NHS Newcastle Gateshead
Clinical Commissioning Group

Corporate	CCG CO04 Policy for the Development and Approval of Policies

Version Number	Date Issued	Review Date
V2.1	May 2018	May 2020

Prepared By:	Senior Governance Manager, North of England Commissioning Support (NECS)
	Governance & Assurance Manager, NECS
Consultation Process:	Head of Corporate Affairs, Clinical Commissioning Group
Formally Approved:	CCG Executive Committee 19/05/2018

Policy Adopted From:	CCG CO04: Policy for the development and approval of policies.
Approval Given By:	CCG Executive Committee

Document History

Version	Date	Significant Changes
1	28/02/2013	First issue
2.	09/09/2015	• Update following review to section 5 and Appendix D • Amendment to 5.15: to indicate the NECS Governance Team is now responsible for uploading to the CCG website, not the Communications Team.
2.1	27/04/2018	• Minimal amendments. • Extension request. • Revised Equality Impact Assessment

Equality Impact Assessment

Date	Issues
April 2018	See section 11 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.

Contents

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   To have formal status, policies must be prepared and approved in accordance with the process described in this document.

3.4   All policies must be sponsored by a director, who will identify the lead author(s) and/or appropriate group to develop the policy.

3.5   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 3.14), the North of England Commissioning Support (NECS) Governance team 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.

3.6   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.

3.7   All policy documents will be prepared in a consistent corporate style, using the policy template at appendix A.

3.8   The development or review process must include an independent comprehensive equality impact assessment using the Equality Analysis guidance and template document found at Appendix B. This will be undertaken by the policy author and support provided by the Equality and Diversity Team within the Commissioning Support Unit.

3.9   On completion of the policy, which will include any revisions following the consultation phase and completion of the equality impact assessment, the appropriate group within the CSU will undertake a quality assurance check of the policy.

3.10 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.

3.11 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.

3.12 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.

3.13 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.

3.14 Following formal approval, policies will be posted on the CCG website by the CSU. 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.

3.15 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.

3.16 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.

3.17 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.

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

3.19 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

Commissioning Forum	The Commissioning Forum 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) Governance Team	The NECS Governance Team will: • 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: Code of Practice for Health and Social Care 2016). • Maintain the policy management system. 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: • To advise on organisational policy management, having regard to any guidance issued by The Department of Health and Social Care, 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.

	• To support the development of equality impact assessments on policies, • To ensure that the CCG is updated on the nature and titles of approved updated policies, and the perceived impact they will have on the organisation. • To ensure that existing policies are reviewed in a timely fashion by the designated author.
All Staff	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; All staff, including temporary and agency staff, are responsible for: • 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 Governance team.

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 2016

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 1998.* 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.

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 Practice for Health and Social Care 2016.

9. Equality Analysis

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

 STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Governance & Assurance Manager, NECS
Title of service/policy/process:	CO04: Policy for the development and approval of policies.
Existing: ☐ **New/proposed:** ✓ **Changed:** ☐	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
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 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 be affected by this policy/service /process? (please tick)		

✓ **Staff members**

☐ **Other**

If other please state:

What is your source of feedback/existing evidence? (please tick)		

☐ **National Reports** ☐ **Staff Profiles**

☐ **Staff Surveys** ☐ **Complaints/Incidents**

☐ **Focus Groups** ✓ **Previous EIAs**

☐ **Other**

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	
Staff Profiles	
Staff Surveys	
Complaints and Incidents	
Staff focus groups	
Previous EIA's	Previous EIA identified a neutral impact as a result of this policy.
Other evidence (please describe)	

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age
If training is required for this Policy venues will need to be easily accessible for an older workforce. Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email can be accessed by all users.
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
As the Policy relates to CCG staff developing corporate Policies, relevant tools could be made available to staff with a disability who may require support such as partnership working/buddying or a process to access interpretation services such as BSL or video relay if required. If training is being carried out to promote the Policy, ensure a venue has disabled parking and is wheelchair friendly.
Gender reassignment (including transgender) 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.
The content of this policy does not include vocabulary that should cause offense or discriminate against any staff members that identify as Transgender.
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership. 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
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.
The policy does not discriminate against staff that are currently pregnant or on maternity leave. Part-time staff can access the policy whilst at work via the intranet. Processes should be in place for managers to share the Policy with any staff returning from Maternity leave. 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.
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
A process should be in place for translation services to be made available where required.
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.
Training should be delivered either am or pm and not over a lunchtime which may be used for prayer. Extra sessions should be arranged for staff unavailable due to religious or other reasons.

Sex/Gender A man or a woman.
The Policy does not discriminate between staff that are men or women.
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
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.

