NHS
Nottingham and Nottinghamshire
Integrated Care Board

Policy for the Development and Management of Policy Documents
(Policy on Policies)

July 2022 - July 2023

CONTROL RECORD				
Reference Number GOV-004	**Version** 1.1	**Status** Final	**Author** Head of Corporate Assurance; Corporate Assurance Manager	
			Sponsor Associate Director of Governance	
			Team Governance	
Title	Policy for the Development and Management of Policy Documents (Policy on Policies)			
Amendments	Review Date amended to July 2023			
Purpose	To ensure that there is a process in place for the development, approval, implementation and maintenance of all organisational corporate policy documents.			
Superseded Documents	Policy for the Development and Management of Policy Documents (Policy on Policies) v1.0			
Audience	All employees of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) (including those working within the organisation in a temporary capacity).			
Consulted with	N/A			
Equality Impact Assessment	Complete – June 2022 See Section 12			
Approving Body	ICB Board	**Date approved**		1 July 2022
Date of Issue	July 2022			
Review Date	July 2023			
This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.				

NHS Nottingham and Nottinghamshire ICB's policies can be made available, on request, in a range of languages and formats from our Engagement and Communication Team. If you wish to request this, please contact us via nnicb-nn.comms@nhs.net.

Contents

1.   Introduction

1.1   This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2.   Policies provide guidance, accountability and clarity on how an organisation operates. They are also a vital element of the organisation's corporate assurance function, as adherence and application of policies supports a robust risk management framework. From a risk management perspective, corporate policies support an organisation's second line of defence.

1.3.   This policy sets out the processes in place for the development, approval, implementation and monitoring of corporate policies for the ICB. It ensures that a co-ordinated and consistent approach is followed within the ICB regarding corporate style and format.

1.4.   All policy documents will become part of the ICB's corporate information once formally approved in accordance with this policy.

1.5.   The ICB will comply with the legal requirements and national guidance in the development of the management of policy documentation.

2.   Purpose

2.1   The purpose of this policy is to:

- Ensure that all policy documents are systematically managed and controlled across the ICB from the moment of creation until their ultimate disposal.

- Explain the process for the development, approval, implementation, and maintenance of policy documents within the ICB.

- Ensure that all policy documents in use by the ICB, including external policy documents, are centrally registered and monitored as part of the ICB's overarching policy work programme.

- Ensure that all policy documents are routinely reviewed in an appropriate timeframe, updated immediately when a change in legislation occurs and are accessible and understood by all members of staff.

3. Scope

3.1   This policy applies to all employees and appointees of the ICB and others working within the organisation in a temporary capacity. These are collectively referred to as 'individuals' hereafter.

3.2   Policies have a clear target audience and will be developed in conjunction with the relevant stakeholders, including patient groups and third-party organisations if appropriate.

3.3   For joint policies with health and social care partners, which require a collaborative working approach, please contact the Corporate Assurance Team for guidance – notts.corporateassurance@nhs.net

3.4   Partner approval will be required for all policies created collaboratively across health and social care where a joint working approach is adopted.

4.   Definitions

Term	Definition
Policy	A policy is a national or corporate document that directs the organisation's practice in fulfilling its statutory and organisational responsibilities.
	It is a statement of the standards, intentions and expectations of how a practice or course of action will be implemented.
	A policy is considered binding on all employees and a breach of policy may have contractual consequences for the employee.
Procedure (Standing Operating Procedures)	A procedure outlines an expected way of doing something (method of conducting business) which is operational in focus and mandatory for staff to follow. A policy is often supported by a procedure.
	Procedures may vary in length but must be operational in focus and aimed at those staff responsible for implementing it (e.g. internal standing operating procedures).
	Procedures will not be approved or monitored as part of this policy but should be developed, implemented and monitored in accordance with the principles in this policy. For example, ensuring appropriate version control, access and storage.
Policy Framework/ Work Programme	A policy framework is a document that supports the management and maintenance of all organisational strategies and policies.

