Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Council of Governors**	**Agenda item:**	**9**
Date of Meeting:	**5 September 2018**		

Title of Report:	**Council of Governors Engagement Policy**
Status:	**For Approval**
Board Sponsor:	**Brian Stables, Chairman**
Author:	**Xavier Bell, Board Secretary**
Appendices	**Appendix 1: Draft Council of governors Engagement Policy**

1. Executive Summary of the Report

The NHS Code of Governance states that the Council of Governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns.

While the Trust drafted such a procedure on attaining Foundation Trust status, it has not been widely communicated or update in serval years.

The attached policy has been re-drafted with input from governors and Non-Executive Directors. It defines the relationship between the Board of Directors and Council of Governors and sets out how the Council of Governors and the Board of Directors interact, and the various opportunities that exist for Governors to engage with the Board and individual Directors.

Once approved by the Council of Governors this policy will be reviewed by the Board of Directors and formally adopted as a policy of the Trust.

2. Recommendations (Note, Approve, Discuss)

That the Council of Governors approve the enclosed policy and recommend it to the Board of Directors for ratification as an RUH policy;

That the Council of Governors schedules a further discussion of the policy in 6 months to consider how effectively the opportunities for engagement are being utilised.

3. Legal / Regulatory Implications

The NHS Code of Governance states that the Council of Governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

N/A

5.	Resources Implications (Financial / staffing)
N/A	

6.	Equality and Diversity
N/A	

7.	References to previous reports
N/A	

8.	Freedom of Information
Public.	

Royal United Hospitals Bath
NHS Foundation Trust

Council of Governors Engagement Policy:

Defining the relationship between the Board of Directors and Council of Governors

Reference Number:	
Author & Title:	Xavier Bell, Board of Directors' Secretary Mike Welton, Public Governor
Responsible Director:	Brian Stables, Chairman
Review Date:	
Ratified by:	
Date Ratified:	
Version:	1.0

Related Policies and Guidelines	

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Amendment History

Issue	Status	Date	Reason for Change	Authorised

1. Policy Summary

The Trust Board and Council of Governors are committed to building and maintaining an open and constructive working relationship. Under-pinning such a relationship is the need for clarity on the respective roles and responsibilities.

NHS Improvement suggests that each Foundation Trust should have a Policy for Engagement between the Trust Board and the Council of Governors, which clearly sets out how the two bodies will interact with one another for the benefit of the Trust.

This Policy for Engagement clarifies the respective roles and responsibilities of the Board and the Council of Governors, and describes the information flow between the two groups. The policy describes the involvement of Governors in forward planning, and the role they plan in respect of holding the Trust Board to account.

The Policy for Engagement also sets out a process should the Governors have a concern about the performance of the Board, compliance with the Trust's Provider Licence or the welfare of the Trust. It also describes the process should the Governors have significant concerns about the performance of the Chair or Non-Executive Directors.

This policy is intended to provide clear guidance and a useful framework for both the Trust Board and Council of Governors and has been approved by each respectively.

2. Policy Statements

This policy has been written in response to the recommendations contained in paragraph A.5.6 of The NHS Foundation Trust Code of Governance. Its purpose is to describe the methods by which Governors may engage with the Board, including when they have concerns about the Board's performance, the Trust's compliance with its Provider Licence conditions or the welfare of the Trust.

This policy:

- outlines the mechanisms by which Governors and directors will interact and communicate with each other and takes into account the expanded role of Governors, set out in the National Health Service Act 2006 as amended by the Health & Social Care Act 2012 (the Act), including the duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

- describes the methods by which Governors may engage with the board when they have concerns about the performance of the Board of Directors, compliance with the Trust's Provider Licence or the welfare of the NHS Foundation Trust;

3. Definition of Terms Used

Governor Working Groups – Are the working groups of the Council of Governors, set up to deal with a specific topic or items of business (in accordance with their terms of reference as approved by the Council of Governors).

Membership Office – Means the office run by the Trust to provide support to members and governors of the Trust.

Trust Provider Licence – This is the main tool by which NHS Improvement regulates providers of NHS services (https://www.gov.uk/government/publications/the-nhs-provider-licence).

4. Duties and Responsibilities

Chair
The Trust Chairman:

- acts as the principal link between the Council of Governors and the Board of Directors. He or she will, therefore, have the main role in dealing with any issues raised by Governors, and will involve the Chief Executive and any other directors as necessary.

