

Corporate	CCG CO04 Policy for the Development and Approval of Policies
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Version Number	Date Issued	Review Date
V2.4	November 2020	November 2022

Prepared By:	Governance and Assurance Manager, North of England Commissioning Support
Consultation Process:	CCG Head of Governance
Formally Approved:	Quality & Safety Committee; 3 rd November 2020

Policy Adopted From:	CCG CO04: Policy for the Development and Approval of Policies v2.2
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DOCUMENT HISTORY

Version	Date	Significant Changes
1	28/02/2013	First issue
2	14/05/2014	Update following review to section 5 and Appendix D
2.1	23/03/2016	No significant amendments made to v2 of policy, therefore extension recommended. - Insertion of the revised Equality Impact Assessment Toolkit 2016 has been inserted into the revised policy.
2.2	14/06/2018	No significant amendments made to v2.2 of policy therefore extension recommended.
2.3	April 2020	No legislation or impact on external environment factors identified. Extension requested due to COVID19.
2.4	November 2020	No legislation or impact on external environment factors identified. Extension request. Accessible Information Standards Statement included.

EQUALITY IMPACT ASSESSMENT

Date	Issues
November 2020	See section 9 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

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1. Introduction

This document sets out the corporate approach to developing policies. It applies to all staff involved in writing, reviewing, approving and implementing policies.

1.1 Status

This policy is a corporate policy.

1.2. Purpose and Scope

This policy is designed to give a corporate framework for all policy documents within the CCG. It applies to the creation and revision of all policies. Section 3 and appendices A, B & C describe the framework for development, approval, ratification, adoption, dissemination and review of policies to achieve a consistent approach.

This policy applies to every employee of the CCG and to all committees accountable to the organisation either individually or jointly.

2. Definitions

2.1 Strategy

A high level document describing a set of principles and/or course of action to be adopted by the organisation in order to achieve a desired outcome and provide a general description of how this will be achieved.

2.2 Policy

A policy is a deliberate plan of action to guide decisions and achieve rational outcome(s).

2.3 Procedure or protocol

A document describing detailed steps to be taken in defined circumstances; that is normally based on expert opinion, best practice, research and experience. May stand alone or be attached as appendices to strategies / policies, giving specific implementation details.

2.4 Guideline

A detailed plan or explanation to guide you in setting standards or determining a course of action.

2.5 Ratify / Ratification

A process undertaken on completion of a policy to ensure that all the necessary steps have been completed and that it complies with the Policy for the Development and Approval of Policies

2.6 Approval

A process which confirms the final status of a policy and provides the authority for the issue and use of a policy.

3. Policy Development: Principles and Process

- 3.1 This section describes what is to be done i.e. detailed instructions for undertaking a particular process. It may be supported by flowcharts and reference documents as appendices.
- 3.2 A flowchart for the process is shown at appendix A, which includes the proposed timeline from development to approval.
- 3.3 The CCG is committed to the development of a just and “fair blame” culture. It is essential that all policies reflect this ethos, outlined in the CCG’s values, which are stated in each of their constitutions.
- 3.4 To have formal status, policies must be prepared and approved in accordance with the process described in this document.
- 3.5 All policies must be sponsored by a director, who will identify the lead author(s) and/or appropriate group to develop the policy.
- 3.6 Once the need for a new policy has been identified and agreed by the relevant director, or where policy development is already in progress through an existing group, or where a policy written by another organisation is to be adopted (see 5.14), the North of England Commissioning Support (NECS) Senior Governance Manager should be contacted to ensure that duplication is not taking place. The flowchart at appendix A provides a step-by-step outline of the process for policy development.
- 3.7 Policies that are to be developed or reviewed will be subject to consultation. The range of consultation will be dependent upon the policy, and those involved will be chosen by the author.
- 3.8 All policy documents will be prepared in a consistent corporate style, using the policy template at appendix B.

