NHS Kernow Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Title:	Individual Funding Requests policy & procedures
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Date:	Author:	Description:
28 April 2015 v.2	Exceptional Treatments Manager	The previous IFR policy was based on how the Primary Care Trust operated and included references to commissioning activities and structures which are now no longer relevant or do not exist. These have been removed. • The SCRP and LPT procedures have been strengthened to support decision-making. • The IPP procedure has been strengthened to include more robust procedures for handling disagreement; the reconsideration of funding decisions. • Duplication has been removed by integrating the POLCB policy into the new IFR policy and by adding an appendix of restricted treatments.
26 April 2018 v.3	Exceptional Treatments Manager	• Clarification of CCG statutory duties in respect of IFRs • Changes to reflect new organisational structure and governance • Merging of SCRP and LPT panel processes to simplify document • Removal of IFR ethical framework; being superseded by separate CCG 'Ethical framework for priority setting and resource allocation' • Clarification of time limit placed on availability of funding • Renaming of Individual Patient Placement (IPP) Panel to Mental Health and Learning Disability (MH&LD) Panel, for clarity of purpose • Adjustment to IFR Panel quoracy to enable timely decisions. (Public Health/Prescribing now advisory rather than voting members and can submit information in writing) • Clarification of process for urgent consideration of MH&LD applications
Distribution **Methods:** CCG webpage		

NHS Kernow CCG
Individual Funding Requests
Policy and procedures

Contents

1. Introduction

1.1 NHS Kernow CCG is committed to improving the health of people living in Cornwall and the Isles of Scilly, and to ensure that patients receive the treatments they need at the right time, in the right place, to a high standard in order to give the best health outcome.

1.2 It is the statutory duty of the NHS and Clinical Commissioning Groups to provide comprehensive healthcare within the resources available. CCGs receive a fixed amount of money each year in order to provide health services for all their population. Not all treatments can be provided by the NHS and the decision to provide one treatment directly reduces the resources available for other treatments and services.

1.3 The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, place a duty on CCGs to have arrangements in place for considering individual funding requests for treatments which are not routinely commissioned and to give reasons why such a request is not approved.

1.4 The NHS Constitution gives patients the right to expect these decisions to be made rationally, following proper consideration of the evidence and with full explanation when not funded. This document sets out the process by which such requests are considered.

1.5 NHS Kernow operates two panels which consider these funding requests. The Individual Funding Requests Panel make decisions based on the principle of 'exceptional clinical need'. Sections 2 – 7 apply to this Panel. The Mental Health and Learning Disability Panel make decisions based solely on clinical need. Sections 8 – 13 apply to this Panel.

2. Individual Funding Request Panel principles

2.1 An Individual Funding Request (IFR) is a request to fund health care for an individual which is not routinely commissioned. Such a request must be made by a clinician or relevant professional.

2.2 Where a treatment is not routinely commissioned, the IFR Panel will consider requests to fund that treatment where there is evidence of exceptional clinical need. The IFR Panel considers the question: On what grounds can NHS Kernow justify treatment for this patient when others from the same group are not being funded? In making a request, the referring clinician must therefore provide evidence that:

- The patient is significantly different to the general population of patients with the condition in question; and

- The patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition.

2.3 It is not the role of the Individual Funding Requests Panel to make commissioning policies on behalf of NHS Kernow. The Panel cannot make a decision to fund a patient which creates a precedent that establishes new policy (because the patient's circumstances are not in fact exceptional, but representative of a group of patients who would be equally likely to benefit from the intervention). Treatment policies are available at the NHS Kernow website.

2.4 In the case of new drugs and treatments for which there is no published NICE guidance, it is intended that no more than the two requests will be considered by the Panel. Following the second request to Panel, the CCG will need to consider whether a treatment policy is required.