The policy can be discussed in a 1-1 basis with the designated nurse if required. |

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics? What feedback have you received? What were the key messages?
None received.
Please state how staff engagement will take place:

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings   ☐ Verbal - Telephone ☐ Written – Letter   ☐ Written – Leaflets/guidance booklets x Email x Internet   ☐ Other
If other please state:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1. Staff communication needs	Policy may be required to be available in alternative formats such as braille, large font etc.
2. Part time staff	All staff may not be able to attend training sessions (if required) due to flexible working, maternity, caring responsibilities.

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access or utilize policy due to particular characteristic	Age, disability	Have a process in place for alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment any policy should be adapted by the CCG	All staff can access and use the policy. NECS Equality Team can be contacted for any requests	CCG	On publication and on receipt of individual request
2	Lack of staff availability for training due to carer responsibilities, part-time working or religious belief	Race, carers, pregnancy/ maternity	Further session to be offered as required. 1-1 discussion with managers if required training session to avoid prayer times and lunch times	All staff are supported in using the policy	CCG	
3	Access to training venue	Disability	Ensure venues used have disables parking and is wheelchair friendly. screens for presentations are suitable and easily seen by participants	All staff are able to participate in training	CCG	

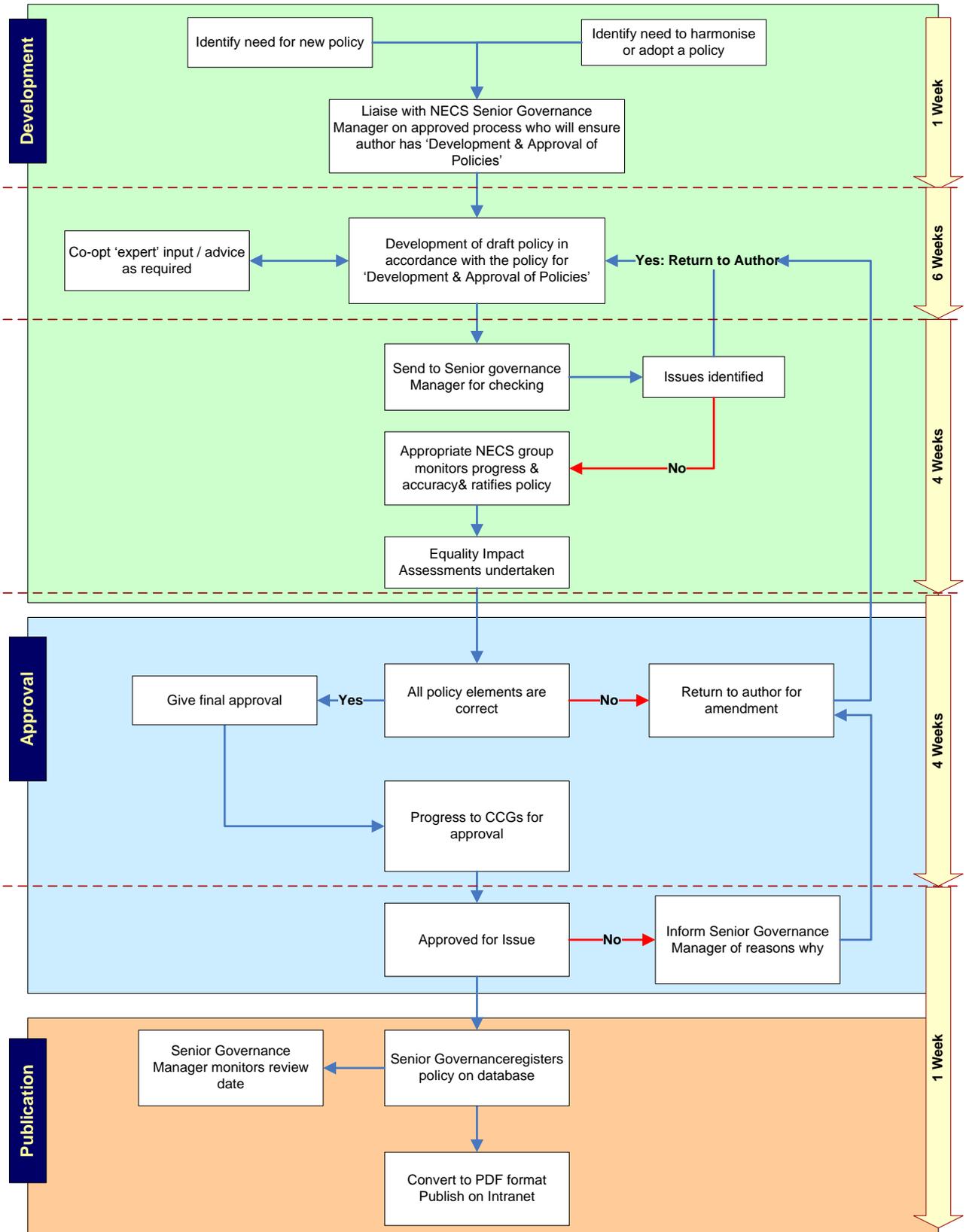| Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?