- 3.9 The development or review process must include an independent comprehensive equality impact assessment using the Equality Analysis guidance and template document found at Appendix C. This will be undertaken by the policy author / subject expert.
- 3.10 On completion of the policy (new or existing), which will include any revisions following the consultation phase and completion of the equality impact assessment, the appropriate group within the CCG will ratify the policy.
- 3.11 Existing policies which have previously been approved by the CCG and have been updated but do not include changes in legislation, financial requirements or legal requirements, will be given continued approval by the appropriate group within CCG.
- 3.12 Existing policies which have previously been approved by the CCG, and have been updated to include changes in legislation, financial requirements or legal requirements, will be re-submitted to the CCG for continued approval.
- 3.13 Where a policy is not approved, it will be returned to the author with clear comments outlining the reasons for not approving. The sponsoring director will also be notified of the decision.
- 3.14 Policies developed by other organisations may be adopted for use by the organisation following acquisition of approval from the original author. A Front sheet (as page one of this document) should be attached and completed. Where appropriate, the content should be transferred into the approved format, and must acknowledge the original author.
- 3.15 Following formal approval, policies will be posted on the CCG website by NECS Governance Team. This will allow staff and public access, ensuring compliance with Freedom of Information regulations. Organisation-wide distribution will be via a suitable method as preferred by the CCG.
- 3.16 Compliance with policies will be monitored through quality standards, assurance and audit. All staff will be required to read and understand their responsibilities in relation to all policies that relate to their role.
- 3.17 When a new or updated policy has been read, the staff member must indicate that they have read and understood it and this record retained to indicate compliance for governance purposes.
- 3.18 The author, in agreement with their sponsoring director, will ensure that the necessary training or education needs and methods required to implement the policy are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

3.19 On-going review, version control and archiving will be managed by NECS Governance service via a corporate policy management system.

3.20 Policies will be grouped into four categories, each policy being assigned an alphanumeric prefix to assist identification and version control:

Code	Policy Category
CO	Corporate (including Finance and Estates)
HR	Human Resources
IG	Information Governance
SOP	Standard Operating Procedure

4. Duties and Responsibilities

Council of Practices	The Council of Practices has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that that the organisation complies with all relevant national legislation and discharges its duties effectively.
North of England Commissioning Support (NECS) Senior Governance Manager	The NECS Senior Governance Manager will: <ul style="list-style-type: none"> • Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: NHS Code of Practice (2009). • Maintain the policy management system.

NECS	<p>NECS will oversee the development and approval of organisational policies for the CCG in accordance with the Policy for the Development and Approval of Policies. The specific role is:</p> <ul style="list-style-type: none"> • To advise on organisational policy management, having regard to any guidance issued by The Department of Health, central and local government, and professional organisations. • To oversee the organisation-wide coordination, prioritisation and development of policy issues and provide assurance that there is continuing development of all aspects of policies. • To determine the appropriateness of policies in use or proposed for development. • Where policies are updated due to changes in legislation, financial requirements or legal requirements, they will be directed to the appropriate CCG Committee for approval. • To ensure that existing policies are reviewed in a timely fashion by the designated author.
All Staff	<p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular;</p> <p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant applicable documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

5. Implementation

- 5.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
- 5.3 Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the NECS Senior Governance Manager.

6. Training Implications

It has been determined that there are no specific training requirements associated with this policy.

7. Related Documents

7.1 Other related policy documents

- Equality Analysis Toolkit

7.2 Legislation and statutory requirements

- Cabinet Office. (2006) *Equality Act 2006*. London: HMSO.
- Cabinet Office. (2005) *Mental Capacity Act 2005*. London: HMSO.
- Cabinet Office. (2000) *Freedom of Information Act 2000*. London: HMSO
- Cabinet Office. (1998) *Data Protection Act 2018*. London: HMSO.
- Cabinet Office. (1998) *Human Rights Act 1998*. London: HMSO.
- Health and Safety Executive. (1974) *Health and Safety at Work Etc. Act 1974*. London: HMSO.
- GPDR Regulations 2016

7.3 Best practice recommendations

- Department of Health. (2009) *Records Management: NHS Code of Practice*. London: DH.
- NHS Litigation Authority. (2008) *Risk Management Standard for Primary Care Trusts*. London: NHSLA.

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management; Code of Conduct for Health and Social Care 2016.

9. Equality Analysis

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Aimee Tunney

Job Title: Governance & Assurance Manager

Organisation: North of England Commissioning Support Unit (NECS)

Title of the service/project or policy: Policy for Development and Approval of Policies.

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

This policy is designed to give a corporate framework for all policy documents within the CCG. It applies to the creation and revision of all policies. Section 5 and appendices A, B and C describe the framework for development, approval, ratification, adoption, dissemination and review of policies to achieve a consistent approach.

