

## MEDIA POLICY

~~JANUARY 2018~~ new date November 2021

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Date Issued:	<del>February 2018</del> <u>November 2021</u>
Date to be reviewed:	2 years

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## 1. Introduction

- 1.1 It is recognised that an organisation's wider reputation, as well as its standing within –its own local and professional communities, is heavily influenced by its coverage in the media. Similarly, the media has the power to either instil or damage public confidence in, and understanding of, an organisation, its aims and its services.
- 1.2 At a time when health services are under increased public scrutiny, and the NHS is being continually challenged on its decisions and actions, it is important for NHS Hull Clinical Commissioning Group (CCG) to capitalise on the opportunities presented by a 24/7 media culture. This means being prepared to respond effectively to potentially damaging coverage and proactively seek opportunities to promote the work we do as a CCG.
- 1.3 NHS Hull CCG is committed to developing and maintaining good relations with the local, regional and national media, including online and trade press. The CCG will take a proactive approach to publicising its own good news, as well as offering an efficient, timely and responsive service to all media enquiries received.
- 1.4 In order to foster a culture of openness and understanding, the CCG will encourage staff members from across its directorates to engage in media activity, for example by promoting services and taking part in interviews etc. Advice and training will be offered and arranged by the Communications and Engagement Team where necessary.
- 1.5 Since the publication of the previous Media Policy in 2018 and the Covid-19 pandemic there have been some changes to the way the organisation interacts with partners, colleagues, members of the public and the media:
- Social media has evolved to become the most widely used and trusted method in the NHS for direct communication with the public, and preferred route for correction of health-related misinformation. The CCG's social media accounts are verified with a blue tick for this purpose.
  - When national alert levels dictate, the BBC works as a partner with local health services to broadcast health and public health messages.
- 1.7 The NHS Long Term Plan was published in 2019 and, subject to legislation, the functions and services of NHS Hull CCG will be taken over by the new Humber, Coast and Vale Integrated Care System in 2022. This policy will cover the time period until a new ICS Media Policy is developed and agreed.

## 2. Purpose

- 2.1 The purpose of this document is to:
- Provide a consistent, planned approach to liaison between the CCG and the media

- Maximise opportunities to project a positive image and promote key messages to large audiences
- Minimise the publication or broadcast of false or misleading information about the CCG and wider NHS
- Acknowledge the important role of the media in providing information to the public about NHS services and formalise support for this process.
- Define a protocol for social media for all employees of the CCG, Governing Body members acting in their CCG capacity, any staff who are seconded to the CCG

### 3. Scope

- 3.1 This Policy applies to all employees of the CCG, Governing Body members acting in their CCG capacity, any staff who are seconded to the CCG, contracted and agency staff and any other individual working on CCG premises.
- 3.2 The Policy applies to all contacts made with the media, either initiated proactively or dealt with on a reactive basis. At all times people should adhere to the CCG's Confidentiality: Code of Conduct Policy and Conflicts of Interest Policy available at [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)
- 3.3 This Policy does not restrict the right of elected staff side representatives of recognised Trade Unions or staff associations to express their views through or to the media directly.
- 3.4 This policy does not restrict independent contractors (for example GPs, pharmacists, dentists and ophthalmologists) from engaging with the media in their own professional capacity, where they are not speaking on behalf of the CCG.

### 4. Responsibilities

- 4.1 The Associate Director of Communications and Engagement is responsible for advising on the contents of this Policy.
- 4.2 In line with this Policy, senior managers, directors and board members are responsible for ensuring they undertake regular media training (or refresher sessions as advised) and for ensuring key staff are identified within each directorate to take part in training and subsequent media opportunities.
- 4.3 All managers are responsible for ensuring their staff are aware of, and adhere to, this policy.
- 4.4 All staff are responsible for following this policy.

## 5. Definitions

- 5.1 The definition of **media** includes print media (such as newspapers and magazines), **online media** (including web-based publishing) and broadcast media (including radio, television and their representatives, such as production companies) and **social media** (including facebook, twitter or other social media sites, [video content sites](#), online message boards and forums and blog sites).