- ensures that the Board of Directors and Council of Governors work together effectively and enjoy constructive working relationships (including the resolution of any disagreements).

- ensures good information from and between the Board of Directors, Committees, Council of Governors and members and between the Senior Management and Non-Executive Directors, members of the Council of Governors and Senior Management.

- ensures that the Council of Governors and Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties.

- constructs the agendas for both the Board of Directors and Council of Governors (with the input of others as appropriate).

Chief Executive
The Trust Chief Executive:

- ensures the provision of information and support to the Board of Directors and Council of Governors and ensures that Board of Directors' decisions are implemented.

- facilitates and supports effective joint working between the Board of Directors and Council of Governors.

- supports the Chair in his/her task of facilitating effective contributions and sustaining constructive relations between Executive and Non-Executive members of the Board of Directors, elected and appointed members of the Council of Governors and between the Board of Directors and Council of Governors.

- with the Chair, ensures that the Council of Governors and Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties.

- with the Chair, constructs the agendas for both the Board of Directors and Council of Governors (with the input of others as appropriate).

Senior Independent Director
The Senior Independent Director (SID):

- acts as an alternative source of advice to Governors. His or her function is to deal with concerns which would be inappropriate to take to the Chair, or where engagement with the Chair has not resolved the matter.

Lead Governor
The Council of Governors appoints from within one governor to act as the Lead Governor to communicate directly with Monitor/NHS Improvement in the event that the Foundation Trust is at risk of breaching the terms of its Provider Licence.

Governors
Individual Governors have a responsibility to act in accordance with this policy, to raise concerns (as defined in this policy) and to assure themselves that issues have been resolved. In addition, the Council of Governors as a body has a duty to inform Monitor/NHS Improvement if the Trust is at risk of breaching the terms of its Provider Licence.

5. Holding to Account

a. The Health and Social Care Act 2012 specifies that it is the duty of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The relationship between the Council of Governors and Board of Directors is critical and there are a number of ways an open and constructive relationship can be achieved between the two. Board members and Governors should

have the opportunity to meet at regular intervals (in accordance with section (c) on page 7 of this policy), Governors should feel comfortable asking questions regarding the management of the Trust and directors should keep Governors appropriately informed, particularly about key Board decisions and how they affect the Trust and the wider community.

Governors should be satisfied that Non-Executive Directors provide appropriate challenge and bring to bear their specific skills within the decision-making function of the Board.

The process of engagement between the Council of Governors and Board of Directors is one which is on-going. However this policy, agreed between the Board of Directors and the Council of Governors, aims to outline existing and additional mechanisms which have been agreed and which will be used by the Trust to ensure appropriate and timely communication between the Council of Governors and the Trust Board and to ensure that Governors are able to discharge the above new duty effectively, harmoniously and recognising the different and complimentary roles of each body.

In support of the duty to hold to account, the Council of Governors also has the statutory power to require one or more of the directors to attend a Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on the Trust's or directors' performance). Whilst it is recognised that this power will rarely be exercised, should this power be invoked, it must be reported in the Annual Report and Accounts. The aim of this policy is to have agreed levels of engagement which will eliminate or at least minimise the need of Governors to ever invoke this statutory power.

In performing their duties, Governors should keep in mind that the Board of Directors manages the Trust and continues to bear ultimate responsibility for the Trust’s strategic planning and performance and must promote the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

b. Governors will hold the Chair and other Non-Executive Directors to account partly through effectively undertaking the specific statutory duties summarised here:

    - Governors are responsible for appointing the Chair and other Non-Executive Directors and may also remove them in the event of unsatisfactory performance;

    - Governors are constituted to receive the annual report and accounts of the Trust, and can use these as the basis for their questioning of Non-Executive Directors;

    - Governors have the power to appoint or remove the auditor;

- Directors must take account of Governors' views when setting the forward plan for the Trust, giving Governors the opportunity to feed in the views of trust members and the public and to question the Non-Executive Directors if these views do not appear to be reflected in the strategy. However, Governors should understand there may be valid reasons why member views cannot always be acted upon. Governors and Non-Executive Directors should have enough time to discuss these matters so Governors can be satisfied with the reasons behind the board decisions;

