



**Coventry and
Warwickshire**
Integrated Care Board

Information Governance Policy

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Name of author and title:	Kelly Huckvale, Senior Information Governance Manager, AGEM CSU
Name of reviewer and title:	Laura Whiteley, Governance and Corporate Affairs Manager, ICB
Department:	Governance (Information Governance)

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
21.03.2024	V1.1	Review, updated job descriptions	Audit Committee

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1. Introduction

- 1.1 Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information Governance is concerned with the way NHS organisations handle information about patients/clients and employees, in particular personal and sensitive information. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. Information Governance is a framework that brings together all the requirements, standards and best practice that apply to the handling of personal information.
- 1.2 It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management.

2. Principles

- 2.1 NHS Coventry and Warwickshire Integrated Care Board (the ICB) recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. The ICB fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard, both personal information about patients and staff and commercially sensitive information. The ICB also recognises the need to share patient information with other health organisations and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.
- 2.2 The ICB believes that accurate, timely and relevant information is essential to deliver the highest quality health care. As such it is the responsibility of all clinicians and managers to ensure and promote the quality of information and to actively use information in decision making processes.
- 2.3 There are four key interlinked strands to the Information Governance Policy, Openness, Legal Compliance, Information Security and Information Quality Assurance.

Openness

- Non-confidential information on the ICB and its services should be available to the public through a variety of media, in line with the ICB's code of openness.
- The ICB will establish and maintain policies to ensure compliance with the Freedom of Information Act.
- The ICB will undertake or commission annual assessments and audits of its policies and arrangements for openness.
- Patients should have ready access to information relating to their own health care, their options for treatment and their rights as patients.
- The ICB will have clear procedures and arrangements for liaison with the press and broadcasting media.
- The ICB will have clear procedures and arrangements for handling queries from patients and the public.

Legal Compliance

- The ICB regards all identifiable personal information relating to patients as confidential.
- The ICB will undertake or commission annual assessments and audits of its compliance with legal requirements.
- The ICB regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
- The ICB will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the Common Law Duty of Confidentiality.
- The ICB will establish and maintain policies for the controlled and appropriate sharing of patient information with other agencies, taking account of relevant legislation (e.g. Health and Social Care Act, Crime and Disorder Act, Protection of Children Act).

Information Security

- The ICB will establish and maintain policies for the effective and secure management of its information assets and resources.
- The ICB will undertake or commission annual assessments and audits of its information and IT security arrangements.
- The ICB will promote effective confidentiality and security practice to its staff through policies, procedures and training.
- The ICB will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

Information Quality Assurance

- The ICB will establish and maintain policies and procedures for information quality assurance and the effective management of records.
- The ICB will undertake or commission annual assessments and audits of its information quality and records management arrangements.
- Managers are expected to take ownership of, and seek to improve, the quality of information within their services.
- Wherever possible, information quality should be assured at the point of collection.
- Data standards will be set through clear and consistent definition of data items, in accordance with national standards.
- The ICB will promote information quality and effective records management through policies, procedures/user manuals and training.

2.4 Information Risk Management

- 2.4.1 The ICB will appoint a Senior Information Risk Officer (SIRO) with responsibility to the Board for reporting information risks.
- 2.4.2 The ICB will ensure that asset owners are established for all information assets. Asset owners will be at a senior level and will understand how to assess and address risks associated with their assets.

- 2.4.3 The assets owners will undertake annual online training. Their assets register will be updated annually, and they will produce an annual information asset report for the SIRO.
- 2.4.4 The ICB will apply the Information Risk Policy and its Risk Management policies and procedures in accessing and addressing information risks.

2.5 *Management of Third Parties*

- 2.5.1 The ICB will ensure that contracts and protocols with partners and suppliers where necessary include suitable statements relating to Information Governance.
- 2.5.2 The ICB will, where necessary, require that Agency workers, Volunteers and contractors are adequately trained in Information Governance prior to their gaining access ICB information.
- 2.5.3 The ICB will establish a procedure and update registers of all third parties with whom PCD has been shared e.g. via databases. There will also be a data sharing agreement signed by all relevant parties for each instance of data sharing.

3 Responsibilities

3.1 The Board

It is the role of the ICB's Board to define the ICB's policy in respect of Information Governance, taking into account legal and NHS requirements. The Board are also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

3.2 Chief Executive

The Chief Executive has ultimate responsibility for the legal, secure, effective and efficient processing of information.

3.3 Caldicott Guardian

The Caldicott Guardian will be the senior responsible person for providing advice on the lawful and ethical processing of the personal information of patients or service users and will ensure appropriate sharing/disclosure of information.

The Caldicott Guardian will be responsible for granting permission to access or disclose personal information.