This policy applies to every employee of the CCG and to all committees accountable to the organisation either individually or jointly.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** Not applicable.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Not applicable

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above have not been implemented, please state the reason:		
Not applicable		

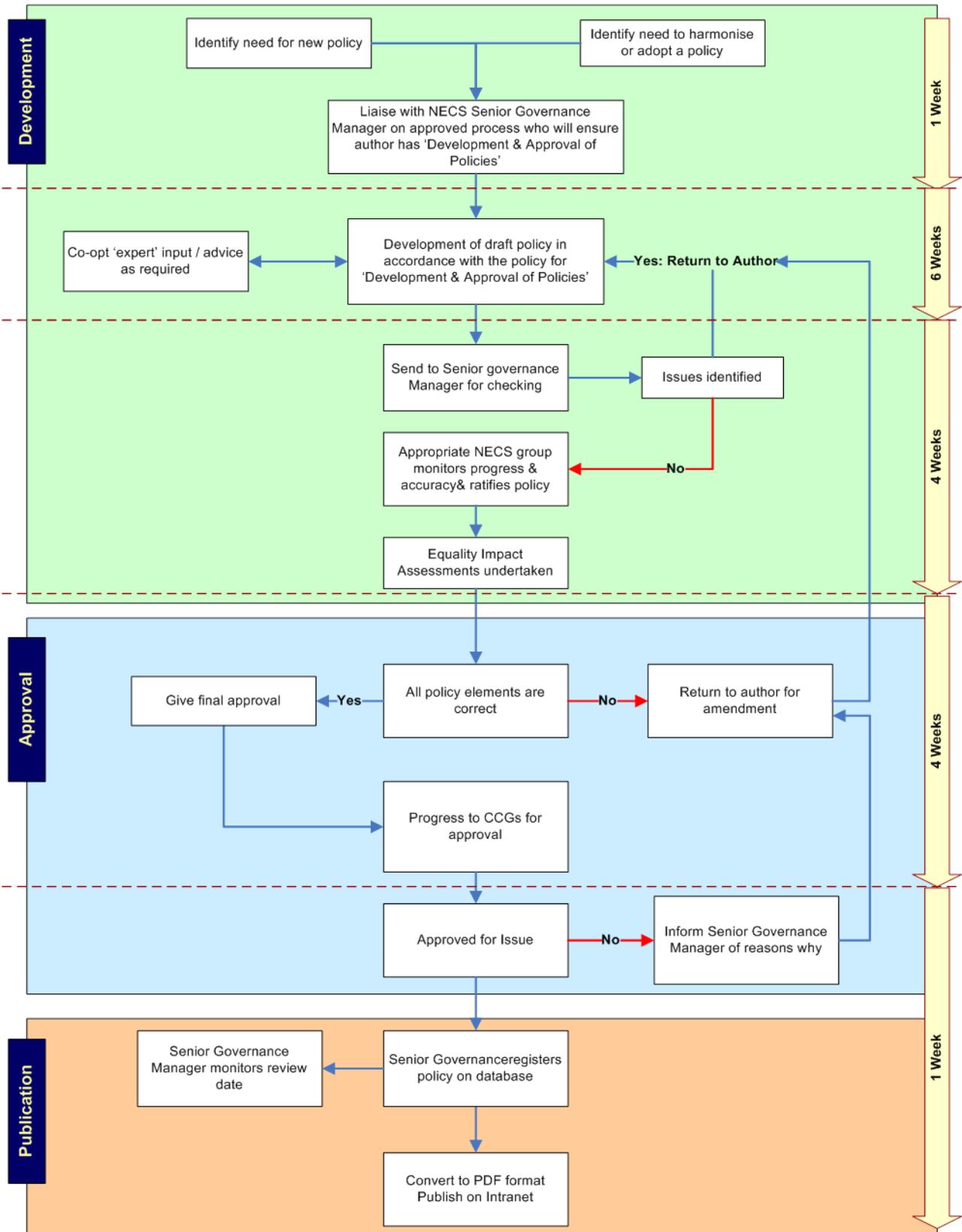
Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Quality and Safety Committee	Approval	November 2020

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

Policy Development & Management



Appendix B

Corporate Policy Template



Corporate	XXX Policy
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Version Number	Date Issued	Review Date
V		

Prepared By:	
Consultation Process:	
Formally Approved:	

Policy Adopted From:	
Approval Given By:	

Document History

Version	Date	Significant Changes

Equality Impact Assessment

Date	Issues

POLICY VALIDITY STATEMENT

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Policy users should ensure that they are consulting the currently valid version of the documentation.

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3. Policy Development: Principles and Process..	Error! Bookmark not defined.
4. Duties and Responsibilities.....	Error! Bookmark not defined.
5. Implementation	Error! Bookmark not defined.
6. Training Implications.....	Error! Bookmark not defined.
7. Related Documents	Error! Bookmark not defined.
8. Monitoring, Review and Archiving	Error! Bookmark not defined.
9. Equality Analysis.....	Error! Bookmark not defined.

