### 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

|  |  |
| --- | --- |
| 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/EthnicityReligion/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