5.   Roles and Responsibilities

Roles	Responsibilities
Integrated Care Board	The Integrated Care Board is responsible for the approval of all ICB policy documents but may delegate authority of the approval of specific documents to its' committees.
Executive Management Team (and Senior Leadership Team)	Individually and collectively, members of the Executive Management Team are responsible for ensuring that the organisation is complying with statutory requirements and for identifying any requirement for policy documents relevant to their respective areas of responsibility. The Executive Management Team is also responsible for ensuring that resources are in place to achieve the implementation of agreed policies. **Draft policy documents are to be reviewed and endorsed by the responsible Associate Director (the policy sponsor) before commencing to the approval stage.**
Chief Executive	Overall accountability for ensuring that there are systems and processes in place to effectively manage procedural documents is the responsibility of the Chief Executive. The Chief Executive also leads the development, approval and implementation of risk and corporate procedural documents. The Chief Executive leads the development, approval and implementation of risk and corporate procedural documents, however, may delegate this to members of the Executive Team as appropriate (i.e. Director of Nursing, Medical Director, Director of Finance and Director of Integration).
All committees and sub-committees	Committees of the ICB Board are responsible for the approval of policy documents within the remit of their Terms of Reference, as delegated by the ICB Board.
Audit and Risk Committee	The Audit and Risk Committee is responsible for monitoring progress against the ICB's overarching policy work programme.
Associate Director of Governance	The Associate Director of Governance is responsible for the overall policy work programme and for: • Maintaining a central record of all policy documents

Roles	Responsibilities
(supported by the Corporate Assurance Team)	in development and in existence. • Ensuring that current policy documents are accessible to staff and that their existence is highlighted to staff through in-house communication procedures. • Quality assuring final policy documents (before issue) to ensure they are compliant with the requirements of this policy. • Ensuring that any training requirements necessitated by policy documents are incorporated into the organisation's statutory and mandatory training arrangements.
Document Author(s) and Responsible Person	The Document Author (this could be a group or single person) is responsible for drafting policy documents as detailed within this policy. The Document Author is also responsible for the ongoing review of the document and for making any necessary amendments. Any change in legislation will require an immediate update of the policy document, even if this is before the agreed review date. The Responsible Person is the Senior Manager who is corporately responsible for the document and should, therefore, be satisfied that this policy has been followed during the development phase and be fully aware of the document's contents. The Document Author is responsible for completing an Equality Impact Assessment (EIA) when drafting, and subsequently reviewing, the policy document.
Line Managers	All line managers are responsible for ensuring that staff have access to and are made aware of policy documents that apply to them (at induction and as part of their ongoing role requirements). Line managers are responsible for ensuring compliance with policy documents, including the undertaking of any training (e.g. mandatory and statutory training) required to enable policy requirements to be adhered to.
Individuals	All individuals are responsible for reading and complying with policy documents and for ensuring they have undertaken any training necessary to enable them to

Roles	Responsibilities
	comply with requirements.
	Individuals are also responsible for ensuring they are using the correct version of any policy document (by accessing this from the shared document management system and not printing or saving copies to local drives).
Staff Engagement Group	The Staff Engagement Group can act in an advisory capacity during the development of policy documents, with a particular focus on whether the policy documents will be comprehensible to the organisation's workforce.
	The level of input required by the Staff Engagement Group will be dependent on the nature of the policy document (e.g. more consultation may be required for workforce related polices).

6. Development, Approval and Review Process

Development of Policy Documents

6.1 The requirement for policy documents is identified taking into account statutory and national requirements, quality standards, organisational needs and best practice recommendations. The intent to develop a policy document should be raised with the Corporate Assurance Team to minimise any risks of duplication (via email notts.corporateassurance@nhs.net).

6.2 Policy documents can be developed by a team or an individual as long as the processes described in this policy are followed.

6.3 All policy documents will be:

- Fully justified as to their existence. It is not always necessary to develop new policy documents when it may be possible to update a current document to reflect any new requirements.

- When necessary, developed with the involvement of key stakeholders and with adequate and appropriate consultation. The organisation's solicitors should be consulted where appropriate.

- Developed in line with current best practice and national guidance.

- Kept as brief as possible and clearly written, using unambiguous terms and language.

- Consistent with and cross referenced to other policy documents where applicable.

- Considered in line with current organisational statutory and mandatory training requirements. Any additional requirements for training should be discussed with the Corporate Assurance Team to ensure that these are implemented, if necessary (via email notts.corporateassurance@nhs.net).

6.4   All policy documents will be written in accordance with the ICB's corporate style and include:

- A standard front cover.

- A document control page.

- An introduction.

- Header and footer.

- Main and sub-headings.

- Page numbering.

- References to any associated corporate documents or external documents.

- References to any applicable legislation.

The corporate policy document template is shown at **Appendix B**.

