



Policy:

HR O34 - Zero Tolerance of Harassment (Third Party)

Executive Director Lead	Executive Director of People
Policy Owner	Equality & Inclusion Engagement Lead
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Document Type	Policy
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Date of Approval By PGG	TBC
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Ratified By	PEOPLE COMMITTEE
Date of Issue	TBC
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Summary of policy

The purpose of this policy is to set out the SHSC's position in relation to harassment (not covered by the SHSC's Unacceptable Behaviour Policy) i.e. where a service user, carer or member of the public harasses another service user, member of staff, volunteer, contractor or visitor.

The changes made to this version of the policy are summarised on page 3 (amendment log).

Target audience	Staff, people undertaking roles in the organisation that are not employees and people who have an interest in working for SHSC.
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Keywords	Zero, tolerance, harassment, third party, hate
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Storage & Version Control

This is Version 5.0 – an Equality Impact Assessment Form has been added to the Policy. This is Version 5 and is stored and available through the SHSC Intranet/Internet. This version supersedes the previous Version 3 September 2019.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log (Example)

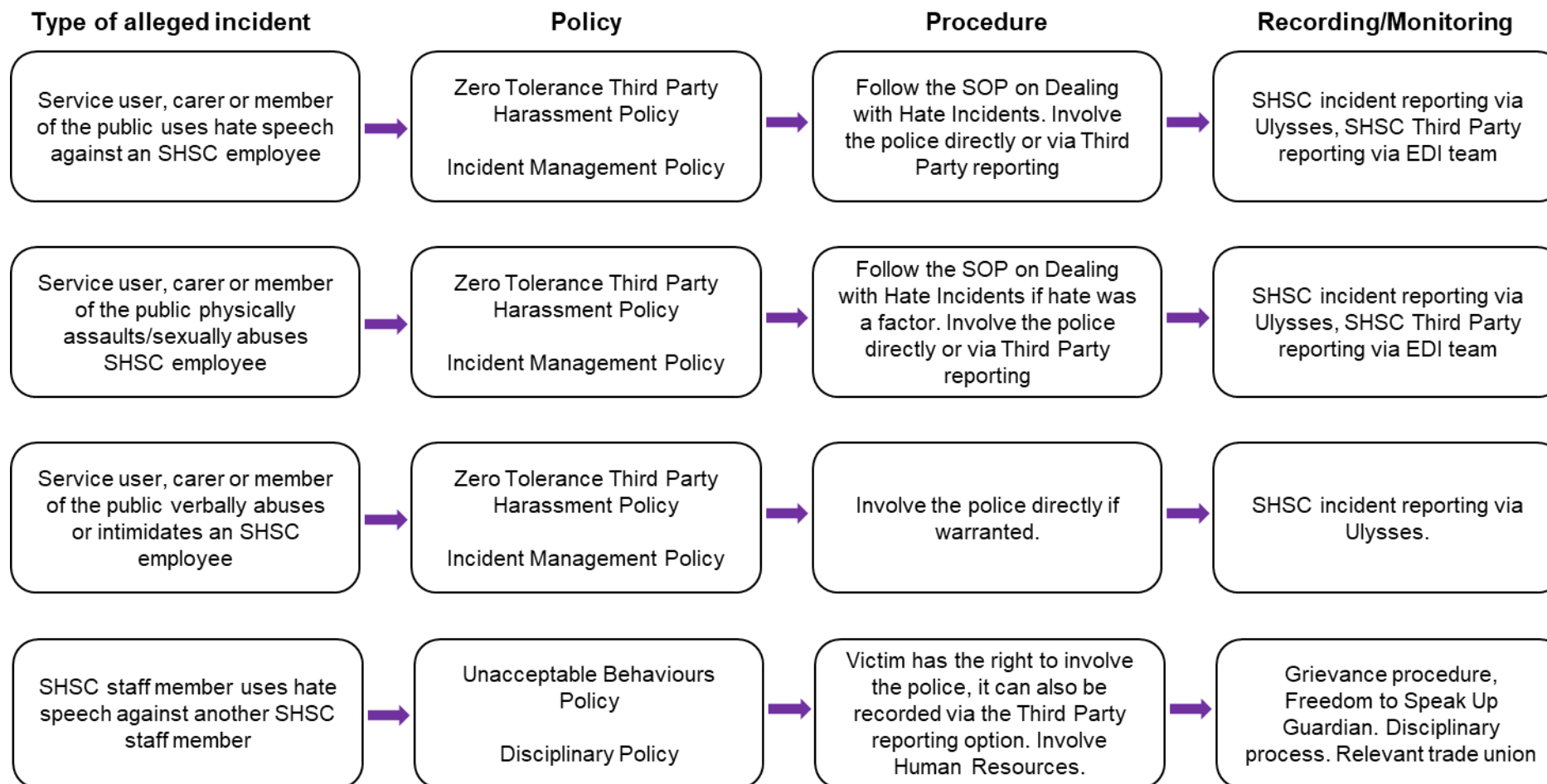
Version No.	Type of Change	Date	Description of change(s)
1	New policy	Nov 2005	-
2	Approval and issue	Sept 2015	-
3	Policy updated and title reviewed again	Sept 2016	Updated to include: <ul style="list-style-type: none"> - Link to and information on hate crime / hate incident reporting. - Clearly define which policy to use in different situations. - Updated the SHSC Policy statement - updated to take account of new Safeguard incident reporting available for race related incidents. - Revised title to better reflect the purpose of the policy.
4	Review / Consultation / Approval / Ratification / Issue	April to July 2019	Full review completed as per the HR Policy Governance schedule. -Updated the numbering in some sections as it was out. <ul style="list-style-type: none"> -Taken out abbreviation of Multidisciplinary team. -At section 6.3.2 - slight change to wording -At section 7.6.1 - amended because the specific Race Equality Cultural Capability training (RECC) is no longer provided. -Implementation section updated. - Changes to Appendix B on hate incident reporting – added reference to development of protocol to support this, following feedback from the Joint Policy Group (Staff Side consultation) on 4th July 2019. -HR colleagues and relevant influential managers reviewed April – June 2019.
4.1	Equality Impact Assessment Form Added	Dec 2020	An EIA Form added to the Policy after An EIA Audit was carried out by Policy Governance which highlighted that this Policy should have an EIA Form as an Appendices.
5	Review / approval / issue	Sep 2023	Full review completed as per schedule. <ul style="list-style-type: none"> - Replaced the word 'organisation' with 'SHSC - Added references to the new SOP on Hate Incidents - Reworded info on 'hate crimes' to say crime/incident as we

