

Corporate	ICBP031 Policy for Development and Approval of Policy
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Version Number	Date Issued	Review Date
4	July 2026	July 2028

Prepared By:	ICB Governance Team
Consultation Process:	Director of Corporate Governance, Communications and Involvement and Board Secretary
Responsible Chief Officer:	Chief Corporate Services Officer
Approved By:	ICB Leadership Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
March 2023	No issues identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

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 nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	CSU Governance team.	Not Applicable
2	April 2023	CSU Governance team.	Reviewed within first year of ICB establishment
3	May 2024	ICB Governance Team	Reviewed as part of policy management transition from NECS
4	July 2026	ICB Governance Team	Reviewed as part of the organisation restructure and updated ways of working

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	April 2023
Approver	Executive Committee	July 2024
Approver	Chief Corporate Services Officer	21/08/2026

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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 ICB. It applies to the creation and revision of all policies. Section 3 and appendices C, D and E 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 ICB 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 statement of intent and a set of guidelines that determine how an organisation (in this case, the ICB) should make decisions that deliver better outcomes for the people it serves in the North East and North Cumbria - as well as for our staff and partners. Our policies need to be adopted formally by the ICB as a governance body and implemented consistently across all our teams and the places they work in.

2.3 Procedure or protocol (e.g., Standard Operating Procedures)

A document describing detailed steps to be taken in defined circumstances that are 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 declaration by which a committee formally accepts and gives formal sanction, with or without reservation, to the content of a policy.

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 and is supported by flowcharts and reference documents as appendices.
- 3.2 Flowcharts for the process are shown at appendix C and D, which includes the proposed timeline from development to approval.
- 3.3 The ICB is committed to the development of a just and “fair blame” culture. It is essential that all policies reflect this ethos, outlined in the ICB values.
- 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 an identified Chief Officer, 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 Chief Officer, 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 3.13), the ICB Governance team should be contacted to ensure that duplication is not taking place. The flowcharts at appendix C and D 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 appropriate internal engagement.

The extent of the engagement will be dependent upon the policy, and will be determined by the author, in conjunction with the Chief Officer (or nominated deputy).
- 3.8 All policy documents will be prepared in a consistent corporate style, using the policy template at appendix E.
- 3.9 The development or review process must include an independent comprehensive Equality Quality Impact Assessment (EQIA) using the information and guidance provided in ICBP056 – Equality and Quality Impact Assessment Policy. Support is also available from the ICB Quality Team. 3.10 On completion of the policy, which will include any revisions following the engagement phase and completion of the equality quality impact assessment, the ICB Governance team will

undertake a quality assurance check of the policy, to ensure the developing policy is compliant with corporate standards.

- 3.11 Existing policies which have previously been approved by the ICB, and have been updated to include changes in legislation, financial requirements, or other requirements, will be re-submitted to the ICB 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 having obtained approval from the original author. A front sheet should be attached and completed by the document author. 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 added to an appropriate workspace and uploaded to the ICB website where appropriate by the ICB Governance team. This will allow staff and public access, ensuring compliance with Freedom of Information regulations. Organisation-wide dissemination will be via the policy management system, organised by the ICB, indicating where the policy can be found.
- 3.15 All staff will be required to read and understand their responsibilities in relation to all policies that relate to their role.
- 3.16 The author, in agreement with the Chief Officer, 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.
- 3.17 On-going review, version control and archiving will be managed through the policy management system, held by the ICB Governance team.
- 3.18 Policies should not be printed and filed unless they are being used for training purposes. Following use for this purpose, policies must be disposed of in the confidential waste bins provided.

4. Implementation

- 4.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 4.2 All managers are responsible for ensuring that relevant staff within the ICB have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

5. Training Implications

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

6. Documentation

6.1 Other related policy documents

-
- ICBP056 Equality Quality Impact Assessment Policy

6.2 Legislation and statutory requirements

- Cabinet Office. (2006) Equality Act 2006. London: HMSO.
- Cabinet Office. (2000) Freedom of Information Act 2000. London HMSO
- Cabinet Office. (1998) Data Protection Act 1998. London:

6.3 Best practice recommendations

- Department of Health. (2009) Records Management: NHS Code of Practice.
- London: DH.

