



Spire Healthcare

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Please indicate what type of document this is (please check):

- Policy
- Procedure
- Guideline



Document on a Page

CLINI 41 - Spire Patient Access Policy – NHS and Armed Forces patients

Policies can sometimes be hard to digest, but all colleagues need to be aware of their key points. The key points from this document are on this page.



What Does the Document Cover?

The Patient Access Policy describes how **Spire Healthcare Hospitals** will manage access to its services, ensure fair treatment for all patients, and support management of waiting lists to deliver NHS RTT targets including the legally required achievement of 6-week diagnostic waiting time standards.



Who are the key groups who need to be aware of this document (please check)?

- Hospital clinical colleagues
- Consultants
- Non-clinical colleagues
- Everyone
- Other (please specify)



What Does It Say?

The policy aims to provide Spire Hospitals with a structured and transparent approach to the management of referrals, scheduling and booking across the group.



What Do I Need to Do?

Read and familiarise themselves with the updated policy and to manage patient pathways in accordance with it.



Further Information

The full policy can be found on the intranet [here](#) [link to policy on intranet]
Contact the relevant (team/person) on mark.barlow@spirehealthcare.com

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INTRODUCTION

The Patient Access Policy describes how **Spire Healthcare Hospitals** will manage access to its services, ensure fair treatment for all patients, and support management of waiting lists to deliver NHS RTT targets including the legally required achievement of 6-week diagnostic waiting time standards.

AIMS OF THE PATIENT ACCESS POLICY

The policy aims to provide Spire Hospitals with a structured and transparent approach to the management of referrals, scheduling and booking across the group

The Patient Access Policy aims to achieve the following:

- Ensure that all patients requiring access to Consultant led services for outpatient appointments, elective inpatient treatment or elective day-case treatment are managed consistently, according to national DH and local frameworks and definitions.,
- Support the reduction in waiting times and the achievement of patient access targets, reducing Did Not Attends (DNAs), cancellations and improving the patient experience.
- Support delivery of any Procedures of Limited Clinical Value Policies which may be in force.
- To improve communication between referring clinicians and the Hospital supporting patient pathways, patient compliance and patient experience.
- Ensure that where we support NHS Trusts by completing elements of their patient pathways through sub-contracts that this activity is completed in line with the principles of our access policy, including the returning of patients to the Trust where they DNA appointments or seek to delay the pathway.

GENERAL PRINCIPLES FOR ACCESS

- RTT targets or financial considerations will not take precedence over clinical need. Implementation of this policy should ensure that patients are treated in accordance with their clinical need (Clinical Priority) and that this should determine when patients receive their treatment.
- Patients will be assessed on their clinical need and urgent patients will be prioritised to be seen at the first available appointment.
- Spire Hospitals at all times will ensure that no patients with one or more protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation) are discriminated against or disadvantaged by this policy and associated procedures. Spire Hospitals will work towards providing inclusive and equal access for all service users.
- In line with the provisions of the Armed Forces Covenant, serving Armed Forces personnel, their immediate families, or service veterans may be given priority access relative to other patients.
- All patients should have the opportunity to participate in the choice of their Clinician, appointment time, date and location (where choice is available) as part of their referral. **Spire Healthcare Hospitals** will support this by ensuring that referring clinicians are provided with access to a well maintained Directory of Services on the e-Referral System.
- Patients shall be offered reasonable notice for all aspects of RTT delivery.

Promoting equality of access to Services

Spire Hospitals will take appropriate measures to ensure that every service user is treated with dignity and respect in a safe environment. The services provided will be delivered in a fair and equitable manner. Spire will not tolerate any practices that result in the provision of a lower standard of service due to unlawful discrimination. The services provided will be accessible and sensitive to the needs of the diverse community. Spire will ensure that patient needs are at the centre of our service delivery.

THE REFERRALS PROCESS

Any referral to Secondary Care must originate from either a GP or appropriate healthcare professional, such as Nurse Practitioners, Dentists, Optometrists and Extended Scope Practitioners. Referrals may also be sent via an interface service, such as a Referral Management Service or an MSK Clinical Assessment & Treatment Service, or by another NHS provider (referred to as an 'Inter-Provider Transfer').

