### Appendix: 4: NHS Ayrshire & Arran – POLICY APPROVAL CHECKLIST

NHS Ayrshire & Arran – POLICY APPROVAL CHECKLIST

POLICY AREA: Clinical

POLICY TITLE: Dignity & Privacy (Single Sex Accommodation) Policy

POLICY MANAGER: Julie Hannah

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| --- | --- | --- | --- |
| Why has this policy been developed? | | No existing Policy | |
| Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation. | | Human Rights Act 1998, The Equality Act 2010 &  Gender Recognition (Scotland) Order 2005 | |
| Has a risk control plan been developed and who is the owner of the risk? If not, why not? | | Identified risk will be addressed | |
| Who has been involved/consulted in the development of the policy? | | NHS Ayrshire & Arran Senior Clinical and Management Team | |
| Has the policy been Equality Impact Assessed in relation to:- | | Has the policy been Equality Impact Assessed not to disadvantage the following groups:- | |
| Please indicate Yes/No for the following: | | Please indicate Yes/No for the following | |
| Age  Disability  Gender Reassignment  Pregnancy/Maternity  Race/Ethnicity  Religion/Belief  Sex (men and women)  Sexual Orientation | Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes | People with Mental Health  Problems  Homeless People  People involved in the  Criminal Justice System  Staff  Socio Economic  Deprivation Groups  Carers  Literacy  Rural  Language/Social Origins | Yes  Yes  Yes  Yes    Yes  Yes  Yes  Yes  Yes  Yes |
| Does the policy contain evidence of the Equality Impact Assessment Process? | | Yes, EIA is attached to the policy | |
| Is there an implementation plan? | | No | |
| Which officers are responsible for implementation? | | Medical Director, Nurse & Midwife Director | |
| When will the policy take effect? | | With immediate effect | |
| Who must comply with the policy/strategy? | | All NHS Ayrshire & Arran staff | |
| How will they be informed of their responsibilities? | | Via Policy Tracker | |
| Is any training required? | | No | |
|  | |  | |
| If yes, attach a training plan | | NA | |
| Are there any cost implications? | | No | |
| If yes, please detail costs and note source of funding | | NA | |
| Who is responsible for auditing the implementation of the policy? | | Clinical Governance & Risk | |
| What is the audit interval? | | Adverse Event Management Reports to be generated quarterly & spot audits to take place | |
| Who will receive the audit reports? | | Clinical Governance and local managers will circulate & discuss with managers | |
| When will the policy be reviewed and provide details of policy review period (up to 5 years) | | June 2025 | |

POLICY MANAGER: ????? DATE: …...2022

APPROVAL COMMITTEE TO CONFIRM: Clinical Governance Committee

ADOPTION COMMITTEE TO CONFIRM: Clinical and Care Governance Committee