7. Monitoring, Review and Archiving

7.1 Monitoring

The Board will disseminate the policy and monitoring information will be recorded in the policy matrix by the ICB Governance team.

7.2 Review

The Board 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.

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

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 Minor (non-material) changes to corporate policies can be approved by the relevant Chief Officer and republished.

7.3 Archiving

The Board will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice.

Equality Impact Assessment

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: NECS

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

Is this a;

Strategy / Policy ☒

Service Review ☐

Project ☐

Other N/A

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

This document sets out the corporate approach to developing policies. It applies to all staff involved in writing, reviewing, approving and implementing policies. This policy is designed to give a corporate framework for all policy documents within the ICB.

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?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☐	☒
Does the piece of work involve or have a negative impact on: • 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	☐	☒

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:

This policy outlines the corporate framework for the approval and development of policies. No detrimental impact on any equality protected characteristics groups have been identified.

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	☒	☐
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
Executive Committee	Approver	April 2023
Chief Corporate Services Officer	Approver	TBC

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.

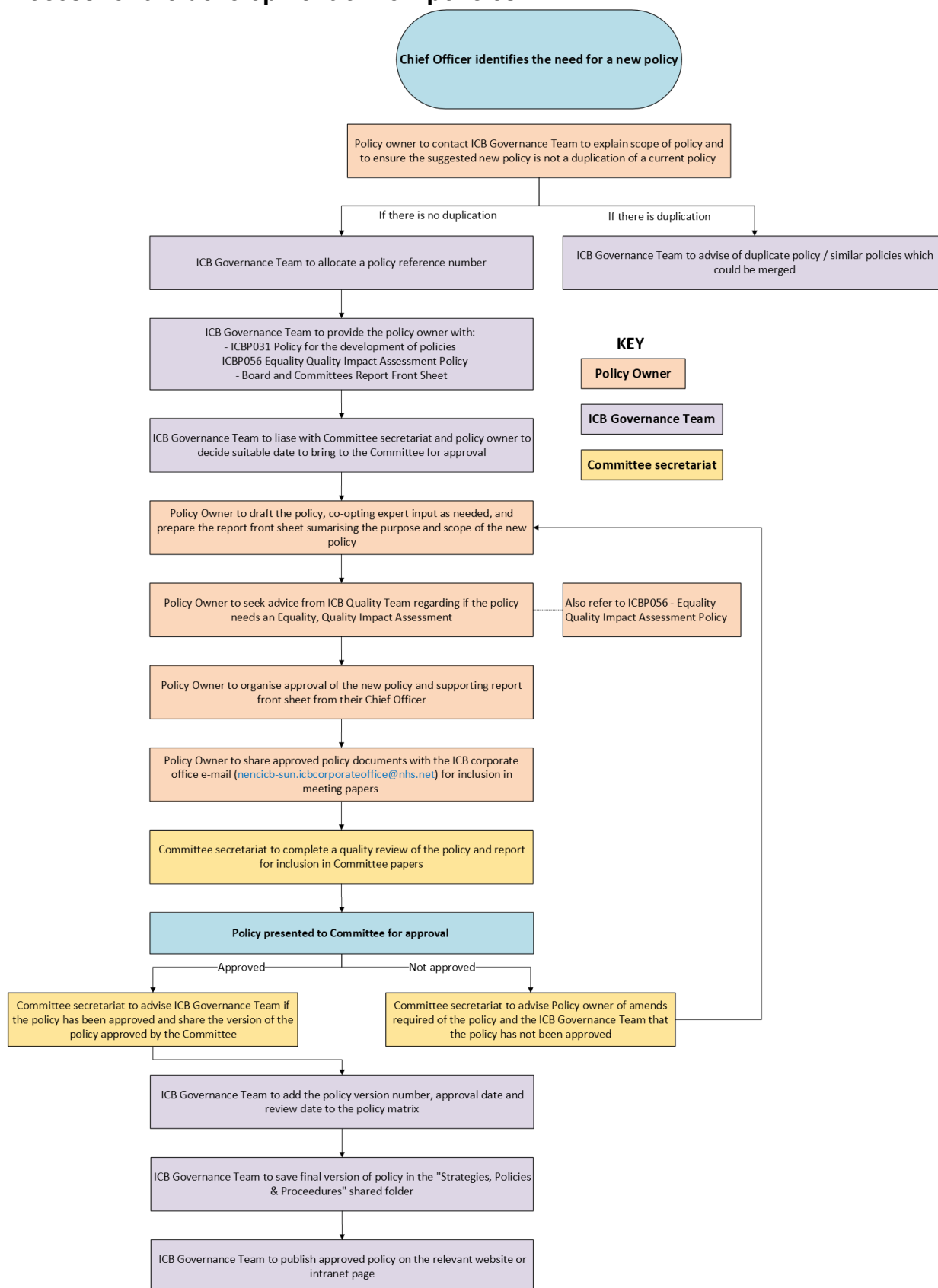
Appendix B

Schedule of Duties and Responsibilities

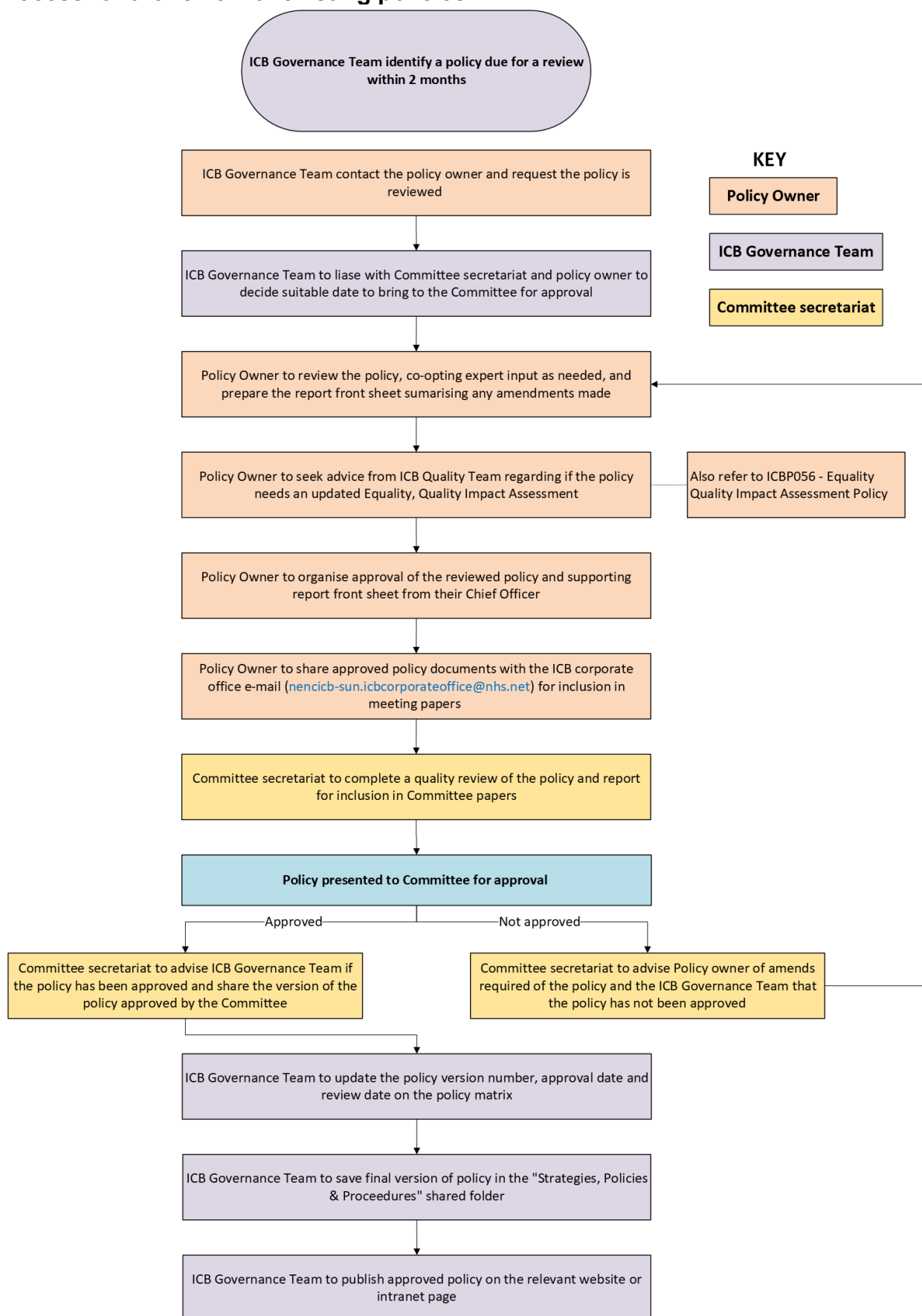
Lead	Duties and Responsibilities
ICB Board	The Board sets the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
ICB Chief Executive	The Chief Executive has overall responsibility for ensuring that the Board 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.
ICB Governance Team	The ICB 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: NHS Code of Practice. • Maintain the ICB policy management system.