Prior to Referral

Prior to referral the following must occur:

- All patients must have had an appropriate clinical assessment by a GP or other healthcare professional or undertaken a commissioned triage process.
- The referring clinician must inform the patient that referral is appropriate and offer a choice of provider.
- Any required tests must have been undertaken. Test results should be made available to the receiving Consultant and included wherever possible in the original referral.
- If appropriate, the referring clinician **must** have applied for and received prior approval for a Procedure of Limited Clinical Value or other procedure subject to any prior approval requirements before making the referral. The evidence that prior approval has been obtained should be included in the original referral.
- Referrers should ensure that patients are ready and able to, if necessary, complete their pathway – including any admission for a procedure – within the prevailing RTT target set by NHS England.

General Exclusions

The following exclusions apply to all Services provided by **Spire Healthcare Hospitals**:

- Patients under the age of 18 (unless the Service has been specifically commissioned as a paediatric service).
- Patients with co-morbidities which make them unsuitable for treatment in a general surgical Service, or which may pose a significant anaesthetic risk.
- Patients with unstable psychiatric conditions.
- BMI – although BMI is not a general exclusion criteria when accepting referrals, hospitals must ensure that they comply with any prior approval policies which may include rules around the BMI of patients for certain procedures. Hospitals must also ensure that when referrals are triaged they consider whether the hospital has the necessary facilities to enable the safe treatment of individual patients with a high BMI and any associated clinical requirements.

The Referral

The referring GP or healthcare professional must provide sufficient information to enable the provider to determine the most appropriate clinic/Consultant. Details should include:

- Patient demographics, including:
 - full name of patient;
 - patients date of birth;
 - patients gender at birth;
 - patients full address including postcode;
 - patients up-to-date contact telephone number (preferably including a mobile number);
 - patients NHS number.
- Results of tests undertaken
- current medication;
- BMI;
- Significant and relevant past medical history;

- Full clinical details on the reason for the referral in line with clinical referral guidance and locally agreed referral criteria.
- Where relevant, confirmation that the patient is a serving member of the Armed Forces or a veteran (see note below).
- Special needs: Please indicate any special needs that may need to be accommodated.
- Interpreter: where a patient requires an interpreter for an appointment /admission this must be highlighted on the referral and where possible should clearly state the exact type of interpreter required.
- Patient Transport: patient transport requirements for all first outpatient attendances must be highlighted on the referral and will be arranged by **Spire Healthcare Hospitals** subject to the patient meeting the eligibility criteria. Subsequent patient transport arrangements will be booked by the hospital.

Access to Treatment for Armed Forces Veterans (Health Service Guidelines HSG(97)31)

Armed forces veterans do not need to have applied and become eligible for a War Pension before receiving priority treatment. Referring clinicians should notify the Hospital of the patient's condition and its relation to Military Service when they refer the patient, so that the Hospital can ensure that it meets the current guidance for priority service over other patients with the same level of clinical need.

In line with guidance from the Department of Health all veterans and war pensioners should receive priority access to NHS care for any conditions which are related to their service subject to the clinical needs of all patients (in line with clinical policy patients with more urgent clinical needs will continue to receive clinical priority).

Review and Screening of Referrals

Spire Healthcare will have appropriate referral screening in place to ensure that patients are assigned to the correct speciality and sub-specialism (and consultant if appropriate) at the start of the referral process to avoid multiple and unnecessary inter-consultant referrals that waste valuable clinic capacity and give a poor patient experience. If the referral/request does not provide sufficient/illegible information for the screener to make a decision, the referral letter will be returned to the original referrer and further information requested. If the referral letter is not attached within 72 hours of the e-Referral referral being made, in line with the national e-Referral guidance, the appointment may be cancelled and the referring clinician and patient informed.

If a referral has been made to a consultant who does not have the specific skills for the needs of the patient, the referral shall be re-routed to an appropriate consultant in the same speciality, prior to the first outpatient appointment.

If a patient needs to be onward referred to a consultant in a different specialty then it is the responsibility of the consultant and the hospital to action the onward referral. The patient must not be referred back to the original referring clinician. Onward referral may be to a consultant in a different specialty who practices on NHS patients in Spire or to an alternative provider. Onward referral to an alternative provider would require an Inter-provider transfer of the patient and this transfer must be approved by the ICB.