**Purdah/Pre-election period** - The period of time from when ~~an~~ [a national or local](#) election is announced, until after the election is held. As NHS organisations must remain politically impartial, the CCG must be especially careful about comments made or activities undertaken during the pre-election period. Further advice on this is available from the Communications and Engagement Team.

- 5.2 The Policy applies to contact with local, regional, national and international media.
- 5.3 The Policy applies to mainstream media as well as specialist and trade publications/media.

## 6. Equality and Diversity and Inclusion

The CCG is committed to:

- Eliminating discrimination and promoting equality, ~~and~~ diversity [and inclusion](#) in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

- 6.2 To ensure the above, this Policy has an Equality Impact Assessment (EQIA).
- 6.3 The EQIA is available on the CCG's website or by calling the CCG on (01482) 344700.

## 7. NHS Constitution

- 7.1 The CCG is committed to achieving the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and ensuring they are taken account of in the production of its policies, procedures and guidelines.
- 7.2 This Policy supports the NHS Constitution.

## 8. Spokespeople

- 8.1 In order to promote the work of the CCG to Create a Healthier Hull to the media, and to become identified as a leader and 'respected voice' on key health issues locally, it is important that the CCG actively participates in ~~participates in~~ health-related discussion and responds to topical news issues.
- 8.2 Directors, senior managers, clinical staff and other board members are expected to interact with the media due to their input into key areas of work and decision making. Media training will be provided every three years or when requested.
- 8.3 The Communications and Engagement Team will endeavour to provide a variety of media spokespeople in order to:
- Reduce pressure on a small number of staff to fulfil incoming interview requests
  - Enhance the likelihood of media opportunities by the availability of a number of different spokespeople
  - Support the BBC as a partner to broadcast health and public health messages when circumstances dictate.

## 9. Dealing with media calls / enquiries

- 9.1 It is normal practice for the media to approach the organisation's Communications and Engagement Team with any media enquiries in the first instance. However, there may be occasions when approaches are made directly to teams or individual members of staff. This may be because the journalist requires a quick response or because he/she has retained the name and contact number of a staff member who has been interviewed in the past. On very rare occasions, this may be done deliberately in order for the journalist to by-pass the official route for media enquiries and to extract information or comment from staff whilst unprepared and 'off-guard'. **Staff at all levels should be vigilant around this at all times.**
- 9.2 Should the media directly approach a team or individual member of staff it is vitalimportant that no information or comment is made to the journalist at this point. Instead, the member of staff handling the call/enquiry should establish the name of the caller, their organisation, contact number, and the nature of the enquiry, before referring it on to the Communications and Engagement Team.

This is essential for a number of reasons, namely:

- To ensure that the enquiry is dealt with appropriately, thoroughly, and within given deadlines
- To ensure that any information given is accurate, informative, and a balanced CCG/NHS response is reflected in the resulting media coverage
- To ensure that any response or comment given is in line with corporate policy and has received approval from the appropriate director or service lead
- To ensure that the Communications and Engagement Team can monitor any resulting coverage



- 9.3 If the Communications and Engagement Team has suggested that a particular spokesperson may be suitable for interview, the team member dealing with the enquiry will approach the spokesperson to offer information, advice and briefing on issues if required. Following this, the interviewee and journalist will be put in touch. The team will never ask a journalist to contact a member of staff without first seeking their agreement for this to happen.

## 10. Initiating media coverage

- 10.1 Staff wishing to initiate media coverage for any reason should contact the Communications and Engagement Team in the first instance to discuss the possible approach and desired result. The team will be able to offer advice on matters which could affect the extent or the success of any media coverage, including:
- Advice on timing, in order to ensure the media have enough lead-in time to include articles and/or arrange photography
  - Advice on scheduling, for example avoiding electoral Purdah (if appropriate) or any other events or stories which are likely to dominate the media on any given day
  - Identification of the most suitable spokesperson/spokespeople
  - Key information to include, such as statistics and contacts for further information
  - Patient consent issues

## 11. Issuing news releases

- 11.1 News releases will only be issued by the Communications and Engagement Team. These will be centrally logged and the media monitored for any resulting coverage.
- 11.2 In instances where organisations are working on a project in partnership, the lead commissioner should make the Communications and Engagement Team aware that media coverage is likely to be generated or input from the internal team is needed, depending on which organisation has agreed to lead on media work. Respective press office contacts should be shared in order that follow-up media handling arrangements can be clarified. Finally, no news release should be issued without sign-off from all of the organisations involved.