			<p>don't determine this</p> <ul style="list-style-type: none">- New Flowchart which reflects current practice.- New section on service users requesting specific attributes for staff that treat them- Added a section to reflect SHSC being a signatory to the Sexual Safety in Healthcare – Organisational Charter
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Flowchart



1. Introduction

How to establish which Harassment policy applies

This policy applies where staff or service users experience harassment or alleged harassment from a third party i.e. a person that is not a member of staff. Harassment of staff by staff is covered by the our Unacceptable Behaviours Policy.

The Flow chart on page 4 provides an easy reference to ensure that the correct policy is applied. This table also references the reporting and recording systems that apply.

Sheffield Health and Social Care NHS Foundation SHSC (SHSC) believe that:

- Service Users have a right to expect to receive care and treatment in a way that feels safe and dignified without experiencing abuse due to, Race, Disability, Sex, Gender Reassignment, Sexual Orientation, Age or their Religion or Belief.
- That SHSC staff and volunteers have the right to go about their duties without experiencing similar abuse, and
- Anyone visiting or providing services on SHSC premises has a right to feel safe and respected and equally not experience abuse.
- Hate incidents and hate crimes will not be tolerated anywhere in SHSC, victims must be supported and action taken to challenge the perpetrator/s

The Equality Act 2010 protects staff, as employees, from harassment and service users when service users are receiving a service. This means that harassment from employers or harassment of service users by service providers is unlawful; but there is no specific part of the Act that is in force that directly relates to harassment of staff or service users by service users or members of the public. Staff, carers and people that use our services have the right to be protected from hate-related abuse and it is the responsibility of our organisation to have in place policies and procedures which ensure that this takes place and recognise that this is part achieving our organisation values.

2 Scope

2.1. This policy relates to Harassment as defined in the Equality Act 2010.

2.2. The policy takes account of the relevance of Hate Crime and Hate Incidents that may be experienced by our staff, carers and people that use our services.