Inappropriate referrals

If the referral is for a Service not available at **Spire Healthcare Hospitals** then the referral will be returned to the original referrer with advice. The referral/ request will be closed off on SAP.

If the patient referred does not meet exclusion criteria then the referral will be returned to the original referrer with advice. The referral/ request will be closed off on SAP.

Referral by Interface Services or transfers from other Providers

When accepting a referral from an Interface Service (such as a referral management or triage service) or accepting a transfer of a patient from another NHS Provider, the referral/transfer **must** be accompanied by a full Inter-Provider Transfer Minimum Data Set (in the format mandated by NHS Digital) and the RTT Breach Date used must be calculated using the original Clock Start Date, not the date they were passed to Spire.

Patient transfers will only be accepted with an Inter-Provider Transfer Minimum Data Set, full patient notes from the originating provider and ICB approval.

MANAGING THE PATIENT PATHWAY: GENERAL

Referral to Treatment (RTT) Considerations

Spire Healthcare Hospitals have a legal obligation to ensure, wherever possible, that all patients are treated within 18 weeks of referral. Given the impact of the pandemic the NHS England issue and review RTT targets from time to time with a view to reduce maximum RTT waits over time. Providers will be required to reduce RTT waits to a maximum of 52 weeks during 2026. This target will reduce further over time. This section outlines the approach the Hospitals will take to this obligation.

It is the responsibility of the referring clinician to ensure that the patient is reasonably ready and available to attend outpatient or diagnostic appointments and to be admitted (where clinically required) within the maximum target set by NHS England. This should be discussed with patients prior to the referral being made. Patients who are unavailable for 6 weeks or more for their First Outpatient Appointment should not be referred until available.

Referral/Request Date

- For e-Referrals, the referral date is the UBRN conversion date.
- For manual referrals the referral date is the date on which the paper referral is received by Spire.
- For Patients on an existing RTT week pathway the referral date is the date indicated on the transfer form "Latest 18 week clock start date".

Internal Milestones

Spire Healthcare Hospitals internal operating standards are broken down into three distinct milestones to assist in management to a maximum 18 week waiting time. Normally the following timescales apply:

- Minimum of 3 weeks and maximum of 6 weeks (Milestone 1) from referral to first outpatient attendance;
- Maximum of 6 weeks for diagnostics from referral for investigation (Milestone 2);
- Minimum of 10 weeks and maximum of 52 weeks (Milestone 3) from referral to first offered date of admission (as either daycase or inpatient). The maximum 52 weeks target will reduce over time as NHS England issue new targets. Revised targets will be communicated to the business when they occur.

Keeping Patients Informed

The RTT pathway does not allow for any delays in patient care or in administrative processes. To ensure that patients move through pathways in an efficient and planned manner all appointments, diagnostics and admissions will need to be pre-booked.

Patients should not leave a hospital attendance without knowing their outcome, what the next stage of their pathway will be and when it is booked or intended to be booked.

MANAGING THE PATIENT PATHWAY: OUTPATIENT

Offer of First Outpatient Appointment

In line with the national guidance, **Spire Healthcare Hospitals** will expect to receive referrals via the e-Referrals system. It is the responsibility of the referring clinician to ensure that the patient is given the choice of the date and time of the appointment when a referral is sent via the e-Referral system. Selection of a specific appointment via the e-Referral system is deemed to equate to acceptance of a reasonable offer.

Where a referral is made through the e-Referral system but an appointment is not available and the referral is 'Deferred to Provider', or where the referral is made by some method other than the e-Referral system, **Spire Healthcare** will attempt to speak directly to the patient to agree an appointment date and time. Where this is not possible Spire will write to the patient offering a time and date for an appointment three or more weeks from the date that the offer was made. If the patient declines they will be informed that they will be offered one further date, which if declined may result in the patient being discharged back to their GP's care.

Hospitals must actively manage patients who are 'deferred to provider'. These patients are held on the ASI list until the patient is given an appointment. At this point the patient moves off the ASI list into SAP. Urgent action must be taken by hospitals to address capacity issues which delay patients being given an appointment. If issues are likely to continue then hospitals must consider whether action must be taken to reduce the flow of patients being referred into the service. If this is the case then advice must be sought from the central Commercial NHS team.