3.4 Arden and Greater East Midlands Clinical Support Unit (Arden GEM CSU) Information Governance Team

The Arden GEM CSU Information Governance Team are responsible for overseeing day to day Information Governance issues, reporting into the Information Governance Steering group; developing and maintaining policies, standards, procedures and guidance; coordinating Information Governance in the ICB and raising awareness of Information Governance.

3.5 Senior Information Risk Owner (SIRO)

The SIRO is responsible for overseeing the development of an Information Risk Policy and a strategy for implementing the policy within the existing Information Governance framework.

- 3.6 Information Asset Owners/Administrators
Information Asset Owners (IAOs) are accountable to the SIRO and will provide assurance that information risk is being identified and managed effectively for those information assets that they have been assigned ownership of. Information Asset Administrators (IAAs) will usually be staff who have day-to-day responsibility for management of information risks affecting one or more assets, and report these to the IAOs.
- 3.7 Managers
Managers within the ICB are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance.
- 3.8 All Staff
All staff, whether permanent, temporary or contracted, and all third-party contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day-to-day basis. Staff must ensure where a breach of this policy has taken place it is reported to the line manager so that the ICB's incident reporting process can be invoked.
- 3.9 Arden GEM CSU Information Governance Steering Group
The Arden GEM CSU Information Governance Steering Group will be accountable to the Audit Committee. The group will support and drive the information governance agenda providing the Board with assurance that effective information governance procedures, policies and best practice are implemented within the ICB. The Group will identify leads for the various standards of the NHS Digital Data Security Protection Toolkit (DSPT). These leads will be responsible for maintenance and improvement of their assigned initiatives.

3 Dissemination and Implementation

- 3.1 This policy will be available to all on the CWICB website along with information on how to make a complaint.

4 Training

- 4.1 Guidance documents are available for all staff.

5 Staff Compliance Statement

- 5.1 All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.
- 5.2 A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB websites.

6 Equality and Diversity Statement

- 6.1 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- 6.2 The ICB is committed to ensuring that all people are able to access our service. An Equality Impact Assessment has been undertaken and included in this Policy in Appendix 1.

7 Legislation and NHS Guidance

- 7.1 Recent legislation is having a significant effect on Information Governance in NHS organisations. The ICB must ensure that all policies and procedures are fully compliant with legislation and NHS guidance on the management of information, including:
- Public Records Act 1958 and 1967
 - Access to Health Records Act 1990
 - Data Protection Act 2018
 - Human Rights Act 1998
 - Freedom of Information Act 2000
 - Records Management Code of Practice for Health and Social Care 2016
 - Caldicott Review of Patient Identifiable Information 1997
 - HSC 1999/012: Caldicott Guardians
 - Caldicott 2 2013
 - NHS Litigation Authority Risk Management Standards 2003
 - DSP Toolkit
 - ISO 27001 Information Security.

8 Review

- 8.1 This policy and associated strategy and procedures will be reviewed at least every 3 years or earlier if appropriate, to take into account any relevant changes in legislation or guidance, organisational change or any other exceptional circumstance. An action plan will be developed against the Information Governance Toolkit to identify key areas for continuous improvement.

Appendix 1: Equality Impact Assessment



The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

1. Quality Impact Assessment

Scheme Title:	Information Governance Policy		
Project Lead:	Laura Whiteley, Governance and Corporate Affairs Manager	Senior Responsible Officer:	Andy Wilkins, Director of Corporate Governance
		Quality Sign Off:	n/a – policy does not require quality review
Intended impact of scheme:	This policy outlines the way NHS organisations handle information about patients/clients and employees, in particular personal and sensitive information. It ensures that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. It also serves as a framework that brings together all the requirements, standards and best practice that apply to the handling of personal information.		
How will it be achieved:	Through the process detailed in this document.		

Name of person completing assessment:	Laura Whiteley
Position:	Governance and Corporate Affairs Manager

Date of Assessment:	October 2024
Quality Review by:	Matt Hopkins
Position:	Governance and Corporate Affairs Officer
Date of Review:	29/10/2024

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			X					
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the	Enhancing quality of life			X					

scheme impact positively or negatively on the delivery of the five domains:	Ensuring people have a positive experience of care			x					
	Preventing people from dying prematurely			x					
	Helping people recover from episodes of ill health or following injury			x					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			x					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			x					
	Access to the highest quality urgent and emergency care			x					
	Convenient access for everyone			x					
	Ensuring that citizens			x					

	are fully included in all aspects of service design and change								
	Patient Choice			x					
	Patients are fully empowered in their own care			x					
	Wider primary care, provided at scale			x					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			x					
	Access			x					
	Integration			x					
Compliance with NHS Constitution	Quality of care and environment			x					
	Nationally approved treatment/drugs			x					
	Respect, consent and confidentiality			x					
	Informed choice and involvement			x					
	Complain and redress			x					