- Governors have also had the specific power of approval on any proposal by the Board of Directors to increase non-NHS income by 5% a year or more. They therefore need to be satisfied with the reasons behind any such proposals;

- Governors also have the power to approve amendments to the Trust's constitution (which must also be approved by the Board of Directors), approve 'significant transactions' and approve any mergers, acquisitions, separation or dissolution and will need to be satisfied with the reasons behind any proposals.

c. There are already a number of well-defined mechanisms in existence within the Trust for Governors to receive or seek information from and hold the Board and the directors and Non-Executive Directors to account including:

    - receiving the agenda and minutes of Board meetings and requesting any specific papers. Governors and the public are also invited to pose written questions to the Board, answers of which are recorded in Board minutes and reported to the Council of Governors;

    - receiving the annual report and accounts and asking questions on their content;

    - receiving a monthly update from the Chair detailing both open and confidential business discussed at the Board meeting;

    - receiving the Chief Executive's report to the Council of Governors which, together with Board papers, contains performance information updates;

    - the Board Monitoring Group, who attend the Board of Directors meeting and report concerns to the Council of Governors and raise queries and questions;

    - meetings of the Governor Working Groups, which provide a forum for detailed discussion and challenge around key areas of interest and concern. A Non-Executive Director may be aligned with Governor

Working Groups if requested by the Working Group and will normally be the first point of contact for any queries or assurance items arising from the Group. They will aim to respond to any queries raised by the chair of the Working Group as soon as reasonably practical.

- Governor observers at the three Trust Assurance Committee, who report back to the Council of Governors any issues on which further assurance is required;

- Governor seminars with Non-Executive Directors, Executive Directors and/or key Trust officers every quarter to provide a forum for a more detailed exploration and discussion about Trust performance against its targets and objectives;

- receiving performance appraisal information for the Chair and other Non-Executive Directors, via the Nomination & Remuneration Committee, and using this to inform decisions on remuneration for the Chair and the other Non-Executive Directors;

- Informal meetings with Non-Executive Directors after Council meetings and in other meetings during the year which Governors can use to question Non-Executive Directors on the activities and how they have been providing challenge at Board meetings and other arenas;

- the attendance of the Chief Executive, other executive and Non-Executive Directors at Council of Governors meetings by arrangement and using these opportunities to ask them questions;

- the annual away-day session between the Board of Directors and Council of Governors;

- receiving information on significant internal consultations, developments and media releases;

- receiving information on issues or concerns likely to generate adverse media interest and providing Governors with the opportunity to raise questions or seek information or assurances (through the Council of Governors meeting);

- involvement of Governors in the Trust's strategy and planning process through the holding engagement sessions or through the relevant Working Group(s);

- Involvement in the Trust's ward accreditation scheme and shadowing Non-Executive Patient Safety Visits by arrangement;

- Quarterly meetings between the Chairman and the Governor Chairs of the Governor Working Groups.

d. The following additional measures (some of which are mandatory under the Health & Social Care Act) and which are intended to support Governors in their extended role and to ensure that Governors are well briefed about the decisions which they may be required to make and about the context in which the Board of Directors is working including the requirements of relevant external stakeholders including Commissioners, NHS Improvement and the CQC, exist:

- receiving information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and questioning the directors on these;

- receiving information on documents relating to non-NHS income, in particular any proposals to increase this by 5% a year or more, and questioning the directors on these;

- involvement of Governors via the Lead Governor in the annual appraisal of Non-Executive Directors, which may be achieved by the Chair seeking views and input from the Lead Governor;

5.1. Non-Executive Director / Governor Relationship Procedure:

Governors may on occasion wish to approach a Non-Executive Director personally to discuss matters, after first gaining the approval of the Chairman. When doing so, Governors must follow the procedure set out below (each numbered paragraph 1-15 links to the flowchart int table 1 under section 5.2). Note that the Board has a statutory duty to advise Governors of any significant transactions. These are defined as in the Trust's Constitution and in NHS Improvement's Transactions Guidance (https://improvement.nhs.uk/resources/supporting-nhs-providers-considering-transactions-and-mergers/) – see table 2 below.

1. Governors need to communicate with NEDs as part of their statutory role to hold Non-Executive Directors to account.

2. The regular communication process includes the work plan of the Council of Governors, its working groups and the Board Monitoring Group (see procedure issued in September 2016 and written guidance).