2.3. This policy is relevant to all areas of SHSC

2.4. This policy does not cover instances of aggression or violence, in this case the following policy should be used: Aggression and Violence: Respectful Response and Reduction Policy.

3 Purpose

3.1. The purpose of this policy is to set out the SHSCs position in relation to harassment or abuse experienced by staff not covered by the SHSC workforce Unacceptable Behaviours Policy i.e. where a service user, carer or member of the public harasses another service user, member of staff, volunteer, contractor or visitor.

3.2. The policy aims to clarify which SHSC policy or procedures are the most appropriate in different circumstances.

3.3. The policy sets out the action that the SHSC will take aimed at reducing instances of harassment and abuse.

4 Definitions

4.1. Harassment

The Equality Act 2010 says that:

- A person harasses another person if they engage in unwanted conduct related to a protected characteristic, and that has the purpose or effect of violating that person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.
- A person also harasses another person if they engage in unwanted conduct of a sexual nature, and the conduct has the purpose or effect of violating that person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.
- This is also the case for unwanted conduct of a sexual nature related to a gender reassignment or sex.

4.2. Hate Crime and Hate Incidents

4.2.1. *Hate Crimes* and *Hate Incidents* are taken to mean any incident or crime where the perpetrators hostility or prejudice against an identifiable group of people is a factor in determining who is victimised.

4.2.2. Hate Incidents are incidents that do not necessarily constitute a criminal offence, but cause alarm, distress or harassment where it appears that the victim has been targeted because of their Disability, Sex, the fact they are considering undergoing or have undergone Gender Reassignment, a person's Sexual Orientation, Age, Religion or Belief or the perception by the perpetrator of these differences.

4.2.3. Hate Crimes and Hate incidents can include verbal abuse, threatening behaviour, offensive graffiti, harassment, malicious communications, damage to property and violence.

4.3. Abuse

For the purposes of this policy, where abuse is referred to, this relates to any unacceptable behaviour that is abusive towards staff (including people in our organisation that are not directly employed) and volunteers, that is associated with the person/s protected characteristics.

5 Detail of the policy

The broad overview of this policy is as described in the introduction.

6 Duties

6.1. Service Directors / Senior Managers and Heads of Services

6.1.1. To fully and actively support Teams in their efforts to address incidents of harassment and abuse, as indicated within this Policy and supporting Procedures

6.1.2. To ensure that incident reporting procedures are followed in support of ongoing notification of incidents and monitoring.

6.1.3. Ensure that arrangements operate within Directorates / Services to support the implementation of this Policy.

6.1.4. To ensure that appropriate reports are available periodically to assist with ongoing review, which identify potential trends and/ or changes in incidents.

- 6.1.5. To ensure that appropriate arrangements operate within the SHSC for reducing incidents of harassment towards staff, service users, contractors or visitor.
- 6.1.6. To ensure that appropriate arrangements operate within the SHSC to review the effectiveness of the SHSCs overall performance, and that of its Services.
- 6.1.7. To ensure appropriate response and support mechanisms are in place and available following incidents of harassment or abuse towards service users and staff.
- 6.1.8. To ensure that appropriate resources are in place to support training and development needs.
- 6.1.9. Ensure arrangements are in place to seek staff views and experiences of incidents of harassment and the effectiveness of SHSC responses.
- 6.1.10. Ensure that processes are in place to collect and review data on incidents of harassment towards staff.
- 6.1.11. To ensure appropriate provision is made to meet the training needs identified through this policy in respect of cultural awareness and managing and responding to incidents.
- 6.1.12. Ensure arrangements are made, periodically, to review the implementation of this Policy, with regards to the experiences of Service Users.
- 6.1.13. Ensure arrangements are in place for Teams and/ or Clinicians to access legal advice in relation to individual circumstances.

6.2. Team Leaders, Ward Managers, Senior Clinicians

- 6.2.1. To ensure that all staff in their respective service areas are aware of the requirements of this Policy.
- 6.2.2. To ensure that the service requirements, in respect to responding to incidents are followed and adhered to in practice, in particular;
 - That incidents are challenged effectively
 - That support to Individuals who have been subject to harassment and abuse is provided
 - That reconciliation approaches are adopted as routine practice.
- 6.2.3. The multi-disciplinary team ensures that reviews of repeat incidents are arranged, with active consideration of all options to prevent and manage repeat incidents, as supported by the relevant procedure.
- 6.2.4. To ensure that actions as outlined, requiring their individual involvement, are followed.