1. Introduction

This section should introduce the policy, i.e. its subject matter, context, legal context etc.

1.1. Status

This policy is a (insert type of policy e.g. Corporate) policy.

1.2. Purpose and scope

Provide an outline of what the policy intends to address, and those to whom it applies.

2. Definitions

The following terms are used in this document: (Definitions of terms used in the document). Each document will differ, but must include abbreviations, technical terms and acronyms.

3. (Title of What the Document Is Describing)

This section should be structured in sequential numbered paragraphs describing the specific process / system. Depending on the length and complexity of the process, you may need to refer to appendices.

There is no 'one best way' of presenting this section. It may be a short description, or a complex system involving many sub headings.

4. Duties and Responsibilities

Council of Members	The council of members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. (This paragraph to be included in all policies)
Chief Officer	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements. (This paragraph to be included in all policies)
[Author]	<i>The author's title will:</i> List the responsibilities which the author has in relation to the policy.
[Titles of relevant officers]	The titles of any officers who have specific responsibility for implementation of any part of the process, clearly stating what that person's responsibility is, including who is responsible for drafting and updating any part of the document.
All Staff	All staff, including temporary and agency staff, are responsible for: <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

5. Implementation

- 5.1 This policy will be available to all Staff for use [in relation to the specific function of the policy](#).
- 5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. **(This paragraph to be included in all policies)**

[It may be necessary to develop specific implementation plans.](#)

6. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

*Insert here **EITHER**:*

It has been determined that there are no specific training requirements associated with this policy/procedure.

OR:

The training required to comply with this policy are:

7. Related Documents

7.1 Other related policy documents

Any related policy documents, in alphabetical order using a modified Harvard System.

7.2 Legislation and statutory requirements

Any legislative documents (e.g. Acts of Parliament) in chronological order using a modified Harvard System.

7.3 Best practice recommendations

List here any other sources that have influenced the production of the document, in chronological order using a modified Harvard System.

8. Monitoring, Review and Archiving

8.1 Monitoring

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8.2 Review

8.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision. **(This paragraph to be included in all policies)**

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. **(This paragraph to be included in all policies)**

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process. **(This paragraph to be included in all policies)**

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Conduct for Health and Social Care 2016. **(This paragraph to be included in all policies)**

9. Equality Analysis

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Organisation: [Click here to enter text.](#)

Title of the service/project or policy: [Click here to enter text.](#)

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

[Click here to enter text.](#)

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing quality of opportunity Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Click here to enter text.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.**

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Click here to enter text.

Job Title: Click here to enter text.

Organisation: Click here to enter text.

Title of the service/project or policy: Click here to enter text.

Existing **New / Proposed** **Changed**

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

Click here to enter text.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** Click here to enter text.

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Click here to enter text.

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.

<p>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful. Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p>Age <i>A person belonging to a particular age</i></p> <p><u>Guidance Notes</u></p> <ul style="list-style-type: none"> • Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate). • Could the policy discriminate, directly or indirectly against people of a particular age? https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination • Has the content within the document been checked for any potential offensive/discriminatory language of this particular group? • Are there any discriminatory practices/processes outlined within the document? • If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce i.e. accessibility considerations, venues, travel etc. • Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required? • If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s). • What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement
<p>Click here to enter text.</p>

Disability

A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people with a disability? <https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>
- What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.
- Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.
- Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required?
- Has the Accessible Information Standard been considered? <https://www.england.nhs.uk/ourwork/accessibleinfo/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, *consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4)*.

Click here to enter text.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Please see useful terminology website for info:
<https://www.transgendertrend.com/transgender-terminology/>
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- Do all procedures treat both single and married and civil partnerships equally?
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.
- Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- Are processes in place to update people that may currently be on maternity leave on their return?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have a particular race?
<https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people from a particular race?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular race?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- <https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Sex/Gender

A man or a woman.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against either men or women?
- <https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women?
- Are there any discriminatory practices/processes outlined within the document that may impact men or women?
- Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?
- Are men or women treated differently as a result of the information set out within the document?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>
- Sexual orientation monitoring guidance (to be used as appropriate):
<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.

(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

Click here to enter text.

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Click here to enter text.

If no engagement has taken place, please state why:

Click here to enter text.