2.5 Where a patient is in receipt of mental health services, an up-to-date report may be submitted to support an application. However, referrals to these services should not be made specifically in order to support a request for funding. Such a referral should only be made where it is appropriate for the patient to receive on-going psychological/psychiatric care.

2.6 Individual Funding Requests should not be made on the basis of non-clinical factors, for example, the degree to which a person has, or is continuing to contribute to society through their employment. The Panel has a duty to make fair and equitable decisions. It cannot make such decisions based on non-clinical factors. If factors such as these are included, the Panel does not know if it is being fair to others who are denied such treatment and whose social circumstances are unknown.

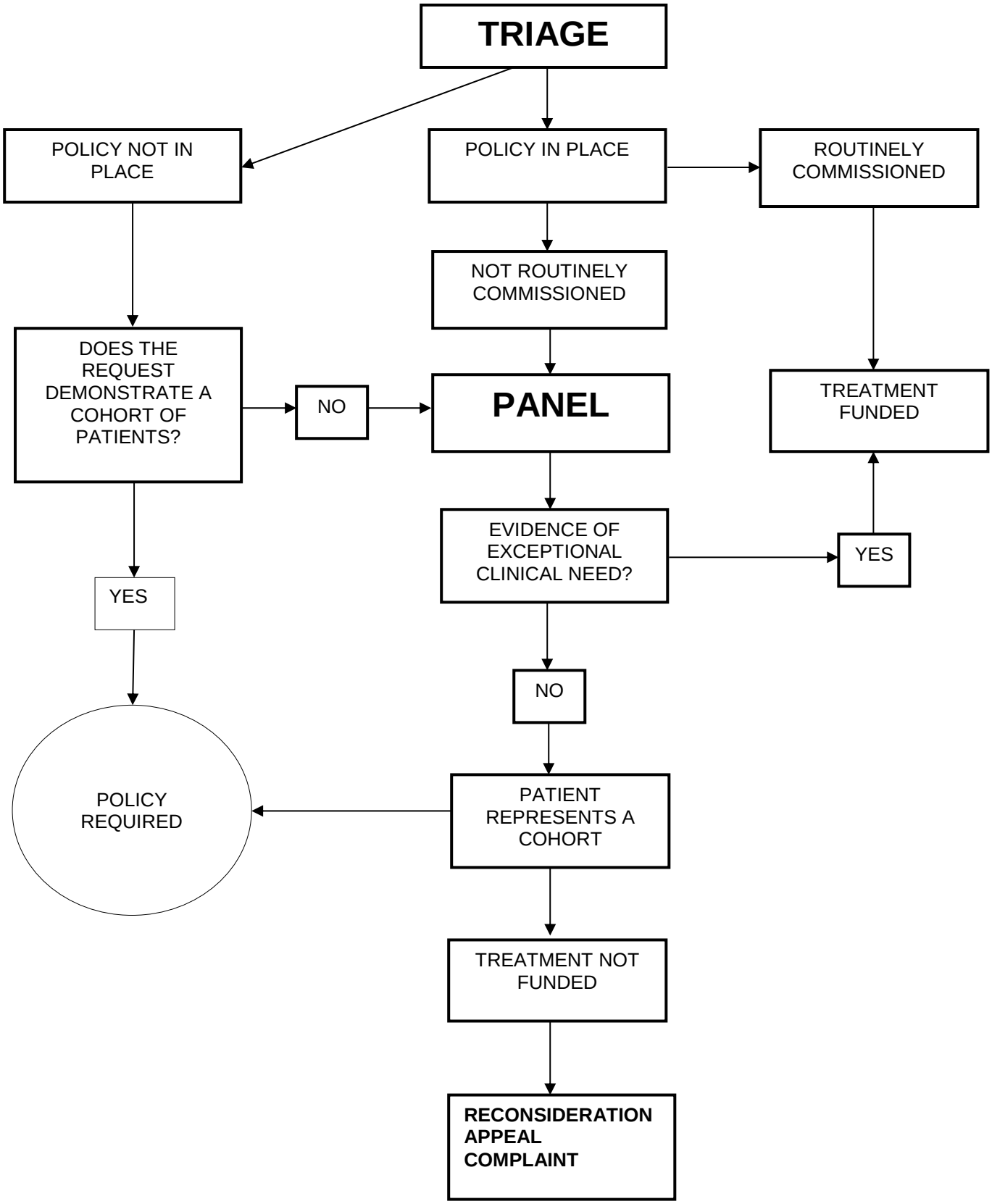
2.7 When considering Individual Funding Requests, the Panel will also apply the NHS Kernow CCG 'Decision Making Framework'.