6.2.5. To ensure that incident reporting is consistently implemented to support on going monitoring and review.

6.3. Members of Staff

6.3.1. To be aware of and follow procedures designed to respond to and manage incidents of harassment and abuse related to Race, Disability, Gender, Sexual Orientation, Age, Religion or Belief, in the same manner they would all other incidents affecting Clients or Colleagues.

6.3.2. To undergo training that has been identified as necessary, in support of raising awareness and insight about the forms of racial harassment and its impact upon individuals.

6.3.3. To report incidents to their line manager or appropriate member of staff immediately and ensure that incident reporting procedures are followed.

7 Procedure

7.1. SHSC Policy Statement

7.1.1. Instances of harassment or abuse towards service users and/ or staff are unacceptable and will not be tolerated. All such incidents or potential incidents will be taken seriously by SHSC and its staff.

7.1.2. A statement regarding the SHSC policy on zero tolerance of harassment aimed at Staff, Service Users, Carers, Visitors and any other third parties on SHSC premises or whilst working in the community, will be displayed within SHSC premises and made widely available (see appendix 1)

7.1.3. The SHSC recognises that at times its statutory duty of care may impact upon its ability to successfully adhere to the principles set out in this policy.

7.1.4. The SHSC will work with other agencies to raise awareness of Hate Crime and Hate Incidents and work to ensure that staff and service users are aware of how to use reporting and support services in the city.

7.1.5. The SHSC is committed to ensuring all options have been explored and considered in ensuring that individuals who behave and act in an abusive manner are challenged with regards to their actions and behaviour. If necessary and appropriate, The SHSC will consider adjusting the way it seeks

to provide such individuals with access to its services, and consider the withdrawal of access to certain services

7.1.6. The SHSC will seek advice from the police where there are concerns that a Hate Crime may have been committed.

7.2. Statutory and Other Duties

The SHSC has legal duties to protect the health and safety of our workforce, people who use our services and members of the public.

7.3. Responding to Incidents of Harassment & Abuse

7.3.1. All incidents involving actual or potential harassment of, staff, service users, volunteers, contractors or visitors must be addressed proactively. SHSC will:

- Support individuals who have been subject to harassment and abuse
- Implement 'respect' training for all relevant staff.
- Put systems in place so that effective reviews are arranged in response to repeated incidents, with active consideration given to all options to prevent and manage repeat incidents.
- Challenge and respond to perpetrators of abuse or hate speech

7.3.2. If necessary and appropriate, when all other meaningful options to address the area of concern have failed, alternative ways of providing care may be considered if they may remove the potential for further incidents, and this may consist of the withdrawal of access to certain services.

7.3.3. Should it be the wish of an individual who has been subject to harassment to receive their care through another Team, or to temporarily work elsewhere, then consideration of such options is supported. Such options should only be considered should the individual concerned wish to consider this, and under no circumstances as an alternative to above principles being actively implemented and explored.

7.3.4. If hate speech was used or the incident was motivated by hate; the police should be notified either directly or via SHSC's Third Party Reporting tool

7.3.5. Records of incidents should be reviewed as part of local governance procedures and centrally so that the frequency of incidents can be monitored and specific action identified.

7.3.6. The SHSC Head of Equality & Inclusion and the Equality & Inclusion Engagement Lead will receive copies of incident reports and provide reports on trends.

7.4. Service User and Staff Wellbeing

7.4.1. The SHSC recognises that instances of harassment towards individuals receiving our services, and its staff can have a fundamental impact on their wellbeing.

7.4.2. All staff will be provided with details of this policy at induction and as part of relevant mandatory and other training.

7.4.3. Incident reporting systems will operate to identify incidents of harassment relevant to this policy.

7.4.4. As with SHSC staff, any service user suffering harassment/abuse/hate must be notified of their right to report it to the police if they choose to

7.5. Staff

7.5.1. When incidents are reported that involve racism, disablism, sexism, transphobia, homophobia, ageism or religion / belief occur staff should be offered appropriate support that recognises the potential impact of the incident on their health and wellbeing and the opportunity to agree any action and reiteration of the availability of support through workplace wellbeing if it is felt that this would be useful. The six Staff Network Groups in SHSC are also a useful option for staff needing support or a place to talk.