3. Governors can if they wish approach Non-Executive Directors personally to discuss matters after first discussing with the Chair.

4. Governor to be satisfied their issue is resolved, and where appropriate, should share this assurance with the Council of Governors at its next meeting;

5. Governor to pursue course of action through Lead Governor and Chair if matter not resolved satisfactorily;

6. Matter resolved to Governors satisfaction;

7. Issues needing assurance may be raised by the Council of Governors or as a result of the Board Monitoring groups report or issues raised and considered by the Membership and Outreach, Quality and Strategy and Business Planning Work Groups;

8. Non-Executive Directors and/or Executive Directors to provide assurance through presentations and sharing of relevant data. This can be given at the Council of Governors meeting, or at work Groups or at Extraordinary meetings. In general, assurance should be provided in writing as soon as practicable. Non-Executive Directors should ensure that their response is returned via the Membership Office to ensure a formal record is maintained;

9. Governors follow up assurance given through the work groups and debate;

10. Council of Governors to decide whether or not the issues are resolved;

11. Chair and lead governor to decide on the way forward and to advise the Council of Governors;

12. All issues satisfactorily resolved and assurances accepted.

5.2. Flow Charts:

Table 1 – Governors Assurance Process:

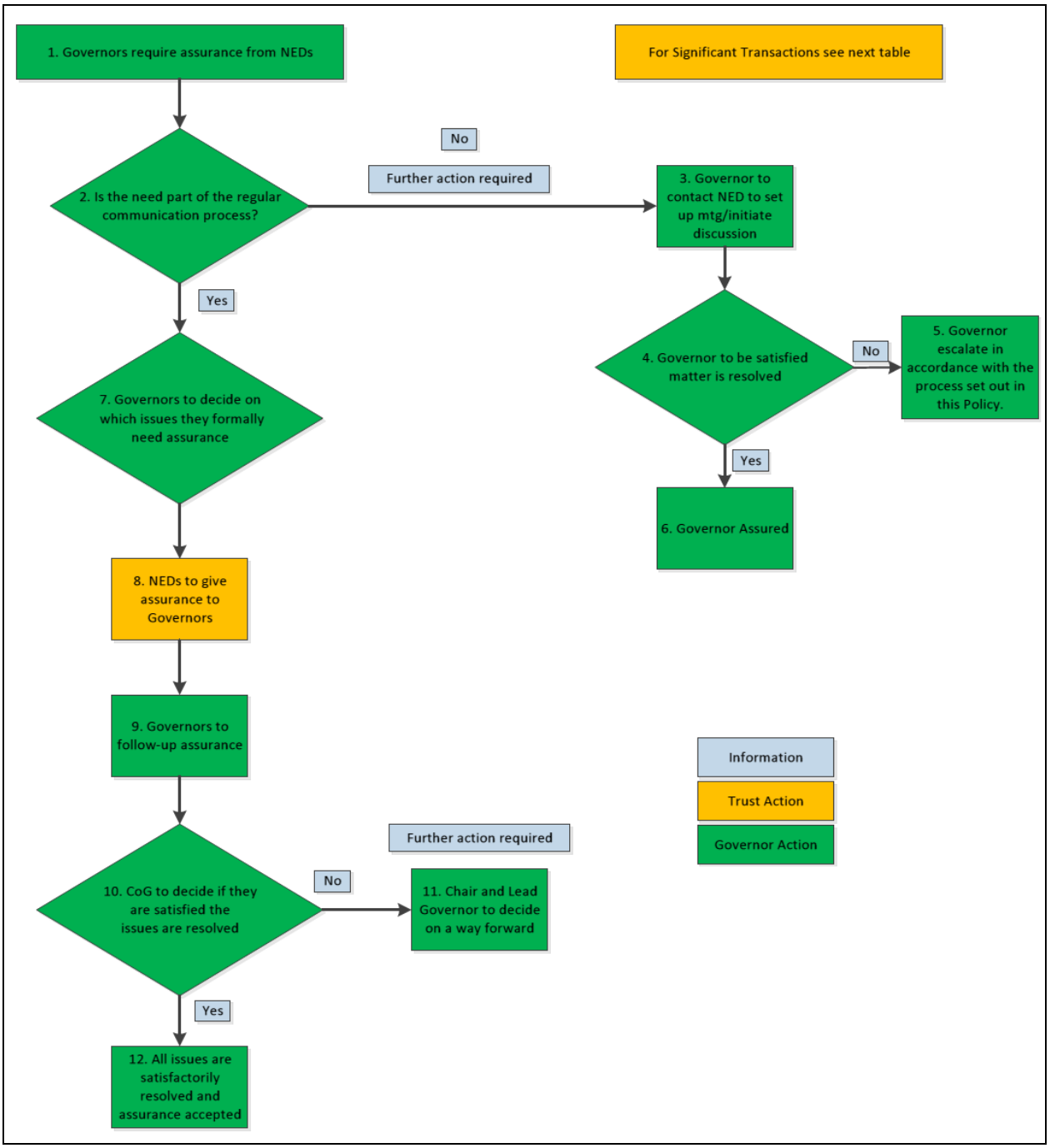
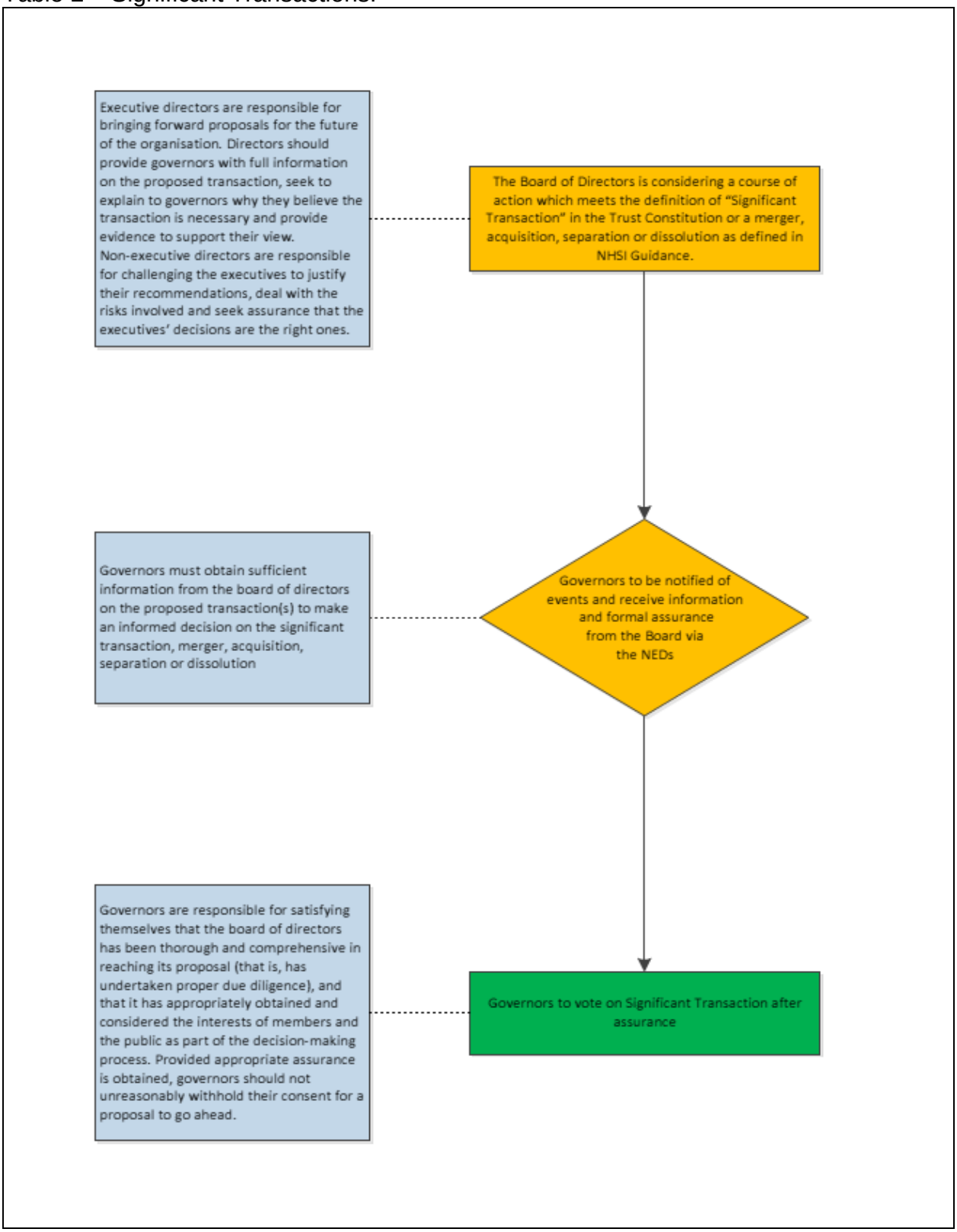