2.8 Funding is available for one year after the date of IFR Panel approval. If treatment is not pursued within this time, a further application must be made, also detailing the reason for delay.

2.9 Occasionally patients move to the area after treatment has been approved by their previous CCG's funding panel. NHS Kernow may honour such decisions, providing the care pathway has been initiated.

2.10 NHS Kernow will not reimburse costs for private treatment undertaken without prior NHS Kernow approval.

3. IFR procedure



4. Triage

4.1 All IFR requests are triaged by the IFR team to determine whether there is sufficient evidence to forward the application to Panel:

- It is the responsibility of the referring clinician to make the case for exceptional clinical need.
- The application must be completed electronically and in full. If not, it will be returned.
- Clinical opinion must be supported by evidence. If there is no supporting evidence, the application will be returned.
- Any published clinical research papers should be included in full.

4.2 Triage enables one of the following decisions:

- AGREED where the treatment is routinely commissioned.
- REFUSED where there is a clear treatment policy not to fund and no information indicating exceptional clinical need. Where there is insufficient clinical evidence to support the application.
- RETURNED where further information may assist a Panel decision.
- FORWARDED to Panel

4.3 The Exceptional Treatments Officer will inform the referrer of the date when the application will be considered at Panel.

4.4 The application will be anonymised and passed to Panel members one week before the Panel date.

4.5 A request can be considered urgently if the referrer presents evidence that a delay may cause significant harm to the patient's health. Only a small minority of requests are expected to be dealt with in this way and these will usually involve life-threatening conditions. The correct process will be followed, however there will be flexibility in how the Panel meeting is held, for example, by teleconference. If this is not possible, or if a quorum cannot be obtained a decision may be made out of process by the Director responsible for Individual Funding Requests. A record of the rationale for this decision shall be made and presented to the next Panel for ratification.

5. Individual Funding Requests Panel

5.1 The Panel will consist of three voting and two advisory members:

- Layperson Chair (voting member, with casting vote)
- General Practitioner (voting member)
- NHS Kernow Director or delegated authority (voting member)
- Senior Pharmacist (advisory)

- Public Health Clinician (advisory)

5.2 Members will be trained in the legal and ethical implications of decision-making.

5.3 All voting members must be present in order for the Panel to be quorate. The Panel will not proceed if it is not quorate. Advisory members may attend in person, or submit written comments for consideration. Additional advice may also be sought from NHS Kernow commissioners.

5.4 In exceptional circumstances, to prevent undue delay, a Panel member may delegate responsibility for attendance. The delegate must have the appropriate skills and competencies to participate.

5.5 Members must declare any conflict of interest prior to discussion of an individual case. That member would be unable to use their vote in cases where this is required to conclude a decision. Where this is required, the application would be deferred to another Panel with different membership. Any conflict of interest must be recorded in the minutes.

5.6 All members of the Panel will have been provided with a complete copy of all documentation relating to each individual case. It is expected that a decision will be reached at the Panel meeting, unless further information is required.

5.7 The Panel can consider supporting information from the patient, however information will not be presented to Panel in person by either referrer or patient.

5.8 All factors relevant to an individual's case will be considered individually and together in order to decide whether funding should be granted.

5.9 The Panel will apply the principle of exceptional clinical need as well as considering clinical and cost-effectiveness.