7.5.2. The incident must be reported through the SHSC Incident reporting systems.

7.5.3. When hate is involved, all SHSC staff must follow the SOP on Dealing with Hate Incidents which is available on the Jarvis page called 'Hate Incidents'

7.5.4. Where an incident involves violence or threatening behaviour, consideration should be given to seeking advice from the police as it is potential criminal behaviour

7.5.5. Ensuring incidents are effectively challenged and responded to brings the following benefits:

- Reducing the negative impact on service users and staff wellbeing of observing incidents not being addressed and managed effectively.
- Recognising the fundamental impact on an individual's feeling of worth, dignity and confidence

- Reducing the risks of individuals feeling isolated, vulnerable, anxious, fearful or disempowered about the environment they are in.
- Improving levels of SHSC and confidence
- Reducing the risk that witnessing instances being poorly managed, or not dealt with, resulting in feelings of anxiety and concern for other service users receiving care, with regards to their own safety and feelings of vulnerability.

7.6. Service Users

7.6.1. The SHSC will use training and staff development initiatives for staff at all levels to support appropriate approaches, in particular:

- The SHSC will encourage all senior staff to attend training that involves race equality and cultural capability
- Respect Training will be mandatory

7.6.2. Ensure that systems are in place for effective reviews in response to repeated incidents, with active consideration given to all options to prevent and manage repeat incidents, as supported by the relevant procedure.

7.6.3. If necessary and appropriate, when all other meaningful options to address the area of concern have failed, alternative ways of providing care may be considered if they may remove the potential for further incidents, and this may consist of the withdrawal of access to certain services.

7.6.4. Where an incident involves violence or threats or violence to the service user the safeguarding policy and procedures should be considered and consideration given to seeking advice from the police regarding possible hate crime/incident reporting.

7.6.5. Where a service user or carer is harassed in the community by the public, services must act proactively to provide support including providing advice and support on reporting of incidents as hate incidents or hate crimes. Staff should consider the SHSC's Safeguarding Policies and Procedures.

7.7. Harassment by Members of Staff

This policy does not apply to instances where a member of staff is the alleged perpetrator of harassment, in this case the following policies and procedures are available and should be referred to

- SHSC Complaints Policy and Procedures
- SHSC Disciplinary Policy and Procedures
- SHSC Unacceptable Behaviours Policy and Procedures.
- SHSC incident reporting procedures

7.8. Service user/carer requests for specific/preferred staff

There may be occasions where it is appropriate for a service user or their carer to request a staff member of a particular gender. This request needs to be clearly justified. An example of this type of request could be a preference for a preferred gender for reasons of dignity or specific cultural traditions. This type of request will be met whenever possible.

Other similar requests, for example being asked to be treated by someone who is white, that don't have an objective rationale, will not be supported under any circumstances and will be considered as discriminatory. All staff should be aware of this when considering requests from service users or their carers. Staff should, if safe to do so speak with the service user/carers about why this request is unacceptable. This type of discrimination can be incredibly distressing for staff victims, all staff have a responsibility to challenge discrimination where they see it. Staff victims require support from their colleagues, this must include follow-up support after the initial incident.

There may be situations where a service user or carer/s are known to be a higher risk towards people with a certain protected characteristic. In this situation, the service must speak with the affected staff about the option of sending a different staff member due to safety concerns. The affected staff must be given the option to still proceed with the visit/appointment if it is an acceptable risk to the service. Persistent or repeated abuse from a service user/carer must be challenged and if needs be, the service withdrawn if this is an option.

7.9. Sexual Safety in Healthcare – NHS England Charter

NHS England have introduced the Sexual Safety in Healthcare Charter. SHSC is a signatory to this charter. This makes it clear that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Within SHSC we are committed to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. The charter calls for a number of principles and actions to be in place, which we are committed to working towards. These principles and actions include altering the training we deliver, promoting a culture of openness, timely action against alleged perpetrators, work actively to eliminate sexual harassment and abuse in the workplace and many other actions.