Equality Impact Assessments (EIAs)

6.5   The ICB's policy documents should reflect the organisation's commitment to embed equality and diversity considerations into everything that we do for our diverse population and our staff. They should also demonstrate how the ICB has given due regard to relevant requirements of the Equality Act 2010.

6.6   Equality Impact Assessments (EIAs) provide a structured means to examine the effects (or impact) of a proposed or existing policy on protected characteristic and inclusion health groups. The EIA template (see Section 12) is designed to help the document author to consider and assess the impact of each policy document. Further information can be found at http://www.acas.org.uk/media/pdf/s/n/Acas_managers_guide_to_equality_assessments.pdf

6.7   The EIA should be reviewed as part of the policy document review process. EIAs should also be reviewed in light of any necessary changes to policies, where this might be performed sooner than the required review date. For more information, please contact the ICB's Head of Equality, Diversity and Inclusion.

Approval Process

6.8   All ICB policy documents requiring approval (and external policy documents requiring adoption) will follow the process as described in the diagram as shown in **Appendix A**.

6.9   The ICB has approved delegation of 'families' of policies to the following Committees (as described in the below table). The Document Author should consult with the Corporate Assurance Team to agree the relevant committees to approve or adopt the document (via email notts.corporateassurance@nhs.net).

6.10   Partner approval will be required for all policies created collaboratively across health and social care where a joint working approach is adopted.

Policies	Approved by
Commissioning Policies	Integrated Care Board (Following review and endorsement by the Strategic Planning and Integration Committee)
Standards of Business Conduct Policies	Integrated Care Board
Risk Management Policy	Integrated Care Board
Equality, Diversity and Inclusion Policies	Integrated Care Board (Following review and endorsement by the Quality and People Committee)
Human Resources Policies	Remuneration Committee
Safeguarding Policies	Quality and People Committee
Nursing and Quality Policies	Quality and People Committee
Data Quality Policy	Finance and Performance Committee
Information Governance Policies	Audit and Risk Committee (With the exception of the Information Governance Management Framework, which will be approved by the ICB)

Policies	Approved by
Fraud, Bribery and Corruption Policy	Audit and Risk Committee
Health and Safety Policies	Audit and Risk Committee (Following review and endorsement by the Health and Safety Steering Group)

6.11 **All of the development stages of the policy document should be complete before the document is presented for approval. There should be no requirement for any major changes when final committee approval is sought.** Any requirement for amendments, as suggested at the approval stage, should be made before the policy document is issued.

6.12 The approval of policy documents will be clearly stated within the minutes of the meeting.

6.13 No policy document will become a valid corporate document or should be in use by the ICB until the document has been formally approved.

6.14 Where the ICB needs to implement a policy that has been developed and approved by an external body (e.g. certain information governance policies that have been created by Nottinghamshire Health Informatics Service), these will still require adopting internally by the appropriate committee and maintaining in accordance with this policy.

Review and Amendments Process (including Policy Extensions)

6.15 The standard timeframe for re-approval of policy documents is every three years. Approving committees can specify a shorter timeframe for the review and re-approval process if it is felt necessary. Likewise, authors can request a shorter timeframe, if considered necessary.

6.16 Any new legislation/national guidance or change to operational procedures that may warrant significant changes to the policy document should also initiate an earlier re-approval date.

6.17 Minor amendments made during the policy document lifecycle do not require re-approval but these should be clearly stated within the control record and highlighted to staff, if necessary.

6.18 No policy document will lapse until the revised policy has been approved (even if the review date has expired), however, it must be apparent that the policy has been regularly reviewed by the responsible person to ensure it is still fit for purpose.

6.19 Policies requiring extensions to existing review dates will be presented to the relevant authorising committee for approval of the extension with a rationale as to why the extension is required. This will be documented on the ICB's Policy Management Framework.

Version Control

6.20 All policy documents must clearly state that they are draft until formally approved by the appropriate committee. The version number of policy documents should be shown in the control record as follows:

Version Number	Policy 'Status'
0.	This shows that the policy is still in development and is yet to be formally approved (e.g. draft).
0.1	This reflects that amendments have been made to the draft during the consultation and development period. Any further amendments made during this process should be shown in the version number (e.g. 0.2, 0.3).
1.0	The policy document has been formally approved (e.g. final version).
1.1	Minor amendments have been made to the final version but there is no requirement for formal re-approval. The actual amendments should be documented in the amendments section of the control record. Any further minor amendments made should also result in a change of version number (e.g. 1.2, 1.3).
2.0	This shows that the policy document has been formally re-approved in accordance with its timescale or in light of any major changes. Any further re-approvals will result in a change of version number (e.g. 2.0, 3.0).