All Staff	ICB employees are responsible for actively co-operating with managers in the application of this policy to enable the ICB 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.
ICB Governance Team	The ICB Governance Team will oversee the development and approval process of organisational policies for the ICB 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 co-ordination, 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 quality impact assessments. • To liaise with ICB staff to schedule Leadership Committee and/or sponsoring director consideration/ approval of Policies. • To liaise with policy authors to ensure that existing policies are reviewed in line with their review dates.

Process for the development of new policies



Process for the review of existing policies





**North East and
North Cumbria**

Corporate	Title of Policy/Strategy/SOP
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Version Number	Date Issued	Review Date

Prepared By:	
Consultation Process:	
Responsible Chief Officer:	
Approved By:	

EQUALITY IMPACT ASSESSMENT

Date	Issues

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

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 nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments

Approval

Role	Name	Date

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Appendix A – Equality Quality Impact Assessment	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. Implementation

4.1 This policy will be available to all Staff for use in relation to the specific function of the policy.

4.2 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.

It may be necessary to develop specific implementation plans.

5. 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:
xxxx

6. Documentation

6.1 Other related policy documents.

Any related policy documents, in alphabetical order using a modified Harvard System (see appendix C).

6.2 Legislation and statutory requirements

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

6.3 Best practice recommendations

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

7. Monitoring, Review and Archiving

7.1 Monitoring

The ICB Board will agree with the [Title of author] a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

7.2 Review

The ICB Board 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.**

7.2.1

Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director 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)**

- 7.2.2 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 Minor (non-material) changes to corporate policies can be approved by the relevant Chief Officer and republished. **(This paragraph to be included in all policies)**

7.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice. **(This paragraph to be included in all policies)**

Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

Council of Members	The council of members has delegated responsibility to the ICB Board (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)
Accountable Officer	The accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that ICB 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.
Commissioning Support Staff.	Whilst working on behalf of the ICB NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation. (This paragraph to be included in all policies)
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.

Equality Impact Assessment

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:

Job Title:

Organisation:

Title of the service/project or policy:

Is this a;

Strategy / Policy ☐

Service Review ☐

Project ☐

Other

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

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

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☒	☐
Has there been or likely to be any staff/patient/public concerns?	☐	☐

Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☐
Could this piece of work affect the workforce or employment practices?	☐	☐
Does the piece of work involve or have a negative impact on: • 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	☐	☐

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:

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	☐	☐
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:		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date

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:

Job Title:

Organisation:

Title of the service/project or policy:

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

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

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

(Consider the actual and potential impact)

- **Consultants** ☐
- **Nurses** ☐
- **Doctors** ☐
- **Staff** ☐
- **Service User / Patients** ☐
- **Others, please specify**

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)	

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.

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:
Age <i>A person belonging to a particular age</i> 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 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
Disability <i>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</i>

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).*

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).

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).**

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).**

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).

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).

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).

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).

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).

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).

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.

If no engagement has taken place, please state why:

STEP 5: METHODS OF COMMUNICATION

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

- | | | |
|--|---|--|
| ☐ Verbal – meetings | ☐ Verbal - Telephone | |
| ☐ Written – Letter | ☐ Written – Leaflets/guidance booklets | |
| ☐ Written - Email | ☐ Internet/website | ☐ Intranet page |
| ☐ Other | | |

If other please state:

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:

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
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GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date

Presented to (Appropriate Committee)	Publication Date

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 F

Ways of Referencing

Harvard System as used by the [University of Teesside](#)

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 addresses changes (which is a common occurrence) it may be impossible to trace the site.