8 Development, Consultation and Approval

The original policy was developed and consulted on in 2005; the policy was ratified at that time. The consultation process which took place at that time involved:

Care Groups, Executive Management Team, Medical Staff Committee, Lead Nurses, Therapy Agency Joint Consultative Forum (Staff Representatives)
Care SHSC Council (SHSC Wide & Adult Mental Health) BME Working Groups (AM Health wide & Inpatient) Sheffield African Caribbean Mental Health Association Somali Mental Health Project, Kin Hon Project (Chinese Community Group) Cara (Irish Community Group), Citizens Advice Bureau (Advocacy Services)

Version 2 consultation

Did not undergo any major changes other to incorporate a wider group of beneficiaries to the policy, clarify the type of policy to be used in specific circumstances and place the policy in the new format for policies on policies. With this in mind that version did not undergone extensive consultation copies were sent to the following key people for comment in relation to specific areas:

- The original author - to comment on whether any of the updating would potentially impact on anything agreed as a part of the original policy development.
- The CEO - for comment on the revised SHSC statement to which he is a signatory.
- The chair of the transcultural inpatients group
- The HR Director - in relation to the interface between this policy and the Bullying and Harassment policy

Version 3 consultation

Was sent to the following groups for comment:

- Black and Minority Ethnic Strategy Operational Group
- Black and Minority Ethnic Staff Network Group

The draft policy considered by HR colleagues in June 2016, JCF in July 2016 and the Joint Policy Group in August 2016, before being verified by JCF on 21st September 2016

Version 4 consultation

The policy was reviewed by the Joint Policy Group on the 4th of July 2019. The group asked for clarity on the procedures that staff should follow in relation to reporting hate incidents. It was agreed that a statement would be put into Appendix B noting that a supporting protocol would be introduced. This was already noted in the implementation plan. Section 7.6.1 amended because the Race Equality Cultural Capability training (RECC) is no longer provided.

Version 5

The updates to this policy have been informed by the work of the Zero tolerance Group which is a working sub-group of the Inclusion and Equality Group. Consultation has been with all Staff Network Groups, Staff Side & Joint Policy Group and the People Directorate Governance & Audit meeting.

9 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
In order to respond appropriately, monitor and learn more about the occurrences and circumstances in which harassment and abuse occurs, it is essential that all instances are recorded using the existing Incident Reporting System.	All instances of recorded incidents will be copied to the SHSC Head of Equality, Diversity & Inclusion and the Equality & Inclusion Engagement Lead.	HR Senior Management Team	All reported racism incidents towards staff are monitored as and when they occur by the Equality & Inclusion Eng Lead.	HR Senior Management Team	Equality & Inclusion Engagement Lead	Equality & Inclusion Engagement Lead

The policy review date is October 2026.

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Send first draft to Staff Side	Phil Jonas	14/08/2023	Sent

Send draft to Policy Governance Group	Phil Jonas	21/08/2023	Sent
Present to People Directorate Quality & Governance Group	Phil Jonas	23/08/2023	Completed
Joint Policy Group	Phil Jonas	12/09/2023	Completed
Staff Network Group Chairs	Phil Jonas	05/10/2023	Completed

11 Dissemination, Storage and Archiving (Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
3.0	November 2016	November 2016	HR intranet page November 2016
4.0	September 2019	<i>September 2019</i>	<i>HR intranet page September 2019</i>
5.0	TBC	<i>TBC</i>	<i>TBC</i>

This is Version 5.0 and is stored and available through the SHSC Intranet/Internet.
This version will supersede the previous Version 4 Sep 2019.

12 Training and Other Resource Implications

A briefing will be given via e-mail to all staff to make them aware of the policy. Reference will be made to the policy in relevant training such as recruitment.

13 Links to Other Policies, Standards (Associated Documents)

- Complaints Policy
- Unacceptable Behaviours Policy
- Incident Management Policy.

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Equality & Inclusion Engagement Lead	Phil Jonas	Ext 18950	Philip.jonas@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

~~NO~~ – No further action is required – please sign and date the following statement.
~~I confirm that this policy does not impact on staff, patients or the public.~~

~~I confirm that this policy does not impact on staff, patients or the public.~~
 Name/Date:

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Disability	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Gender Reassignment	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Pregnancy and Maternity	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	

Race	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Religion or Belief	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Sex	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Sexual Orientation	No	Yes, this policy aims to tackle discrimination of people due to their protected characteristic	
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Phil Jonas, 21/08/2023

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
Template Compliance		
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