Table 2 – Significant Transactions:



6. Raising Concerns

a. Notwithstanding the role of the Chair in providing the link between the Council of Governors and Board of Directors, it is recommended that any governor or group of Governors (the petitioner/s) who have material concerns covered by this policy should, in the first instance, consult the Board Secretary as they may be able to resolve the matter informally and will certainly be able to advise the petitioner/s on the acceptability of the evidence offered and so whether it is appropriate to take their concerns to the Chair. The advice of the Board Secretary is not, however, binding, and the petitioner/s retain the right at all times to raise the matter with the Chair. For concerns which it would be inappropriate to raise with the Chair, the role of the Chair will be undertaken by the Senior Independent Director.

   Where material concerns exist regarding the performance of the Board of Directors, compliance with the Trust's Provider Licence or matters relating to the general well-being of the Trust, this section of the policy should be followed. This policy is not to be invoked for minor issues raised by an individual governor (in which case the procedure in section 5.1 and 5.2 should be followed).

b. A material concern, in the meaning of this section of the policy, must be directly related to:

   - the performance of the Board of Directors; or
   - compliance with the Trust's Provider Licence.

c. The procedure for a situation in which the Council of Governors as a whole is in dispute with the Board of Directors is covered under the Trust Constitution. Governors should acknowledge the overall responsibility of the Board of Directors for running the Trust and should not try to use the powers of the Council, or the provisions of this policy, to impede the Board in fulfilling its duty.

d. Governors should not raise concerns that are not supported by evidence. That evidence must satisfy the following criteria:

   - any written statement must be from an identifiable person or persons who must sign the statement and indicate that they are willing to be interviewed about its contents;
   - other documentation must originate from a bona fide organisation and the source must be clearly identifiable.

e. Newspaper or other media articles will not be accepted as prima facie evidence, but may be accepted as supporting evidence.

f. The Chair shall investigate all concerns brought by Governors, involving other Non-Executive and Executive directors at his discretion. The investigation shall include a review of the evidence offered and discussions with trust officers as appropriate.

g. As soon as practicable after the conclusion of the investigation the Chair shall meet with the Governor/s to discuss the findings. This meeting has three possible outcomes:

- the Governor/s are satisfied that their concerns were unjustified and withdraw them unreservedly. In this case no further action is required;
- the Governor/s are satisfied that their concerns have been resolved during the course of the investigation. The Chair shall write a report on the concerns and the actions taken and present this the Council of Governors; or
- the matter is not resolved to the satisfaction of the Governor/s. The Chair shall call a closed extraordinary meeting of the Council of Governors as soon as possible in accordance with the terms of the Trust Constitution to consider the matter further. That meeting may choose either to take no further action or, if two thirds of the Governors present agree, to invoke the escalation process described below.

7. Escalation Process

a. At this stage of the process the SID takes over the lead role from the Chair. Should the SID be unavailable, or be prevented from participating because of a conflict of interests, then the Council of Governors may choose any other Non-Executive Director to fulfil the role.

b. The first duty of the SID is to establish the facts of the matter. This will be accomplished by reviewing the evidence offered by the petitioner/s, the process of the investigation and any documentation produced and also by meetings/interviews with the Governor/s and any trust officers involved. In carrying out this process the SID shall seek the agreement of all interested parties and shall have the authority to commission whatever legal or other advice is required.

c. Once the facts are established to his or her satisfaction, the SID shall make a decision on the course of action to be followed in the best interests of the trust and shall describe the reasons for that decision in a written report. The decision of the SID shall be binding upon the trust. In the first instance, the SID shall present the decision and the report to the Governor/s and to interested parties within the organisation.

d. The Chair shall then, at the request of the SID, call a closed extraordinary meeting of the Council of Governors as soon as possible in accordance with the terms of the Trust Constitution. The purpose of this meeting, and the sole

item on the agenda, will be for the SID to present his or her report and decision and for the Council to give its response. Three outcomes are possible:

- the Council accepts the decision of the SID. In this case no further action is necessary;
- the Council does not accept the decision of the SID but chooses not to escalate the matter further. No further action is prescribed by this policy but the Council of Governors may choose to keep the matter under review at future meetings; or
- the Council votes to refer a question for legal review.