5.10 The Panel may defer consideration of a case if they require further information or expert advice.

5.11 The referrer will be informed of the Panel decision in writing, within five working days of the Panel meeting. It is the responsibility of the referrer to inform the patient of the Panel decision.

6. Complaint, reconsideration and appeal

6.1 A patient may use the NHS Complaints procedure if they are unhappy with a Panel decision.

6.2 Referring clinicians can request reconsideration of an individual case if they submit new clinical information which the Panel has not seen previously. The Panel will not reconsider cases where there is no new information. It is the responsibility of the referrer, not the patient to ensure that this information is provided.

6.3 Where the Individual Funding Request Panel has made a decision not to fund treatment and the referring clinician believes that all relevant clinical information has been provided and considered, the referrer or patient may appeal against the original Panel decision. An appeal may be made where it is believed that due process has not been correctly followed. Any appeal should state why this is the case. It must be made within three months of the Panel decision.

6.4 The Appeal Panel will convene within eight weeks of a written request.

6.5 The Appeal Panel provides a procedural review of the original Panel decision. It will consist of three members (none of whom sat on the original Panel which considered the case). All members must be present in order for the Panel to be quorate:

- Layperson Chair (voting member, with casting vote)
- General Practitioner (voting member)
- NHS Kernow Director or delegated authority (voting member)

6.6 In exceptional circumstances, to prevent undue delay, a Panel member may delegate responsibility for attendance. The delegate must have the appropriate skills and competencies to make informed decisions. This must be documented.

6.7 A member from the original Panel may be invited to attend at the start of the meeting to provide clarification, but will not be present for the decision making process.

6.8 The patient and/or the referrer will be notified of the date of the appeal and be invited to submit supporting statements to the Appeal Panel.

6.9 The patient may attend to provide information on why due process was not followed, but will not be present for the decision making process. They may be accompanied by a relative or friend but not a legal representative.

6.10 The Appeal Panel will have access to all relevant documentation about the application, including any correspondence, the evidence base, and minutes which summarise the basis of the original decision. The Appeal Panel does not consider new evidence. They will consider:

- Was due process followed?

- Did the CCG follow its own policies and procedures?
- Did the original Panel take into account all of the relevant information available at the time?
- Was the decision reasonable and in line with the evidence?
- Due process may involve questioning the clinician expert and/or the Chair of the original panel.

6.11 The Appeal Panel may decide to:

- uphold the original decision (due process was followed)
- return the application for Panel further consideration (due process was not followed)

6.12 The Chair of the Appeal Panel or designated officer will inform the patient and referrer of the Panel decision. This will be done verbally within two working days of the Panel and in writing within five working days.

7. Governance

7.1 The IFR Panel reports to the CCG Finance Committee.

7.2 Education on IFRs will be offered to referrers, to enable greater understanding of decision making processes in regard to the funding of treatments. The NHS Kernow website provides access to the following:

- Treatment policies
- Individual Funding Request policy
- Individual Funding Request application forms
- Patient and referrer information leaflets

7.3 The NHS Kernow Individual Funding Request team and Panel members are bound by a duty of confidentiality. All person identifiable data is kept securely. Information is stored so that a funding decision can be made. If an application is funded, data is shared with the NHS Kernow Business Intelligence and Contracts teams for the validation of any subsequent invoices for treatment. Patients have the right to access the records held. They also have the right to object to the CCG making use of their information, restricting what information we use and to correct information if it is not accurate.

8. Mental Health and Learning Disability (MH and LD) Panel

8.1 The NHS Kernow MH and LD Panel is responsible for agreeing individual funding requests for adult, child and adolescent specialist mental health and learning disability needs which cannot be met by currently commissioned services.

8.2 When considering these requests, the Panel will also apply the NHS Kernow CCG 'Ethical framework for priority setting and resource allocation'.

