**TITLE/ NAME OF DOCUMENT**

*(Title should specify ‘policy’ at the end)*

|  |  |
| --- | --- |
| **DOCUMENT TYPE** | |
| **Reference** | *Enter an existing or new reference number.* | | | | |
| **Approving Body** | *Enter the local expert committee, group or sub-committee of the Board that approved this document* | | | | |
| **Date Approved** | *Enter the date that the local expert committee, group or sub-committee of the Board that approved this document* | | | | |
| **For publication to external SFH website** | **Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:** | | | | |
| **YES** | **NO** | | | **N/A** |
|  |  | | |  |
| **Issue Date** | *Enter the date the document is effective from* | | | | |
| **Version** | *Enter new version number* | | | | |
| **Summary of Changes from Previous Version** | *Summarise changes if you are updating a current document. Not applicable to new documents* | | | | |
| **Supersedes** | *Enter previous version number* | | | | |
| **Document Category** | *This should be one of the following:-*   * *Business Continuity* * *Estates & Facilities* * *Finance* * *Governance* * *Health & Safety* * *Human Resources* * *Information Governance* * *Clinical* | | | | |
| **Consultation Undertaken** | *Name all relevant organisations or groups etc. that were consulted during the compilation of the document* | | | | |
| **Date of Completion of Equality Impact Assessment** | *Enter date assessment was undertaken.* | | | | |
| **Date of Environmental Impact Assessment (if applicable)** | *Enter date assessment was undertaken.* | | | | |
| **Legal and/or Accreditation Implications** | *List all legal / accreditation implications* | | | | |
| **Target Audience** | *Specify who the document will apply to* | | | | |
| **Review Date** | *Enter the next review date for this document (Maximum 3 years)* | | | | |
| **Sponsor (Position)** | *Enter position, not name* | | | | |
| **Author (Position & Name)** | *Enter position, not name* | | | | |
| **Lead Division/ Directorate** | *Enter lead division/ directorate eg Surgery or Corporate* | | | | |
| **Lead Specialty/ Service/ Department** | *Enter lead specialty/ service/ department e.g. General Surgery or Human Resources* | | | | |
| **Position of Person able to provide Further Guidance/Information** | *Enter position of person that can provide further information relating to this document* | | | | |
| **Associated Documents/ Information** | | | **Date Associated Documents/ Information was reviewed** | | |
| *If you have associated documents (families of documents for a particular subject matter), it is necessary that they are reviewed in accordance with the review /amendment of this document. Please list them here or write ‘Not Applicable’.*        ***If changes have been made to any of the above documents, please state here and present the amended supporting documents.*** | | | *Enter the date each document was reviewed here* | | |
| Template control | | | June 2020 | | |

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**1.0 INTRODUCTION**

Describe here what the aim of the document is.

**2.0 POLICY STATEMENT**

Detail the objective of the document

**3.0 DEFINITIONS/ ABBREVIATIONS**

Define the definitions used throughout the document and list any abbreviations used

**4.0 ROLES AND RESPONSIBILITIES**

Describe the roles and responsibilities of those involved with the development and implementation of the document

1. **APPROVAL**

Provide details of how and where the document has been approved

**6.0 DOCUMENT REQUIREMENTS**

Write your policy, here.

**7.0 MONITORING COMPLIANCE AND EFFECTIVENESS**

| **Minimum**  **Requirement**  **to be Monitored**  **(WHAT – element of compliance or effectiveness within the document will be monitored)** | **Responsible**  **Individual**  **(WHO – is going to monitor this element)** | **Process**  **for Monitoring**  **e.g. Audit**  **(HOW – will this element be monitored (method used))** | **Frequency**  **of**  **Monitoring**  **(WHEN – will this element be monitored (frequency/ how often))** | **Responsible**  **Individual or**  **Committee/**  **Group for Review of**  **Results**  **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| Add more lines as applicable |  |  |  |  |

**8.0 TRAINING AND IMPLEMENTATION**

Enter here how you will extend the training and implementation of this document.

**9.0 IMPACT ASSESSMENTS**

Delete/ amend as applicable:

* This document has been subject to an Equality Impact Assessment, see completed form at Appendix XX
* This document is not subject to an Environmental Impact Assessment
* This document has been subject to an Environmental Impact Assessment, see completed form at Appendix XX

**10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS**

**Evidence Base:**

* List all relevant legislation/ national guidance here

**Related SFHFT Documents:**

* List all related SFHFT documents here

**11.0 KEYWORDS**

words ***not*** in the published title but thought useful when using the intranet search engine to help find the document

**12.0 APPENDICES**

* List all appendices here or refer to list in contents table

**APPENDIX XX (number as appropriate) - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

PLEASE COMPLETE ALL SECTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of service/policy/procedure being reviewed:** | | | |
| **New or existing service/policy/procedure:** | | | |
| **Date of Assessment:** | | | |
| **For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)** | | | |
| **Protected Characteristic** | **a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups’ experience? For example, are there any known health inequality or access issues to consider?** | **b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?** | **c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality** |
| **The area of policy or its implementation being assessed:** | | | |
| **Race and Ethnicity** |  |  |  |
| **Gender** |  |  |  |
| **Age** |  |  |  |
| **Religion** |  |  |  |
| **Disability** |  |  |  |
| **Sexuality** |  |  |  |
| **Pregnancy and Maternity** |  |  |  |
| **Gender Reassignment** |  |  |  |
| **Marriage and Civil Partnership** |  |  |  |
| **Socio-Economic Factors**  **(i.e. living in a poorer neighbourhood / social deprivation)** |  |  |  |
| **What consultation with protected characteristic groups including patient groups have you carried out?** | | | |
| **What data or information did you use in support of this EqIA?** | | | |
| **As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?** | | | |
| **Level of impact**  From the information provided above and following EQIA guidance document [Guidance on how to complete an EIA](http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=49233) ([click here](http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=51199)), please indicate the perceived level of impact:  High Level of Impact/Medium Level of Impact/Low Level of Impact *(Delete as appropriate)*  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting. | | | |
| **Name of Responsible Person undertaking this assessment:** | | | |
| **Signature:** | | | |
| **Date:** | | | |

**APPENDIX XX (number as appropriate) – ENVIRONMENTAL IMPACT ASSESSMENT**

Use this appendix if it is applicable by completing all rows of the last two columns or delete

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of impact** | **Environmental Risk/Impacts to consider** | **Yes/No** | **Action Taken**  **(where necessary)** |
| **Waste and materials** | * Is the policy encouraging using more materials/supplies? * Is the policy likely to increase the waste produced? * Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? |  |  |
| **Soil/Land** | * Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) * Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) |  |  |
| **Water** | * Is the policy likely to result in an increase of water usage? (estimate quantities) * Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) * Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) |  |  |
| **Air** | * Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) * Does the policy fail to include a procedure to mitigate the effects? * Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? |  |  |
| **Energy** | * Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) |  |  |
| **Nuisances** | * Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? |  |  |