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?
<p>This policy outlines the way NHS organisations handle information about patients/clients and employees, in particular personal and sensitive information. It ensures that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. It also serves as a framework that brings together all the requirements, standards and best practice that apply to the handling of personal information and outlines how encryption will be used to secure information to ensure the ICB complies with the NHS Information Governance Policy, standards and legal requirement.</p>

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.
<p>Staff, patients, service users, stakeholders, system wide organisations and data subjects</p>

Is a full Equality Analysis Required for this project?			
Yes✓	Proceed to complete this form.	No	Explain why further equality analysis is not required.
<p>If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.</p>			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

- Public Records Act 1958 and 1967
- Access to Health Records Act 1990
- Data Protection Act 2018
- Human Rights Act 1998
- Freedom of Information Act 2000
- Records Management Code of Practice for Health and Social Care 2016
- Caldicott Review of Patient Identifiable Information 1997
- HSC 1999/012: Caldicott Guardians
- Caldicott 2 2013
- NHS Litigation Authority Risk Management Standards 2003
- DSP Toolkit
- ISO 27001 Information Security

2. Impact and Evidence:	
Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)	
	N/A
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities	
	N/A
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.	
	N/A
Marriage and civil partnership: A person who is married or in a civil partnership.	
	N/A
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.	
	N/A
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	
	N/A
Religion or belief: A group of people defined by their religious and philosophical beliefs	

including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.		
Sex: A man or a woman		
N/A		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
N/A		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
N/A		
Other disadvantaged groups:		
N/A		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be	How will this process ensure	N/A

discriminated against based on your protected characteristics	that people are not discriminated against and have their needs met and identified?	
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	N/A
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone's right to life? How?	N/A
Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us So we will):

N/A

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or

promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. The ICB is committed to ensuring that all people are able to access our service

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability).

Work needed	Section	When	Dare completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley	28/10/2024
Which committee will be considering the findings and signing off the EA?	Audit Committee	12/11/2024
Approved by the Policy Procedure and Strategy Assurance Group.		29/10/2024

Once complete, please send to the ICB's Governance Team

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			
N/A			

Equality Analysis Form

2. Evidence used
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.
N/A

2. Impact and Evidence:
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
Age: A person belonging to a particular age (e.g., 32 year old's) or a range of ages (e.g., 18-30 year old's) This policy applies to ICB staff of all ages. There is no evidence or informal intelligence to suggest that differing ages would cause anyone to be disadvantaged more than another in applying this policy
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments: This policy applies to all staff and there is no evidence or informal intelligence to suggest that anyone with a disability would be disadvantaged more than someone who didn't have a disability.

<p>Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.</p>
<p>Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment. N/A</p>
<p>Marriage and civil partnership: A person who is married or in a civil partnership.</p>
<p>Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities: N/A</p>
<p>Pregnancy and maternity: A person is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the person is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.</p>
<p>Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities: N/A</p>
<p>Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.</p>
<p>This policy applies to all races and there is no evidence or informal intelligence to suggest that any race will be disadvantaged more than the other in applying this policy.</p>
<p>Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally, a belief should affect an individual's life choices or the way in which they live.</p>
<p>This policy applies to all staff irrespective of their religion/religious beliefs and there is no evidence or informal intelligence to suggest that people holding differing religious beliefs would be disadvantaged more than another in applying this policy.</p>
<p>Gender:</p>
<p>This policy applies to all genders and there is no evidence or informal intelligence to suggest that either will be disadvantaged more than the other in applying this policy.</p>
<p>Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).</p>

There is no evidence or informal intelligence to suggest that people of differing sexual orientation will be disadvantaged more than another in applying this policy

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

This policy applies to ICB staff irrespective of carer responsibilities. There is no evidence or informal intelligence to suggest that people with carer responsibilities would be disadvantaged more than someone who didn't.

Other disadvantaged groups:

Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

N/A

6. Human Rights

FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	N/A
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone's right to life? How?	N/A

Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A
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7. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A		
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us So we will):		

N/A

8. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

N/A

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g., disability).

Work needed	Section	When	Date completed
e.g., Further engagement with disabled service users to identify key concerns about accessibility of the service.	2. Disability	June – July 2020	July 2020.
N/A			

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8. Sign off		
The Equality Analysis will need to go through a process of quality assurance by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley	24/10/2024
Which committee will be considering the findings and signing off the EA?	Audit Committee	
Approved by the Policy Procedure and Strategy Assurance Group.		