SIGN OFF

Completed by:	**Governance & Assurance Manager, NECS**
Date:	**April 2018**
Signed:	
Presented to: (appropriate committee)	**Executive Committee**
Publication date:	**19/05/2018**

Appendix A: Policy Approval Process Flow

Policy Development & Management

Development

- Identify need for new policy
- Identify need to harmonise or adopt a policy
- Liaise with NECS Senior Governance Manager on approved process who will ensure author has 'Development & Approval of Policies'
- Co-opt 'expert' input / advice as required
- Development of draft policy in accordance with the policy for 'Development & Approval of Policies'
- **Yes: Return to Author**
- Send to Senior governance Manager for checking
- Issues identified
- Appropriate NECS group monitors progress & accuracy& ratifies policy — **No**
- Equality Impact Assessments undertaken

1 Week
6 Weeks
4 Weeks

Approval

- Give final approval ← **Yes** — All policy elements are correct — **No** → Return to author for amendment
- Progress to CCGs for approval
- Approved for Issue — **No** → Inform Senior Governance Manager of reasons why

4 Weeks

Publication

- Senior Governance Manager monitors review date
- Senior Governanceregisters policy on database
- Convert to PDF format Publish on Intranet

1 Week

Appendix B

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Corporate Policy Template

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Corporate	XXX Policy

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
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.

Contents

1. Introduction

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

1.2. Status

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

1.3. 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

Commissioning Forum	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]	The *author's title* will: 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: - 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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8.2.2 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

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9.   Equality Analysis

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We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
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Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	
Title of service/policy/process:	
Existing: ☐ **New/proposed:** ✓ **Changed:** ☐	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	

Who will be affected by this policy/service /process? (please tick)

✓ **Staff members**

☐ **Other**

If other please state:

What is your source of feedback/existing evidence? (please tick)

☐ **National Reports** ☐ **Staff Profiles**

☐ **Staff Surveys** ☐ **Complaints/Incidents**

☐ **Focus Groups** ✓ **Previous EIAs**

☐ **Other**

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	
Staff Profiles	
Staff Surveys	
Complaints and Incidents	
Staff focus groups	
Previous EIA's	
Other evidence (please describe)	

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

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

Gender reassignment (including transgender) 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.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

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.

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

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.

Sex/Gender A man or a woman.

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

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

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics? What feedback have you received? What were the key messages?

None received.

Please state how staff engagement will take place:

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings   ☐ Verbal - Telephone ☐ Written – Letter   ☐ Written – Leaflets/guidance booklets x Email x Internet   ☐ Other
If other please state:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?

SIGN OFF

Completed by:	
Date:	
Signed:	
Presented to: (appropriate committee)	
Publication date:	

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:
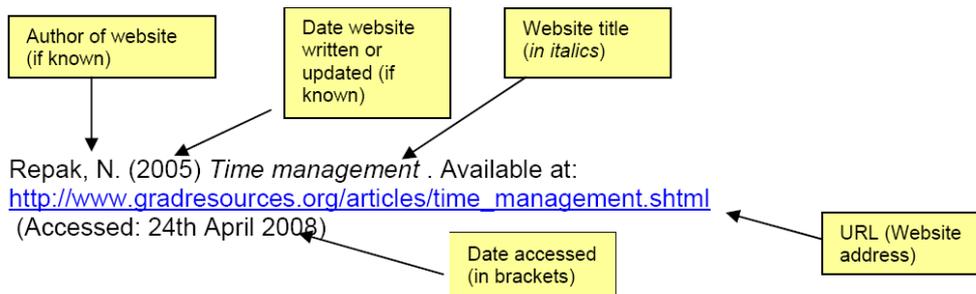
Author (if available)

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:

Author of website (if known)

Date website written or updated (if known)

Website title (in italics)

Repak, N. (2005) *Time management* . Available at:
http://www.gradresources.org/articles/time_management.shtml
 (Accessed: 24th April 2008)

Date accessed (in brackets)

URL (Website address)

Conference Paper

A conference paper should look something like this:

Authors of paper

Year

Title of conference paper

Title of conference (in italics)

Greening, T. and Kay, J. (2002) Undergraduate research experience in computer science
education. *ITiCSE '02: Proceedings of the 7th annual conference on Innovation and
technology in computer science education,* Aarhus, Denmark. ACM Press, 151-155.

Location of conference

Publisher

Pages

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