Follow Up/Diagnostic Appointments

If an Outpatient Follow Up or Diagnostic appointment is required this will normally be agreed with the patient before they leave the Hospital following the First (or any subsequent) Outpatient Appointment. Where this is not possible, patients who require a Follow-up Appointment or Diagnostic Appointment will be given at least 3 weeks notice of their appointment date and time. If the patient declines they will be informed that they will be offered one further date, which if declined may result in the patient being discharged back to their GP's care.

Failure to accept an Outpatient/Diagnostic Appointment Offer/Cancellations and Delays

If a patient **does not** accept a reasonable offer of an outpatient new, follow-up or diagnostic appointment or chooses to delay their treatment pathway on more than two occasions (including by cancelling appointments with notice) they may be discharged to their referring clinician, who should re-refer the patient once they are ready to be treated.

In deciding whether a patient has declined reasonable offers or has delayed their treatment pathway and should be discharged, the Hospital will take into account any extenuating circumstances, which may include:

- If the patient has a family bereavement
- If a patient has immediate carer responsibilities that cannot be rescheduled
- If the patient (or where appropriate parent/immediate family member) is a serving member of the Armed Forces who may have an impact on their availability which is beyond their control.

A decision to discharge a patient to their referring clinician must not be contrary to the clinical needs of the patient.

Patient Did Not Attend

A 'Did Not Attend' (DNA) is defined strictly as a patient failing to give notice that they will not be attending their appointment. Patients who give prior notice, however small, are not classed as DNAs and their clocks **should not** be stopped and nullified. Only patients who fail to attend their **first new outpatient appointment** may have their clock stopped. The Hospital must be able to demonstrate that the appointment was clearly notified to the patient (see above) prior to nullification of the clock.

The Hospital should contact the patient and attempt to rebook the first new outpatient appointment. A new clock will start on the date that the patient agrees a new first appointment date. Where a patient declines to agree a new appointment the hospital will discharge the patient back to the referring clinician.

Where a patient DNAs a rebooked first outpatient appointment, or DNAs a follow-up or diagnostic appointment or pre-op assessment, the Hospital may discharge the patient back to the referring clinician.

In deciding whether to re-contact a patient and rebook an appointment, the Hospital will assess whether it is clinically safe to discharge the patient and take into account any extenuating circumstances (as outlined above).

Active Monitoring

Active monitoring (watchful waiting under the care of the consultant) stops the clock and caters for period of care where clinical intervention is felt not to be required. This is where it is clinically appropriate to monitor the patient without clinical intervention or further diagnostic procedures, or where the patient wishes to continue to be reviewed as an outpatient, or have an open appointment, without progressing to more invasive treatment.

Active Monitoring can also be applied in instances where a decision to admit has been made and the patient has agreed to proceed with treatment but is not available for a period of time due to personal circumstances.

Prior to placing on Active Monitoring the patient must have been offered 2 reasonable RTT dates within 6 to 8 weeks of the decision to admit with the patient having declined both offers. The consultant and the patient must both agree to a period of Active Monitoring. Once placed on Active Monitoring the patient must be offered a 3rd TCI date – ideally within 12 weeks of the decision to admit. Only in exceptional circumstances should a patient's Active Monitoring be extended beyond that point.

Patients on active monitoring must be subject to a consultant review every three months where a decision must be made to either admit the patient for surgery, discharge the patient to the referring clinician (decision not to treat) or to extend the active monitoring for a further period of time. Any extension must be subject to a clinical review after a maximum period of 3 months. Only in exceptional circumstances must Active Monitoring be extended beyond the initial 3 month period. Active Monitoring as a result of patient wishing to delay must not be extended beyond the initial 3 month period. They must agree a reasonable TCI date or else be discharged back to the referring clinician for re-referral when the patient becomes available for treatment.

If a decision to admit is not made at the second clinical review the consultant would need to justify the clinical reason for any further proposed extension to active monitoring at the hospital rather than discharging the

patient to the referring clinician. Active monitoring at the hospital should only exceed six months in exceptional circumstances and reasons for any extension are clearly documented.

