religion and Belief | <u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief | | |
| Sex /Gender | <u>Consider:</u> Male and Female | | |
| Sexual Orientation | <u>Consider:</u> Know or perceived orientation | | |

What information and evidence do you have about the groups that you have selected above?

| |
|--|
| |
|--|

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People

Examples of impact re given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- b) Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

| 1 Summary | |
|---|---|
| Positive impacts (note the groups affected) | Negative impacts (note the groups affected) |

Summarise the negative impacts for each group:

What consultation has taken place or is planned with each of the identified groups?

What was the outcome of the consultation undertaken?

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

Will the planned changes to the proposal:

Please state Yes or No

| | |
|---|--|
| Lower the negative impact? | |
| Ensure that the negative impact is legal under anti-discriminatory law? | |
| Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact? | |

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

What monitoring/evaluation/review systems have been put in place?

When will it be reviewed?

| | |
|-------------------------------|--|
| Date Review completed: | |
| Signature: | |
| Approved by: | |

| | |
|-----------------------|--|
| Date approved: | |
|-----------------------|--|

Please refer to Improvement Plan template overleaf to take forward actions identified.

Equality Impact Assessment Improvement Plan – *name of proposal*

| Area of Negative Impact | Changes Proposed | Name of Lead | Timescale | Resource Implication | Comments |
|--------------------------------|-------------------------|---------------------|------------------|-----------------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Date:

Lead:

Appendix 6

IMPLEMENTATION & DISSEMINATION PLAN - TEMPLATE

| Dissemination of a new or revised Policy | | | |
|---|--|-----------------------------|--|
| ACTION | BY | ACTIONS - NEXT STEPS | STATUS |
| Lead author to discuss with relevant parties and organise dissemination of policy <ul style="list-style-type: none"> - Identify who the policy is aimed at (all staff / certain staff or teams / GPs etc. - produce a briefing note for the various staff groups - where necessary. Highlight purpose of policy and why relevant to recipients - Arrange for the Policy to be published on the CCG website - Communicate policy via iConnect - liaise with communication team to do this CAPCCG.contact@nhs.net - Inform the Corporate | Include date when action needs to be completed | Progress on actions | Confirm status - e.g. in progress / Completed / overdue etc. |

| <p>Governance Team once policy has been published - so that the policies database can be updated.</p> | | | |
|---|-----------|-----------------------------|---------------|
| Briefing and Awareness Sessions / Training (Where identified as being needed) | | | |
| ACTION | BY | ACTIONS - NEXT STEPS | STATUS |
| <p>Arrange for any necessary briefing or training sessions to support the use of the new or revised policy</p> <p>This could include briefings to Lay Members, Sub Committees and other relevant staff group or team meetings.</p> <p>Consider if appropriate to raise awareness of the policy via the periodic staff briefings arranged by the Communications Team</p> | | | |
| <p>Briefing to Member Practices - if required</p> <p>(e.g. Member Practice Events)</p> | | | |

| | | | |
|--|-----------|-----------------------------|---------------|
| Arrange further or refresher briefing sessions after a set period (if required) | | | |
| If requirement for training is Mandatory - liaise with HR around the requirements for this. It will be necessary to ensure it is included in the staff appraisal process paperwork. | | | |
| Audit, Administration and Review | | | |
| ACTION | BY | ACTIONS - NEXT STEPS | STATUS |
| Consider if periodic review of policy and/its use/outcomes is required(in addition to - if required | | | |
| Internal Audit Review - consider if necessary for future assurance | | | |
| Consider if necessary to provide periodic progress reports on policy use/outcomes to any formal committee e.g. Clinical Executive Committee | | | |
| Does it needed to be included as part of the CCG's Corporate | | | |

| | | | |
|---|--|--|--|
| Induction and Induction Pack | | | |
| Does it need to be included or embedded into the CCG's Recruitment Processes - liaise with HR | | | |

APPENDIX 7

Equality Impact Assessment

| | |
|---|---|
| Name of Proposal (policy/strategy/function/service being assessed) | Policy Development, Approval and Implementation Policy |
| Those involved in assessment: | CCG Secretary, Corporate Governance Team |
| Is this a new proposal? | Updated PCT policy |
| Date of Initial Screening: | 19 September 2013 Reviewed August 2017 and again in April 2019 |

| | |
|--|--|
| What are the aims, objectives? | To ensure a consistent approach to policy development and approval is adopted throughout the CCG |
| Who will benefit? | The CCG |
| Who are the main stakeholders? | CCG managers and staff. |
| What are the desired outcomes? | To secure a consistent approach to policy review, development and approval. |
| What factors could detract from the desired outcomes? | Lack of awareness and/or non-enforcement of the policy. |
| What factors could contribute to the desired outcomes? | Awareness raising of the Policy via the CCG Website. |
| Who is responsible? | Director of Corporate Affairs |
| Have you consulted on the proposal? If so with whom? If not why not? | Policy developed with the Policies Review task and Finish Group which included representatives from different Departments/sections |

| Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick) | | Yes | No |
|--|--|-----|----|
| Age | <u>Consider:</u> Elderly, or young people | | ✓ |
| Disability | <u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties | | ✓ |
| Gender Reassignment | <u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned | | ✓ |
| Marriage and Civil Partnership | <u>Consider:</u> Impact relevant to employment and /or training | | ✓ |
| Pregnancy and maternity | <u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater | | ✓ |
| Race | <u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group | | ✓ |
| Religion and Belief | <u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief | | ✓ |
| Sex /Gender | <u>Consider:</u> Male and Female | | ✓ |
| Sexual Orientation | <u>Consider:</u> Know or perceived orientation | | ✓ |

What information and evidence do you have about the groups that you have selected above?

| |
|-----|
| N/a |
|-----|

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

| |
|---|
| <p>How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People</p> |
|---|

Examples of impact re given below:

- d) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- e) Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.

f) Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

| 2 Summary | |
|--|--|
| Positive impacts (note the groups affected) N/a | Negative impacts (note the groups affected) N/a |

Summarise the negative impacts for each group:

N/a

What consultation has taken place or is planned with each of the identified groups?

N/a

What was the outcome of the consultation undertaken?

N/a

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.
N/a

Will the planned changes to the proposal:

Please state Yes or No

| | |
|---|-----|
| Lower the negative impact? | N/a |
| Ensure that the negative impact is legal under anti-discriminatory law? | N/a |
| Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact? | N/a |

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/a

What monitoring/evaluation/review systems have been put in place?

Overview by CCG Secretary and Policies Task and Finish Group

When will it be reviewed?

August 2019, or earlier if required by changes in local or national requirements.

| | |
|------------------------|--|
| Date completed: | Original Review completed 9 March 2016. 1st Review: 17 August 2017 2 nd Review: 15 April 2019 |
| Signature: | Simon Barlow |
| Approved by: | Sharon Fox |
| Date approved: | (Original) 9 March 2016 (1 st Review) 17 August 2017 (2 nd Review) 17 April 2019 (by Soomitra Kawal, HR Advisor (Equality & Diversity)). |