Policy Storage and Dissemination

6.22 Once approved by the appropriate committee, the final version of the policy must be sent to the Corporate Assurance Team (via email notts.corporateassurance@nhs.net) for a formal reference to be assigned and to be converted to a portable data file (PDF). The Corporate Assurance Team

co-ordinates the communication and dissemination of all corporate policy documents. This copy will be the only true copy and will be held centrally by the Corporate Assurance Team.

6.23   All new (or updated) policy documents will be published using routine staff communication methods and be accessible to all staff via the ICB's website.

6.24   All policy documents will be available to the public (under the Freedom of Information Act) via the ICB's Publication Scheme.

Retention, Disposal and Archiving of Policies

6.25   The disposal of withdrawn or archived policy documents is the responsibility of the Corporate Assurance Team on the instruction of the Document Author or Responsible Person.

6.26   At least one copy of the previous electronic document will be kept for reference (archived) and any paper copies of the document should be destroyed. Archived documents will be made available on request to the Corporate Assurance Team (via email notts.corporateassurance@nhs.net).

6.27   The ICB has adopted the timescales set out within the NHS Records Management Code of Practice for document retention and disposal. Specific information can be found in the ICB's Records Management Policy.

7.   Equality and Diversity Statement

7.1   NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.

7.2   The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

7.3   We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

7.4   As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

7.5   To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed and is included within this policy.

8.   Communication, Monitoring and Review

8.1   The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.

8.2   The Audit and Risk Committee will review the effectiveness and implementation of this policy on a biannual basis through the review of the policy work programme.

8.3   This policy will be reviewed by the Audit and Risk Committee every three years or in light of any legislative changes.

8.4   Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the ICB's Corporate Assurance Team (via email notts.corporateassurance@nhs.net).

9.   Staff Training

9.1.   The Corporate Assurance Team will proactively raise awareness of the policy across the ICB and provide ongoing support to committees and individuals to enable them to discharge their responsibilities. Members of the Corporate Assurance Team can be contacted for formal training at team meetings (or other forums) by email notts.corporateassurance@nhs.net.

9.2.   Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the ICB's Corporate Assurance Team (email: notts.corporateassurance@nhs.net).

10.   Interaction with other Policies

10.1   This policy should be read in conjunction the following ICB policies:

- Records Management Policy; and

- Freedom of Information (FOI) and Environmental Information Regulations (EIR) Policy.

11. References

11.1   The records management elements (version control, access and retention and disposal) of this policy has been developed using the following guidance:

- National Archives, [Managing digital records without an electronic record management system](#), 2012.

- NHS Digital: [Records Management Code of Practice for Health and Social Care 2021](#)

12. Equality Impact Assessment

Date of assessment:	June 2020			
Policy Title:	Policy for the Development and Management of Policy Documents (Policy on Policies)			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[1]	No	N/A	N/A	N/A
Disability[2]	No	N/A	N/A	N/A
Gender identity (trans, non-binary)[3]	No	N/A	N/A	N/A
Marriage or civil partnership status[4]	No	N/A	N/A	N/A
Pregnancy or maternity[5]	No	N/A	N/A	N/A
Race[6]	No	N/A	N/A	N/A

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[1] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[2] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[3] The process of transitioning from one gender to another.

[4] Marriage is a union between a man and a woman or between a same-sex couple.
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

[5] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[6] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	June 2020			
Policy Title:	Policy for the Development and Management of Policy Documents (Policy on Policies)			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Religion or belief[7]	No	N/A	N/A	N/A
(Gender)[8]	No	N/A	N/A	N/A
Sexual orientation[9]	No	N/A	N/A	N/A
Carers[10]	No	N/A	N/A	N/A

[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[8] A man or a woman.

[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[10] Individuals within the ICB which may have carer responsibilities.

Appendix A:
Development and approval process for policy documents

New policy document is required OR
Policy document requires re-approval (see Section 6.1)

↓

New policy document drafted (in line with Section 6) OR
Current policy document reviewed by document author
(to ensure it is in line with Section 6)

↓

Draft policy document submitted to appropriate
Committee for approval (see Section 6.8).