**NB: If NHS Hull CCG will be leading on communications and engagement activity for a joint project, the ~~commissioner~~ programme lead involved should discuss the —matter with the team before committing their time and resources.**

## 12. Responding to media enquiries reactively

- 12.1 On occasions where the media makes an unsolicited approach to the CCG, the matter should be dealt with by the Communications and Engagement Team, as set out in section 9 above.

## 13. Anticipating and reporting negative publicity

- 13.1 Where an individual is aware of an issue which is likely to result in negative publicity on any level, the Communications and Engagement Team must be informed as soon as possible. The team will be able to advise on whether any preparatory work or holding statements are necessary and deal with the longer term approach to media relations around the particular issue.

The following is a list of examples of typical issues where the team would need to be informed:

- Patients, staff or members of the public approaching the media with a complaint about the CCG, or any services commissioned by ourselves - even if this is done anonymously
- Misconduct, or allegations of misconduct made against a particular member of staff
- Service changes or redesign which have the potential to be seen as 'service cuts'
- Upcoming public consultation work
- Clinical errors
- Loss of patient data or breaches of the Data Protection Act
- Recalls of patient groups (e.g. for repeat testing)
- Court hearings or hearings carried out by professional bodies (e.g. General Medical Council, General Optical Council) in relation to a member of staff or one of the CCG's independent primary care practitioners
- Adverse comments made about the organisation on social media
- Adverse comments made about the organisation in online or face to face meetings where external stakeholders/members of the public are present
- Freedom of Information requests made by media

- 13.2 The list above applies to the work of independent contractors (e.g. GPs, pharmacists, dentists) in addition to the CCG's directly employed staff. It is also advisable for staff to inform the Communications and Engagement Team of incidents which may be occurring in other local Trusts and which come to their attention, as these may have implications for, or require a media response from, the CCG.

## 14. Social Media

- 14.1 [The CCG is viewed as a trusted resource for health information, advice and healthcare related news on social media and is looked upon by local, regional and national media and stakeholder contacts for a 'viewpoint' on health topics.](#)
- 14.2 [The CCG is followed on social media by numerous high-profile individuals and organisations. Local, regional and national media contacts are present on social media and are likely to follow updates posted on our accounts. Further to this, M](#)members of staff should be mindful that [media contactsthesefollowers](#) may also follow them; i.e. local media correspondents may follow official CCG accounts on Twitter ~~and~~, Facebook [and Instagram](#) and may also follow the Chief Officer, senior managers and board member's ~~etc.~~ [personal twitter accounts](#).
- 14.2-3 [The Communications and Engagement team monitors social media daily, responding to direct messages and comments. When appropriate the team will respond to relevant, non-direct, communications ie. on Facebook groups or in comment threads. will routinely monitor direct interactions via social media whilst also scanning for wider issues; such as media contacts and/or relevant individuals discussing the CCG across social media accounts.](#) Appropriate responses will be made in line with the CCG's [Media Policy](#).
- 14.4 [Social media will be included in the wider Communications and Engagement horizon scanning service, with appropriate responses to issues raised made in line with the CCG Media Policy and shared directly on social media as appropriate, or prepared, approved and saved in case of a media enquiry.](#)
- 14.5 [The CCG is unable to remove social media posts by third parties that name individuals. Where this happens, please inform the Communications and Engagement team who will be able to support you in reporting offensive or inappropriate content as per the social media platforms own code of conduct policy.](#)
- 14.36 Individual members of staff are responsible for following the NHS Hull CCG Social Media Protocol (attached at Appendix B) and ensuring any possible issues relating to the CCG on social media are forwarded to the Communications and Engagement Team at the earliest opportunity.
- 14.47 Staff members, Board members and GP member practices responding to online articles, blogs, message boards, tweets and Facebook [and Instagram](#) posts must take care to ensure:
- that internet users are able to distinguish official corporate NHS Hull CCG information from the personal opinion of staff and board members;
  - that the organisation's reputation is not brought into disrepute, and;
  - that the CCG is not exposed to legal risk.