8. Monitoring Compliance

Compliance with the Policy will be monitored by the Membership team, and by the Council of Governors and Board of Directors.

9. Review

This policy will be subject to a planned review every three years as part of the Trust's Policy Review Process. It is recognised however that there may be updates required in the interim arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust's revised policy and practise.

10. Training

This policy will form part of the induction training of new Governors and will be brought to the attention of all Non-Executive and Executive Directors on their appointment at the Trust.

11. References

The NHS Foundation Trust Code of Governance (Update July 2014)

Your statutory duties: A reference guide for NHS foundation trust governors (August 2013)

Document Control Information

Ratification Assurance Statement

Dear _____

Please review the following information to support the ratification of the below named document.

Name of document: _____

Name of author: _____

Job Title: _____

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: _____ **Date:** _____

Name of Person Ratifying this policy: _____

Job Title: _____

Signature: _____ **Date:** _____

To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and **post this page only** to: Director's Office, Wolfson Centre, (D1), Royal United Hospital

The **whole policy** must be sent electronically to: ruh-tr.policies@nhs.net

Consultation Schedule

Name and Title of Individual	Date Consulted
Brian Stables, Chair	
Mike Welton, Public Governor	
Amanda Buss, Public Governor	

The following people have submitted responses to the consultation process:

Name and Title of Individual	Date Responded

Name of Committee/s (if applicable)	Date of Committee

Equality Impact: (A) Assessment Screening

1. Title of document/service for assessment	
2. Date of assessment	
3. Date for review	
4. Directorate/Service	
5. Approval Committee	

6. Does the document/service affect one group less or more favourably than another on the basis of:

Protected characteristic:	Yes/No	Rationale
• Age		
• Disability		
• Gender reassignment		
• Pregnancy and maternity		
• Race		
• Religion and belief		
• Sex		
• Sexual orientation		
• Marriage and civil partnership		

7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?

8. If the answers to the above question is 'no' then adjust the element of the document / service to remove the disadvantage identified.

9. If neither of the above is possible, take no further action until you have contacted your EIA Divisional / Directorate link for review and support

Signature of person completing the Equality Impact Assessment

Name	
Time	
Date	

Chair of decision making Board / Group / Committee approval and sign off	
Name	
Time	
Date	

Equality Impact: (B) Full Analysis

Note:

Only complete this section if you answered **YES** to any of the questions in the **Equality Impact: (A) Screening Assessment**

Equality Analysis is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality Analysis can be carried out in relation to service delivery as well as employment policies and strategies.

This template has been developed to use as a framework when carrying out an Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Royal United Hospital, Bath NHS Trust website.

1.	**Identify the aims of the policy or service and how it is implemented.**	
	Key questions	**Answers / Notes**
1.1	Briefly describe purpose of the service/policy including • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	
1.3	Do the aims of this policy link to or conflict with any other policies of the Trust?	

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	**Data, research and information that you can refer to**
2.1	What is the equalities profile of the team delivering the service/policy?	
2.2	What equalities training have staff received?	
2.3	What is the equalities profile of service users?	
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	**Gender** Identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)		
3.2	**Transgender** Identify the impact/potential impact of the policy on transgender people		
3.3	**Disability** Identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)		
3.4	**Age** Identify the impact/potential impact of the policy on different age groups		
3.5	**Race** Identify the impact/potential impact on different black and minority ethnic groups		
3.6	**Sexual orientation** Identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people		
3.7	**Religion/belief** Identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		
3.8	**Marriage/Civil Partnership** Identify the impact/potential impact of the policy		
3.9	**Pregnancy/Maternity** Identify the impact/potential impact of the policy		

4. Royal United Hospital, Bath Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Line Manager or their nominated officer. Please ensure that it is submitted to the body ratifying your policy or service change with your report/proposal. Keep a copy for your own records.

Signed off by:	**Date:**