8.3 The Panel makes decisions that:

- Deliver a needs-led service to patients
- Ensure safe, quality care which is as close to home as possible
- Ensure that care is evidence-based, appropriate and cost-effective
- Maximise the use of routinely commissioned services
- Provide robust and ethical decision-making which promotes equitable access to non-commissioned mental health services
- Make recommendations for alternative provision of treatment, demonstrating least restrictive care and treatment options
- Facilitate prompt and effective discharge and repatriation to local services
- Make effective use of the NHS Kernow budget, without compromising the quality of an individual's care

8.4 Requests that are appropriate for Panel include:

- Where current services are not commissioned to deliver the specialist health intervention required by the individual
- Where additional time limited specialist health intervention is required on top of existing commissioned services
- Where there is no commissioning policy in place; NHS Kernow considering that the treatment is so rare that a policy would be inappropriate
- Health funding for extended Section 17 leave periods (above 3 months)

8.5 Requests that are not appropriate for Panel include:

- Service developments
- Funding for residential placements
- Funding for s117 eligible joint-funded care

8.6 NHS Kernow will not reimburse costs for private treatment undertaken without prior NHS Kernow approval.

9. Mental Health Act

9.1 Any course of action taken under the Mental Health Act 1983 (MHA 1983) (as amended) must be done with consideration to the Guiding Principles contained within chapter 1 of the Code of Practice 2008 (CoP). The Guiding Principles are:

- Purpose Principle
- Least Restriction Principle
- Respect Principle

- Participation Principle
- Effectiveness, Efficiency and Equity Principle.

9.2 It is the duty of all persons who are involved in the care and treatment of those detained under the Mental Health Act 1983 (MHA 1983) (as amended) to work within the legal framework of the Act, apply the principles of the CoP and unless there are cogent reason for doing so, not depart from the guidance contained in the Mental Health Act 1983 Code of Practice 2008. This duty extends to the care and treatment of patients who are liable to be detained i.e. may not be continuously in hospital but are granted leave of absence from hospital under s17.

10. Triage

10.1 All applications are reviewed within one week of receipt by the Triage Team, comprising of at least two of the following:

- Exceptional Treatments Manager/ Exceptional Treatments Officer
- Clinical Review Officer
- Programme Lead (Mental Health and Learning Disability)
- Programme Lead (Maternity and Children)

10.2 The MH and LD application must be completed electronically and in full, by a relevant professional, with supporting information including provider assessment reports. Documents which are not fully completed will be returned. Supporting information may also be submitted by the service user. All information should be emailed securely to the Individual Funding Requests mailbox.

10.3 The Triage Team screens the request to determine whether it is appropriate for Panel. The result of the screening may result in the request being:

- FORWARD the application to the Panel
- RETURN the application to the referrer for further information
- REFUSE the application (where there is evidence of existing local commissioned services which will meet the service user's needs)

10.4 The Exceptional Treatments Officer will inform the referrer of the date when the application will be considered at Panel.

10.5 The anonymised application and associated information will be passed to Panel members one week before the Panel date.

10.6 It is expected that all applications should be made in a timely and planned manner. However it is recognised that urgent decisions may occasionally be required. On the advice (confirming that a treatment is clinically indicated and is not routinely commissioned) of the relevant Commissioning Lead, the

Director with responsibility for MH and LD may agree funding outside of procedure.

11. Panel consideration

11.1 The Panel will take account of any existing guidance, or other information relating to the requested treatment which is made available, together with the evidence demonstrating clinical need in each individual case, in reaching their decision.

11.2 The Panel will also apply the NHS Kernow CCG 'Decision Making Framework'.

11.3 The Panel will consist of three voting members:

- Layperson Chair (voting member, with casting vote)
- Programme Lead – Mental Health and Learning Disability (voting member for adult applications) or delegate; or
- Programme lead – Maternity and Children (voting member for children and adolescent applications) or delegate
- General Practitioner

11.4 Advisory members:

- Care co-ordinator/referring practitioner
- Clinical Review Officer – NHS Kernow CCG

11.5 All voting members must be present in order for the Panel to be quorate. The Panel will not proceed if it is not quorate. Advisory members may attend in person, or submit written comments for consideration.