If after a period of active monitoring the patient or the consultant then decides that treatment is now appropriate a new clock starts and RTT pathway begins. The patient must receive their first definitive treatment within a maximum of 52 weeks or sooner if NHS England issue updated RTT targets.

The clinical review of patients must consist of a consultant lead discussion with the patient. This can be face to face or non-face to face.

MANAGING THE PATIENT PATHWAY: TREATMENT (OUTPATIENT, DAYCASE & INPATIENT)

Outpatient Treatment

Where patients are to be offered treatment on an outpatient basis (and the treatment is not to take place at a first outpatient appointment) then the provisions around notice as outlined at 'Follow Up/Diagnostic Appointments' above will apply.

Admitted Treatment

When offering patients an admission for treatment (whether as a daycase or an inpatient) **Spire Healthcare** will offer at least 2 reasonable dates for admission – 'reasonable' is defined as an offer of a date with at least 3 weeks' notice and no later than 8 weeks following the decision to admit. A record of the offers should be recorded on SAP.

Failure to accept a Reasonable Offer of Admission

If a patient **does not** accept a reasonable offer of admission or chooses to delay their treatment pathway on more than two occasions (by cancelling planned admissions with reasonable notice) they may be discharged to their referring clinician, who should re-refer the patient once they are ready to be treated.

In deciding whether a patient has declined reasonable offers or has delayed their treatment pathway and should be discharged, the Hospital will take into account any extenuating circumstances.

A decision to discharge a patient to their referring clinician must not be contrary to the clinical needs of the patient.

Patient Deferrals: NHS England RTT Considerations

If the patient wishes to delay any part of the pathway, and this may result in the pathway extending beyond NHS England's prevailing RTT target, endeavours will be made to accommodate the request. However, it must be borne in mind that agreement with the patient to extend a treatment date outside of the NHS England target will result in a breach of that target. Under no circumstances must any agreed delay result in a breach of the prevailing NHS England target. There is no facility for providers to pause the 18 week clock under any circumstances.

If reasonable agreement cannot be reached, and the patient has had offers for treatment in line with the test of reasonableness, the patient may be discharged and the referring GP informed. If the clinician feels that it is in the best clinical interest of the patient to discharge the patient back to the care of their GP and inform them that treatment is not progressing then this must be made clear to the patient.

This must be a clinical decision, taking the healthcare needs of each individual patient into account.

It is not acceptable to refer patients back to their GP simply because they wish to delay their appointment or treatment. Such decisions should be made by the treating clinician on a case by case basis. The consultant does have the option to place the patient on Active Monitoring (please refer to Active Monitoring above).

If a patient wishes to delay their treatment for more than 3 months then it is likely that a clinical review of the patient will be required to determine if the requested delay may alter their treatment plan or worsen their condition. Should the consultant conclude that delaying treatment is not in the best interest of the patient, the patient should be advised so there is an opportunity for the patient to consider undergoing the procedure in accordance with the clinician's advice. If the patient is unwilling to undertake surgery as advised, the patient

should be discharged to GP for re-referral at an appropriate time in the future. Where clinically appropriate Spire may agree that the patient can be re-referred direct to a pre-operative assessment without the requirement for further outpatient attendance.

Unfit for Surgery

Medically unfit patients need to be ready for surgery within 21 days (RTT-week clock still ticking). Patients should not be added to the waiting list if there are medical reasons that their admitted procedure should not take place. If the reason is transitory (such as a cold) then they will be offered a further pre-screening date within three weeks. This will allow patients with minor acute clinical reasons for delay (such as a chest infection) time to recover and the clock will continue to run during this time.

If a patient is deemed unfit at pre-operative assessment, the pre-operative nurse will contact the GP and Consultant for review, assessment and action. The 21-day rule will continue during this period of time. The pre-operative nurse will clearly identify the requirements of the GP. In addition a contact name and telephone number will be made available to discuss the patient's condition if it is deemed necessary.

If a patient is not fit after that time and is likely to remain unfit for a longer period they will be discharged and returned to their GP where this is clinically appropriate for the management of their ongoing chronic clinical condition. Re-referrals should then be made by the GP when the patient is fit for surgery, which would initiate a new clock start and pathway.