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone | |
| <input type="checkbox"/> Written – Letter | <input type="checkbox"/> Written – Leaflets/guidance booklets | |
| <input type="checkbox"/> Written - Email | <input type="checkbox"/> Internet/website | <input type="checkbox"/> Intranet page |
| <input type="checkbox"/> Other | | |

If other please state: Click here to enter text.

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

Please provide the following caveat at the start of any written documentation'

“If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact **xxxxxxx”**

If any of the above have not been implemented, please state the reason:
[Click here to enter text.](#)

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.						
Click here to enter text.						

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Presented to (Appropriate Committee)	Publication Date
Click here to enter text.	Click here to enter text.

1. Please send the completed Equality Impact Assessment with your document to: necsu.equality@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team: necsu.equality@nhs.net

Appendix C

Ways of Referencing

Harvard System as used by the University of Teesside http://lis.tees.ac.uk/skills/Dissertation_Section10.pdf

There are two ways of referencing: Direct and Indirect. Both show that you have used somebody else's research and indicate where another person could locate this information.

Direct quotation

Hart stated "as a researcher you need to become completely familiar with your topic" (Hart, 2001, p.2)

Indirect Quotation

Hart expanded on this point by saying (Hart, 2001, p.35)

You then need a full description at the end of your paper:

Hart, C. (2001) *Doing a literature search: a comprehensive guide for the social sciences*. London: Sage.

By putting this full description at the end, you are acknowledging where you got your research from.

References and Bibliographies

List of References

This list occurs at the end of your work and lists the full references of all the items referred to in your assignment. When using the Harvard System, the list should appear in alphabetical order by author and should include all the bibliographic information about the work used.

Bibliography

A list of all the items you have read in researching your development – whether or not you have referred to it. It enables people to find your sources and demonstrates the thoroughness of your research

Examples of References

Book Reference

To find a particular book you would need to know the full reference. A book reference will usually look something like this:

Northedge, A. (2005) *The good study guide*. 2nd ed. Milton Keynes: Open University.

Book references with multiple authors

Book references with two authors are usually the same as for books with one author, except the authors are separated with an '&':

Inglis, J. & Lewis, R. (1993) *Clear thinking*. London: Collins Educational.

If there are three authors then they are generally listed as follows:

Smith, B., Jones, R. & Brown, M.

If there are more than three authors then simply name the first author and then use the term et al. (short for et alii, Latin for 'and others')

Bailey, V. et al. (2001) *Essential study skills*. London: Collins Educational.

If it is an editor rather than an author put (ed.) after their name. e.g. Smith, J. (ed.)

Typical Reference for a Chapter within a Book

Thomas, J. (1997) Writing and assignments, in Northedge, A. et al. *The sciences good study guide*. Milton Keynes: Open University, pp.228-269

Journal Reference

To find a particular journal article you would need to know the full reference. A journal article reference will usually look something like this:

Kelly, W. (2003) No time to worry: the relationship between worry, time structure and time management. *Personality and Individual Differences*, 35(5), 1119-1126.

Typical Web Reference

There is currently no set standard for referencing websites, but to trace a website you would typically need the following:

Author (if available)

Date (if available)

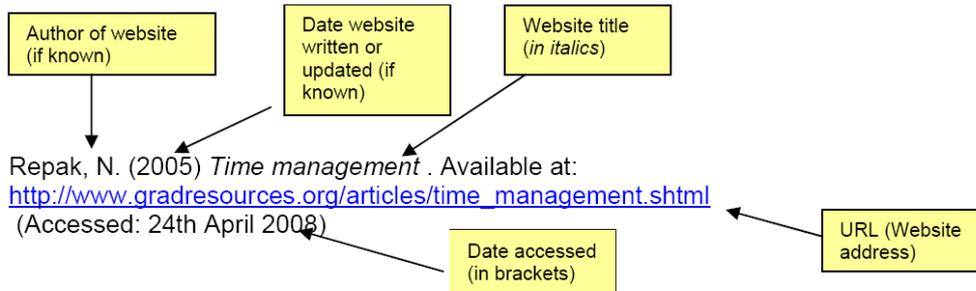
Website title

Website address (URL)

Date website accessed

It is important to put more details in your reference than just the website address. If you have typed this in incorrectly, or if the website address changes (which is a common occurrence) it may be impossible to trace the site.

A website reference will look something like this:



Conference Paper

A conference paper should look something like this:



For more information on referencing see:

Pears, R. & Shields, G. (2004) *Cite them right: referencing made easy*. Newcastle upon Tyne: Northumbria University Trinity Building.