11.6 In exceptional circumstances, to prevent undue delay, a Panel member may delegate responsibility for attendance. The delegate must have the appropriate skills and competencies to participate.

11.7 Members must declare any conflict of interest prior to discussion of an individual case. That member would be unable to use their vote in cases where this is required to conclude a decision. Where this is required, the application would be deferred to another Panel with different membership. Any conflict of interest must be recorded in the minutes.

11.8 The Panel includes in its decision-making:

- Legal obligations under the Mental Health Act
- Guiding Principles contained within chapter 1 of the Code of Practice 2008 (CoP).
- Safeguarding obligations

- Nature, extent and significance of the health gain
- Possible adverse effects of treatment
- Availability and clinical effectiveness of alternative approaches to care which are comparable and more cost effective
- National guidance (NICE)
- Evidence of cost effectiveness
- CQC reports
- Proposed provider assessment reports
- Evidence that all local options and treatments have first been explored and excluded
- Understanding that patients and carers have been appropriately involved in decision-making
- Understanding that placements are reviewed for appropriateness and effectiveness after 3 months and 6 months, by the Community Mental Health Team/Care Coordinator or CAMHs clinician as appropriate
- Evidence that Community Mental Health Teams will remain engaged with the service user to develop exit care pathway options
- Understanding that NHS Kernow is assured that the provider is compliant with CQC Essential Standards
- Knowledge that the NHS Kernow Clinical Review Officer will be involved where appropriate

11.9 There are four decisions that the Panel may reach:

- AGREE to fund the request
- DEFER the decision pending further information/change in clinical circumstance
- DECLINE to fund the request, however fund an alternative
- DECLINE to fund the request

11.10 Decisions will be conveyed to the referrer verbally within two working days. Written confirmation shall be made to the referrer within five working days. It is the responsibility of the referrer to inform the patient of the Panel decision.

12. Complaint, reconsideration and appeal

12.1 A patient may use the NHS Complaints procedure if they are unhappy with a Panel decision.

12.2 Referring clinicians can request reconsideration of an individual case if they submit new clinical information which the Panel has not seen previously. The Panel will not reconsider cases where there is no new information. It is the responsibility of the referrer, not the patient to ensure that this information is provided.

12.3 Where the Panel has made a decision not to fund treatment and the referrer believes that all relevant clinical information has been provided and considered, the referrer or patient may appeal against the original Panel decision. An appeal may be made where it is believed that due process has not been correctly followed. Any appeal should state why this is the case. It must be made within three months of the Panel decision.

12.4 The Appeal Panel will convene within eight weeks of a written request.

12.5 The Appeal Panel provides a procedural review of the original Panel decision.

12.6 The Appeal Panel will consist of different members to the original Panel:

- Layperson Chair (voting member, with casting vote)
- NHS Kernow Director or delegated authority (voting member)
- General Practitioner (voting member)

12.7 A member from the original Panel may be invited to attend at the start of the meeting to provide clarification but will not be present for the decision making process.

12.8 The patient and/or referrer will be notified of the date of the Appeal Panel and be invited to submit supporting statements. The patient may attend to provide information on why due process was not followed, but will not be present for the decision making process. They may be accompanied by a relative or friend but not a legal representative.