14.8 At all times people using social media sites should adhere to the CCG's Confidentiality: Code of Conduct Policy and Conflicts of Interest Policy available at [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)

## 15. Emergencies and major incidents

15.1 In the event of an emergency or incident which necessitates input from the CCG, the Communications and Engagement Team will work alongside CCG emergency planning colleagues and communications professionals from other statutory organisations (such as Humberside Police, Humberside Fire and Rescue and Hull City Council etc.), in line with the CCG Emergency Planning and Business Continuity Policy and procedures . As in other instances, staff should not speak directly to the media unless instructed to do so by the Communications and Engagement Team. Any interviews given should focus on health aspects of the emergency only.

[NHS and other public services will support the BBC to broadcast health and public health messages when circumstances dictate.](#)

## 16. Requests for filming / photographs

16.1 Requests for the media or other external organisations to take photographs or footage on CCG premises should be referred to the Communications and Engagement Team for consideration.

16.2 In certain circumstances, permission to photograph or film the exterior of a building linked to the CCG such as a GP surgery, may not be necessary. Where this does occur, and a member of CCG staff becomes aware, it is good practice to alert the Communications and Engagement Team so resulting media coverage can be monitored. It is also good practice to inform staff using the facility so they are also aware of what is happening. Patient confidentiality must be paramount at all times during filming. Patients entering or leaving the building must not be filmed without their permission.

## 17. Internal advice and support for media handling

17.1 The Communications and Engagement Team is able to offer advice to staff on all media-related issues, including generating positive coverage and handling of any issues or incidents which are likely to result in negative coverage.

17.2 The Communications and Engagement Team can also offer advice on undertaking interviews of all kinds (press, radio, TV etc.), ~~including identifying any potential pitfalls and how to utilise this limited amount of airtime or column inches to best effect.~~ Advice can be sought directly from the team and a list of useful hints and tips can be found in Appendix A at the end of this document.

## 18. Formal media training

- 18.1 As stated in section 8, 'Spokespeople', there is an expectation that certain staff groups will be required to undertake media interviews on a regular basis. These include directors, senior managers, clinical staff and board members. The Communications and Engagement Team will arrange appropriate media training.
- 18.2 On occasion, other staff and clinicians, particularly senior managers, lead clinicians, and those with responsibility for service areas may also be required to work with the media. In these instances, members of the Communications and Engagement Team will offer one-to-one support and in-house interview preparation.
- 18.3 In cases where there is a genuine and urgent need for a member of staff to receive additional professional media training, (e.g. an incident which is likely to result in extensive negative coverage), this may be arranged on an ad hoc basis, via the Communications and Engagement Team.

## 19. Contacting the Communications and Engagement Team

- 19.1 ~~The preferred method of contact for the Communications and Engagement Team During during office hours is via the regularly monitored inbox [HullCCG.contactus@nhs.net](mailto:HullCCG.contactus@nhs.net), the Communications and Engagement Team is based at NHS Hull CCG, 2<sup>nd</sup> Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY and should be contacted via telephone in the first instance on Members of the media can also use this route or contact the team via (01482) 344700. The contact email address for the team is [HullCCG.contactus@nhs.net](mailto:HullCCG.contactus@nhs.net)~~
- 19.2 Outside office hours, urgent media ~~advice responses that cannot wait until the next working day~~ can be sought via the on-call director by calling (01482) 223191 and asking for the CCG on-call director telephone number.

## 20. Monitoring compliance with and effectiveness of this Policy

- 20.1 Media coverage monitoring is in place which allows the Communication and Engagement Team to ~~log enquiries and coverage and circulate as appropriate. record any media coverage and how this was achieved, i.e. whether this was proactive or reactive coverage. The team monitor the number of publications covering a story, take press clippings and circulate a monthly update to the Senior Leadership Team and all Board and sub-committee members.~~
- 20.2 Attendance at formal media training sessions will be monitored. Staff identified as requiring media training should prioritise attendance at any arranged sessions.

## 21. Review

- 21.1 This Policy will be reviewed every two years.

21.2 Subject to legislation, the functions and services of NHS Hull CCG will be taken over by the new Humber, Coast and Vale Integrated Care System in 2022. This policy will cover the time period until a new ICS Media Policy is developed and agreed.

