



**Thurrock  
Clinical Commissioning Group**

**Policy Name**

DATE

**Document Control:**

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## CONTENTS

<b>1</b>	<b>INTRODUCTION.....</b>	<b>3</b>
<b>2</b>	<b>PURPOSE / POLICY STATEMENT .....</b>	<b>3</b>
<b>3</b>	<b>DEFINITIONS.....</b>	<b>3</b>
<b>4</b>	<b>ROLES AND RESPONSIBILITIES.....</b>	<b>3</b>
4.1	CCG BOARD.....	3
4.2	RELEVANT SUB-COMMITTEES .....	3
4.3	ACCOUNTABLE OFFICER .....	3
4.4	ALL MANAGERS.....	3
4.5	ALL CCG STAFF AND / OR BOARD MEMBERS.....	3
<b>5</b>	<b>POLICY DETAIL .....</b>	<b>3</b>
5.1	USE THESE SUB-HEADINGS WHERE APPROPRIATE ..... <b>ERROR! BOOKMARK NOT DEFINED.</b>	
5.2	SUB HEADING – JUST COPY AND PASTE THESE BELOW FOR MORE... ..	3
<b>6</b>	<b>MONITORING COMPLIANCE.....</b>	<b>4</b>
<b>7</b>	<b>STAFF TRAINING.....</b>	<b>4</b>
<b>8</b>	<b>ARRANGEMENTS FOR REVIEW.....</b>	<b>4</b>
<b>9</b>	<b>ASSOCIATED DOCUMENTATION.....</b>	<b>4</b>
<b>10</b>	<b>REFERENCES.....</b>	<b>4</b>
<b>11</b>	<b>LIST OF STAKEHOLDERS CONSULTED .....</b>	<b>4</b>
<b>12</b>	<b>RESULTS OF EQUALITY IMPACT ASSESSMENT .....</b>	<b>5</b>
<b>13</b>	<b>CHANGE HISTORY.....</b>	<b>5</b>
	<b>APPENDIX A - EQUALITY IMPACT ASSESSMENT .....</b>	<b>6</b>
	<b>APPENDIX B - INSERT OTHER APPENDICES AS APPROPRIATE .....</b>	<b>7</b>

## 1 INTRODUCTION

1.1 Insert Text

## 2 PURPOSE / POLICY STATEMENT

2.1 Insert statement of policy

2.2 Insert narrative for bullet list:

- Bullet list (remove if not using)

## 3 DEFINITIONS

STATE WORD	PROVIDE DEFINITION
STATE WORD	PROVIDE DEFINITION – USE MORE ROWS IF NECESSARY

## 4 ROLES AND RESPONSIBILITIES

### 4.1 CCG Board

4.1.1 Insert narrative for Board responsibilities

### 4.2 Relevant Sub-Committees

4.2.1 Insert narrative for relevant sub-committee responsibilities

### 4.3 Accountable Officer

4.3.1 Insert narrative for what the accountable officer is accountable for.

### 4.4 All Managers

4.4.1 Insert narrative for what the Managers are accountable for.

### 4.5 All CCG Staff and / or Specific Board Members

4.5.1 Insert narrative for what all staff / Board Members are accountable for.

## 5 POLICY DETAIL

### 5.1 Sub Heading

5.1.1 Insert text

### 5.2 Sub Heading

5.2.1 Insert text

**Policy Name**
**6 MONITORING COMPLIANCE**

- 6.1 Insert text
- 6.2 Insert text regarding KPIs

**7 STAFF TRAINING**

- 7.1 State training requirements

**8 ARRANGEMENTS FOR REVIEW**

- 8.1 This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.
- 8.2 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

**9 ASSOCIATED DOCUMENTATION**

- state supplementary documents

**Associated Policies**

- List here the relevant associated CCG policies

**10 REFERENCES**

- Provide a list of references of the documents that have informed or contributed to this policy.

**11 LIST OF STAKEHOLDERS CONSULTED**

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?

Policy Name

## 12 Results of Equality Impact Assessment

- 12.1 **State either** – the EIA has identified no equality issues with this policy. **OR** Issues identified in the EIA were XXX and they have been addressed by XXX.
- 12.2 The EIA has been included as Appendix A.

## 13 Change History:

Date	Version	Author	Description

**Equality Impact Assessment**

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	<ul style="list-style-type: none"> <li>▪ Race</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Ethnic origins (including gypsies and travellers)</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Nationality</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Gender</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Culture</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Religion or belief</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Sexual orientation including lesbian, gay and bisexual people</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Age</li> </ul>		
	<ul style="list-style-type: none"> <li>▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems</li> </ul>		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?		
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

**Policy Name**

**APPENDIX B**

**INSERT OTHER APPENDICES AS APPROPRIATE**