12.9 The Appeal Panel will have access to all relevant documentation about the application, but will not consider new evidence. The Panel will consider whether:

- Due process was followed
- All information available at the time was taken into account
- The decision was reasonable

12.10 The Appeal Panel can:

- uphold the original decision (due process was followed)
- return the application to Panel further consideration (due process was not followed)

13. Governance

13.1 The Mental Health & Learning Disability Panel reports to the CCG Finance Committee.

13.2 The NHS Kernow website provides access to the following:

- Individual Funding Request policy
- Mental Health & Learning Disability Panel application forms
- Patient and referrer information leaflets

13.3 The NHS Kernow Individual Funding Request team and Panel members are bound by a duty of confidentiality. All person identifiable data is kept securely. Information is stored so that a funding decision can be made. If an application is funded, data is shared with the Mental Health Contracts team for the validation of any subsequent invoices for treatment. Patients have the right to access the records held. They also have the right to object to the CCG making use of their information, restricting what information we use and to correct information if it is not accurate.

Appendix One: Equality Impact Assessment

Name of policy to be assessed	Individual Funding Request policy		
Section	Click here to enter text.	**Date of Assessment**	01/05/2018
Officer responsible for the assessment	Drew Wallbank	**Is this a new or existing policy?**	Existing
1. Describe the aims, objectives and purpose of the policy.			
Gives procedure and principles for handling Individual Funding Requests			
2. Are there any associated objectives of the policy? Please explain.			
No			
3. Who is intended to benefit from this policy, and in what way?			
IFR team, panel members, referrers, public: Gives procedure and principles for handling Individual Funding Requests			
4. What outcomes are wanted from this policy?			
Robust and transparent decision making			
5. What factors/ forces could contribute/ detract from the outcomes?			
Failure to follow policy and procedure.			
6. Who are the main stakeholders in relation to the policy?			

IFR team
7. Who implements the policy, and who is responsible for the policy?
IFR team
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
None. The policy provides guidance on decision making regardless of BME status. All personal identifiable information is removed from application before consideration by Panel.
How will any negative impact be mitigated?
Click here to enter text.
9. What is the differential impact for male or female people (positive or negative)?
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
None. The policy provides guidance on decision making regardless of gender. All personal identifiable information is removed from application before consideration by Panel.
How will any negative impact be mitigated?
Click here to enter text.
10. What is the differential impact on disabled people (positive or negative)?

Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.
None. The policy provides guidance on decision making regardless of disability.
How will any negative impact be mitigated?
Click here to enter text.
11. What is the differential impact on sexual orientation?
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
None. The policy provides guidance on decision making regardless of sexual orientation.
How will any negative impact be mitigated?
Click here to enter text.
12. What is the differential impact on people of different ages (positive or negative)?
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.
None. The policy provides guidance on decision making regardless of age.
How will any negative impact be mitigated?

13. What differential impact will there be due religion or belief (positive or negative)?
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.
None. The policy provides guidance on decision making regardless of religion or belief.
How will any negative impact be mitigated?
Click here to enter text.
14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
None. The policy provides guidance on decision making regardless of civil partnership status.
How will any negative be mitigated?
Click here to enter text.
15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?
Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.

None. The policy provides guidance on decision making regardless of this.
How will any negative impact be mitigated?
Click here to enter text.
16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
None. The policy provides guidance on decision making regardless of this.
How will any negative impact be mitigated?
Click here to enter text.
17. Other identified groups:
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.
None. The policy provides guidance on decision making regardless of this.
How will any negative impact be mitigated?
Click here to enter text.
18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values. • **Fairness;**

- **Respect;**
- **Equality;**
- **Dignity;**
- **Autonomy**

Policy and procedure gives guidance on decision making and in support these values.

19. Which of the Human Rights Articles does this document impact?

The right:	**Yes / No:**
• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No
• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	No
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	No

a) What existing evidence (either presumed or otherwise) do you have for this?

Policy and procedure gives guidance on decision making and in support these values

20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?

Staff are trained in these issues.
21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.
Policy and procedure gives guidance on decision making and in support these values
22. Describe how the policy contributes towards advancing equality of opportunity.
Policy and procedure gives guidance on decision making and in support these values
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.
Policy and procedure gives guidance on decision making and in support these values
24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.
n/a
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
n/a
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.
n/a