21.2-3 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Communication and Engagement ~~in consultation with the~~ Equality ~~and~~ Diversity ~~and~~ [Inclusion](#) Lead and HR and any other officers where relevant.

## Appendix A - Hints and tips for staff undertaking media interviews

The following hints and tips may be useful for members of staff being interviewed by the media. Please note, whilst a journalist may give a flavour of the types of questions they will ask, they are unlikely to provide a list of questions as they prefer natural reactions.

### For all types of interview:

- Always try to get the name of the CCG into your interview somewhere!
- If you are travelling to the interviewer allow yourself plenty of time to get there
- Give the journalist your full name and job title; check they are spelt correctly
- Decide on 3 key messages you want to get across during your interview
- Don't use NHS jargon or abbreviations
- If conducting an interview over the phone, have notes in front of you to jog your memory. However, don't read directly from them as this will sound obvious during the interview
- If you want to clarify any information with the journalist, always try to do this before your interview has started, and make it clear that this does not form part of the interview
- If you are being asked to speak about a report/publication, ensure you have read or are familiar with its contents before you pass comment
- Use facts and figures where appropriate – this will help you to get your message across more effectively
- Ensure you are not drawn into political debate – the NHS must remain impartial
- Try to anticipate any difficult questions; the Communications and Engagement Team can help you with this and alert you to any local or national issues of a similar nature which could be thrown into the conversation
- Never repeat the controversial phrase. For example, if a journalist asked you “are patients at risk?”, rather than saying “patients are not at risk” you should instead say “We are doing everything we can to ensure patient safety.”
- Ask the journalist who else they intend to interview on the subject you're speaking about, if anyone
- Include contact details for any services which relate to the subject of your interview and which could be of use to the public
- Don't be afraid to say you don't know the answer or don't have the information. It is better to do this than to try to make up an answer if you're not sure
- Don't forget to ask when the article will be published or when the news item will be broadcast.

### For radio interviews:

- Pre-recorded interviews are likely to be edited and only aired in 10 to 15 second bursts, so don't be afraid to repeat your key messages several times throughout your interview – this will increase the likelihood of one or more of your key messages being used on air.

### In addition, fFor TV interviews:

- Avoid wearing anything distracting –~~for women this usually means avoiding large/dangly/noisy jewellery, and men should always wear plain rather than patterned ties.~~
- Be mindful of your posture and always sit or stand up straight.

**Finally, try to relax and remember, it does get easier the more you practice!**

## Appendix B - NHS Hull Clinical Commissioning Group Social Media Protocol

NHS Hull CCG's social media protocol refers to the social media undertaken on behalf of the CCG; i.e. through the official NHS Hull CCG accounts and profiles, rather than the accounts of individuals working for the CCG.

The protocol provides staff with guidelines around social media, to ensure activity remains engaging through the use of authentic content. The CCG's social media accounts are a platform in which corporate messages can be shared, but also the 'personality' of the CCG and the work we do can be proactively shared with the public.

As part of the CCG's Communications and Engagement Strategy, CCG staff are actively encouraged to use social media as a method of communication to support their projects and work areas if they are confident, and comfortable with, the way social media works. It is highly recommended that training with members of the Communications and Engagement team is undertaken prior to using personal social media accounts in a professional capacity.

### **Social media purpose and aims:**

- Dissemination of corporate messages, project information and organisation's vision
- Dissemination of health information; via NHS Choices and other appropriate sources
- Support of partners, staff and appropriate local enterprises, such as [Healthier Hull Community Fund-awardees, Hull 2020 Hull Champions, Working Voices](#) etc.
- Directing social media users to the NHS Hull CCG website ~~and in turn~~ [which](#) increases website hits
- Continually increase number of likes and followers, in particular, increase number of likes and follows from individuals living in, and accessing services in, Hull