'Did Not Attend': Admission

If the patient fails to attend on the day of a scheduled admission (whether as a daycase or inpatient) and where reasonable notice of the admission has been given, they may be discharged back to the care of their referring clinician, unless this is against the clinical interests of the patient. If the admitting consultant requests a further admission date the patient's RTT clock will continue. A new TCI date should be offered within 3 to 6 weeks and if this offer is declined the patient may be discharged back to the care of their referring clinician, unless this is against the clinical interests of the patient.

Hospital cancellations

Where possible no hospital-imposed cancellations should occur at any stage of the pathway. As patients will only be offered appointments/admission within a controlled time frame it is envisaged that all clinics/theatre sessions will be confirmed and appropriately staffed. The only exception would be in the event of sickness etc. As a means of supporting clinic scheduling Consultants and their clinical teams are required to provide at least six weeks' notice of unavailability or leave.

Where a patient's appointment/admission date is cancelled by the hospital on the day the patient will be rebooked for the earliest practicable date ensuring that the appropriate waiting time target is not breached.

Follow-up attendances following discharge from surgery

Provision of follow-up attendances should be based upon clinical need and in accordance with pathways agreed with local commissioners.

Please complete the quality assessment below.

Quality Assessment

Reference:	Clini 41
Document name:	Patient Access Policy
Name of the person completing:	Mark Barlow
Who has been consulted on this document:	Cathy Cale
Director owning the policy (job title):	Group Medical Director
Directors name:	Cathy Cale

Has the executive responsible for this document seen and approved this document? Yes No

Name of Director	Cathy Cale	Date	19.12.2025
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Which stakeholders have been involved in the development / review of this document?

Please detail	Mark Barlow – Commercial – NHS support
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How will compliance with this document be monitored / audited?

Please detail	Mark Barlow will review hospitals performance around the management of NHS patient pathways on an ongoing basis and check compliance against the specific requirements of the policy. This will include the review of individual patient pathways.
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Is training required to implement this document? Yes No

Please detail	
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Is there a cost implication in the implementation of this document? Yes No
If there a cost implication has this been agreed? Yes No

Please detail	
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Is there a resource implication in the implementation of this document? Yes No

Please detail	
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Please complete the equality assessment below.

Equality Assessment

Positive impact: a policy / document where the impact on a particular group of colleagues / patients is more positive than for other colleagues. It can also include legally permitted positive action initiatives designed to remedy workforce imbalance, such as job interview guarantee schemes for disabled people.

Negative impact: a policy / document where the impact on a particular group of colleagues / patients is more negative than for other colleagues (e.g., where the choice of venue for a colleague social occasion precludes members of a particular faith or belief group from participating).

Neutral impact: a policy / document with neither a positive / negative impact on any group or groups of colleagues / patients, compared to others.

Group: Colleague / Patient	Considerations (examples)	Impact (check box)
Sex		<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Pregnancy / maternity		<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Disability	<i>Do we need to consider large print or adapt for colleagues with Dyslexia?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Race (inc. ethnicity /nationality)	<i>Is the document inclusive and take into account different groups of people?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Age	<i>Are their ways older / younger people might find it difficult to engage with the document?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Gender reassignment / trans / non-binary	<i>The language used inclusive of all groups e.g. they instead of he/she.</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Marriage /civil partnership		<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Lesbian / gay / bisexual groups	<i>Is the language used inclusive of LGBTQ+?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Faith / belief groups:	<i>Do faith groups experience a disadvantage in relation to the document?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Welsh language	<i>Level of fluency?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative
Social deprivation	<i>Are their social factors to consider?</i>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative

If there is a negative impact on any equality target groups, can this impact be legally and objectively justified?

Please detail	No
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Does this document promote equality? Consider, does the document eliminate unlawful or unjustifiable discrimination, promote equality of opportunity, promote positive attitudes, eliminate harassment and bullying or victimisation, promotes inclusion and participation and eliminate health inequalities for both colleagues and patients?

Please detail	Yes – Equality & diversity referenced in the policy
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If there is no evidence that the document promotes equality, what changes, if any, could be made to achieve this?

Please detail	
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Author Declaration

Please confirm you have thoroughly assessed the policy / document against the above criteria

Signed	Mark Barlow
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