Ratification of policies outside of meeting timeframes to
be undertaken in line with respective Committee Terms
of Reference (exception circumstances only)

↓

Approved policy document (final version) submitted to
Corporate Assurance Team for referencing and
dissemination and inclusion on ICB's policy work
programme.

↓

Policy communicated to staff through the staff
newsletter.

↓

Policy published on the Intranet and Website.

For new policy documents, the
document author uses the guidance
template (**Appendix B**)

↓

Consultation undertaken as necessary
(e.g. Staff Engagement Group)

↓

Equality Impact Assessment (see
Sections 6.5 and 12)

↓

Any training requirements for staff
incorporated in to the mandatory
training requirements

Appendix B: Template policy document

Policy Title

Dates

CONTROL RECORD			
Reference Number To be issued by the Corporate Assurance Team	**Version** Version of document (see section 6.18)	**Status** Draft or final (when approved)	**Author** Document Author
			Sponsor Document Sponsor
			Team Document Department
Title	Full title of document		
Amendments	Clearly state any amendments that have been made to the previous approved document		
Purpose	Clearly explain the requirement for and purpose of the document		
Superseded Documents	List all related documents		
Audience	State who the document is aimed at, i.e. all staff within the NHS Nottingham and Nottinghamshire Integrated Care Board		
Consulted with	Describe any other parties involved in the consultation process		
Equality Impact Assessment	Date last completed and the outcome		
Approving Body	The delegated authority who approved the document	**Date approved**	Date of approval (meeting where approval occurred)
Date of Issue	Date the document is effective from		
Review Date	Review date		
This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.			

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Contents *These can be flexible but should be similar in theme as possible*

Document Layout

- Main headings should be **Bold** and in Arial 14

- Sub headings should be in bold and in the same font as the main text (Arial 12)

- The main text should be in Arial 12 font, with text aligned to the left margin and lines should be spaced at 1.15 cm.

- All paragraphs should be numbered starting with the main header number (i.e. 1.1, 1.2 etc.) and lists etc. should be bullet pointed

- Spacing should be at 0pt before and 6pt after

1. Introduction

1.1. This section highlights the rationale, standards, legislation etc. and explains why the policy document has been developed.

2. Purpose

2.1. This section explains the purpose and objectives of the policy document.

3. Scope

3.1. Provide a clear statement of who the policy document is aimed at, for example:

- All employees

4. Definitions

4.1. Provide all clear definition of terms used in policy. If table is to be used, use the below format:

Term	Definition
XXX	XXX
XXX	XXX

5. Roles and Responsibilities

5.1. This section should state the key responsibilities for specific roles and staff groups in relation to delivering the documents objectives. If table is to be used, use the below format:

Role	Responsibilities
XXX	XXX
XXX	XXX

6. Body of Policy

6.1. This section should include how the policy will be achieved.

7. Communication, Monitoring and Review

7.1. This section should highlight when and how the policy document will be highlighted to staff. For example, if it is a key policy, Managers may be required to show staff during their induction period. It should also state where the policy document is stored.

7.2. This section should highlight the monitoring process, how this will be achieved and by whom (name of committee). Measurable standards should be set for monitoring compliance and effectiveness.

7.3. The following sentence should be included:

Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the "*Document owner*"

8. Staff Training

8.1. Any training staff that will be needed in order to fulfil the policy objectives should be described here and incorporated to the organisations mandatory and statutory training requirements if necessary.

9. Equality and Diversity Statement

[This is the organisation's agreed statement and the following paragraphs should be inserted into all policies and frameworks].

9.1. NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.

9.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

9.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

9.4.   As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

9.5.   To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

10.   Interaction with other Policies

10.1.   This section should outline which other documents the policy document should be read in conjunction with (if applicable). This could be other local policy documents or regional/ national documents.

11.   References

11.1.   An appropriate literature review should have been undertaken in the development of the document and references should be stated.

Appendix A: Equality Impact Assessment for this Policy

Date of assessment:				
Policy Title:				
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[11]				
Disability[12]				
Gender identity (trans, non-binary)[13]				
Marriage or civil partnership status[14]				
Pregnancy or maternity[15]				

[11] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[12] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[13] The process of transitioning from one gender to another.

[14] Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

[15] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Date of assessment:				
Policy Title:				
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Race[16]				
Religion or belief[17]				
Gender[18]				
Sexual orientation[19]				
Carers[20]				

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[16] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

[17] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[18] A man or a woman.

[19] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[20] Individuals within the ICB which may have carer responsibilities.