### **Guidelines**

- Staff access to official NHS Hull CCG social media accounts will be limited to authorised Communications and Engagement team members.
- The accounts will be routinely monitored Monday to Friday during office hours [only and an automated message will inform enquirers of this.](#)
- An appropriate member of the Senior Leadership Team should be consulted- in drafting responses to other social media users when necessary; i.e. in response to inappropriate messages/~~t~~weets
- Social media will be used not only to promote our work and corporate messages, but also to support our partners, staff and appropriate local enterprises through likes, mentions and ~~r~~Retweets
- Events, and where possible projects, will be branded with an appropriate hash-tag and used throughout the promotion and event itself
- When staff are using personal social media accounts in a professional capacity, they are reminded that they represent the CCG and should conduct themselves in the same professional manner in which they would in the workplace. It is also suggested that they state on their profile that their 'views are their own'
- The CCG reserves the right to remove any posts that are inappropriate, distasteful or contain foul and abusive language
- The CCG may like or follow an account in order to take part in the conversation, this does not necessarily mean the CCG endorses that organisation or individual
- In line with NHS guidelines, no political statements, campaigning or electioneering will be permitted
- The CCG reserves the right to block any users who are in breach of any of the above guidelines



HR / Corporate Policy Equality Impact Analysis:	
<b>Policy / Project / Function:</b>	Media Policy
<b>Date of Analysis:</b>	<del>9<sup>th</sup> January 2018</del> <u>25 October 2021</u>
<b>Completed by: (Name and Department)</b>	<del>Sue Lee, Associate Director of Communications and Engagement</del> <u>Emma Shakeshaft, Head of Communications</u>
<b>What are the aims and intended effects of this policy, project or function?</b>	<p>The purpose of this policy is to:</p> <ul style="list-style-type: none"> <li>○ Provide a consistent, planned approach to liaison between the CCG and the media</li> <li>○ Maximise opportunities to project a positive image and promote key messages to large audiences</li> <li>○ Minimise the publication or broadcast of false or misleading information about <a href="#">health issues</a>, the CCG and wider NHS</li> <li>○ Acknowledge the important role of the media <a href="#">and social media</a> in providing information to the public about NHS services and formalise support for this process</li> </ul>
<b>Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?</b>	No
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	Confidentiality; Code of Conduct Policy Conflicts of Interest Policy
<b>Who will the policy, project or function affect?</b>	Employees, Board members, Committee Members
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	Senior Leadership Team All employees Governing Body (approval)
<b>Promoting Inclusivity and Hull CCG's Equality Objectives.</b>	Application of this policy helps ensure patients and public have improved access to information and communication barriers are minimised.
How does the project, service or function	

<p>contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> <li>1. Ensure patients and public have improved access to information and minimise communications barriers</li> <li>2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job</li> <li>3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve</li> <li>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</li> </ol>	<p><a href="#">The CCG's social media accounts provide improved access to information in a more timely way and promote effective interaction between the CCG and the public.</a></p>
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Equality Data	
<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function?</b></p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> <li>1: Recruitment data, e.g. applications compared to the population profile, application success rates</li> <li>2: Complaints by groups who share / represent protected characteristics</li> <li>4: Grievances or decisions upheld and dismissed by protected characteristic group</li> <li>5: Insight gained through engagement</li> </ol>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p><b>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</b></p>

## Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> <sup>1</sup> exists (see footnote below – seek further advice in this case)
Gender	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender
Age	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of age
Race / ethnicity / nationality	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of race/ethnicity/nationality
Disability	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of disability
Religion or Belief	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of religion/belief

1. <sup>1</sup> The action is proportionate to the legitimate aims of the organisation (please seek further advice)

<b>Sexual Orientation</b>	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of sexual orientation
<b>Pregnancy and Maternity</b>	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of pregnancy and maternity
<b>Transgender / Gender reassignment</b>	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of transgender
<b>Marriage or civil partnership</b>	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender

### **Action Planning:**

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?**

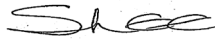
<b>Identified Risk:</b>	<b>Recommended Actions:</b>	<b>Responsible Lead:</b>	<b>Completion Date:</b>	<b>Review Date:</b>

**Sign-off**

All policy EIAs must be signed off by ~~Mike Napier~~Sue Lee, Associate Director of ~~Corporate Affairs~~Communication and Engagement

I agree with this assessment / action plan

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:



Signed: \_\_\_\_\_

Date: ~~11.01.18~~ 28.10.21