Acceptable Computer Use Policy
November 2017

Authorship:	Information Governance Manager			
Committee Approved:	Audit and Governance Committee			
Approved date:	November 2017			
Review Date:	November 2020			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No issues identified
Sustainability Impact Assessment	Yes		Yes	No issues identified
Privacy Impact Assessment	No	No	No	Not Relevant
Bribery Checklist	No		No	Not Relevant
Target Audience:	All CCG Staff			
Policy Reference No:	P711			
Version Number:	V.3.0			
Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	No

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	Barry Jackson	First draft for comments	NR	
1.0	Barry Jackson	Approved version		
1.1	Chris Wallace	Updated to include social media	NR	
1.2	Chris Wallace	Amendments based on feedback		
2.0	IG Officer	Reviewed no updates required therefore next review date set for Sept 2017	IGSG Oct 15	
3.0	IG Officer	• Updates for New General Data Protection Regulations requirements • Update to reflect change in organisational relationships • Addition of non-use of personal equipment	November 2017	November 2017

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body	Ratification		
	Council of Clinical Representatives	Ratification		
	SMT	Ratification		
	Remuneration Committee	Ratification		
Yes	Audit and Governance Committee	Ratification	November 2017	November 2017
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification		
	Communications and Engagement Committee	Ratification		
	Quality and Performance Committee	Ratification		
	Primary Care Co-Commissioning Committee	Ratification		
Yes	Other *Information Governance Steering Group*	Ratification	October 2015	
	All Employees	Consultation		
	Public	Consultation		
	Yorkshire and Humber Social Partnership Forum	Consultation		

Contents

1   INTRODUCTION

This Acceptable Use Policy (AUP) applies to any CCG staff or contractors using Embed IT systems, computer equipment and network services. This includes employed staff, temporary staff and contractors granted access, including access to the guest wireless. It is designed to protect the CCG our employees, customers and other partners from harm caused by the misuse of our IT systems and our data. Misuse includes both deliberate and inadvertent actions.

The repercussions of misuse of our systems can be severe. Potential damage includes, but is not limited to, malware infection (e.g. computer viruses), legal and financial penalties for data leakage, and lost productivity resulting from network downtime. Everyone who works at the CCG is responsible for the security of our IT systems and the data on them. As such, all employees must ensure they adhere to the guidelines in this policy at all times. Should any employee be unclear on the policy or how it impacts their role they should speak to their manager or the Information Governance Team.

"Systems" means all IT equipment that connects to the corporate network or access corporate applications. This includes, but is not limited to, desktop computers, laptops, smartphones, tablets, printers, data and voice networks, networked devices, software, electronically-stored data, portable data storage devices, third party networking services, telephone handsets, video conferencing systems, and all other similar items commonly understood to be covered by this term.

2   ENGAGEMENT

This policy has been developed based on the knowledge and experience of the Information Governance team. It is derived from a number of national codes and policies which are considered as best practice and have been used across many public sector organisations.

3   IMPACT ANALYSES

3.1   Equality

An equality impact screening analysis has been carried out on this policy and is attached at Appendix 1.

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2   Sustainability

The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

3.3 Bribery Act 2010

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act <u>does not apply</u> to this policy.

4 SCOPE

- All employees of the CCG
- CCG Governing Body
- Contracted third parties (including eMBED and agency staff)
- Students and trainees
- Staff on secondment and other staff on placement with the CCG

5 POLICY PURPOSE AND AIMS

5.1 Internet/Intranet Access.

Access is provided to the internet through a secure gateway operated by the Embed IMT. The Embed operates a secure firewall and a range of technical systems to attempt to reduce the risk posed by hackers, criminals and fraudsters who may attempt to attack our systems. Users are advised that the primary purpose for the provision of the internet service is for work related matters. As a secondary use users are permitted to utilise the system for their own personal use subject to compliance with the conditions set out at point 5.2. In addition users are advised that this personal use is classed as a privilege which can be removed and is also subject to monitoring as set out in section 10.

5.2 Social Media

Social media is the social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks. This has taken on many forms in the last 10 years and includes sites such as Facebook and Twitter. The use of social media is increasing within society and has become a common method for people to communicate with each other. Social media offers great opportunities for organisations and individuals to listen and have conversations with people they wish to influence. The NHS has steadily embraced the use of social media to allow them to better engage with service users. Below are some point to be taken into consideration when using social media for both business and personal purposes.

Employees are personally responsible for the content they publish on blogs, wikis or any other form of user-generated media. Be mindful that what you publish will be public for a long time. When online, use the same principles and standards that you would apply to

communicating in other media with people you do not know. If you wouldn"t say something in an email or formal letter, don"t say it online.

Always identify yourself when using social media for work purposes by giving your name and, when relevant, role within the organisation.

If you are discussing the organisation or organisation related matters in a personal post you should also identify your role within the organisation as above. Write in the first person. You must make it clear that you are speaking for yourself and not on behalf of the organisation.

If you publish content to any website outside of the organisation that could be perceived to have a connection to the work you do or subjects associated with the organisation, use a disclaimer such as this:

"My postings on this site reflect my personal views and don't necessarily represent the positions, strategies or opinions of the organisation."

Respect copyright, fair use, data protection, defamation, libel and financial disclosure laws.

Don't provide the organisation's or another's confidential or other proprietary information on external websites.

Do not publish or report on conversations that are private or internal to the organisation (for example, do not quote such material in a discussion forum post).

Respect your audience. Don't use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as politics and religion.

Don't pick fights, be the first to correct your own mistakes, and don't change previous posts without indicating that you have done so.

If you read something online that you feel is factually incorrect, inaccurate or otherwise needs an official response from the organisation, then you must refer the matter to the Communications Team

Personal use of social media for should only occur during your own time such as during lunch breaks.

There are no restrictions on naming the organisation that you work for but it should be considered carefully what is said in regards to your employer.

If you feel that there is an issue that needs addressing within the organisation then it is advised that you discuss this with your line manager. If this is not appropriate then concerns can be raised through the organisations whistle blowing policy.

Do not post anything that is libellous or that cannot be supported with evidence. Such actions may be seen as bringing the organisation into disrepute and could lead to disciplinary actions.

5.3 Inappropriate Use

Inappropriate Use of Computer/IT Services. The use of computers and internet services in the following types of activities is specifically prohibited:

- Plugging in personal equipment into a work device
- Accessing Non-work related third party applications from work devices
- Accessing personal email systems or personal social media accounts from work devices
- Illegal, fraudulent, or malicious activities.
- Partisan political activity, political or religious lobbying or advocacy or activities on behalf of organisations having no connection with the CCG.
- Unauthorised fund-raising or similar activities, whether for commercial, personal, or charitable purposes.
- Accessing, storing, processing, displaying, or distributing offensive or obscene material such as pornography and hate literature.
- Using another person's account or identity without his or her explicit permission, e.g., by forging e-mail.
- Viewing, damaging, or deleting files belonging to others without appropriate authorisation or permission.
- Attempting to circumvent or defeat security or auditing systems without prior authorisation and other than as part of legitimate system testing or security research.
- Obtaining, installing, storing, or using software obtained in violation of the appropriate vendor's patent, copyright, trade secret, or license agreement.
- Use of mobiles/smartphones whilst driving (with or without hands free equipment)

6   IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

7   TRAINING AND AWARENESS

The Senior Management Team and line managers are responsible for ensuring that all staff are aware of the policy which will be available on the CCG intranet.

8 MONITORING AND AUDIT

Users are advised that all computer use, including e-mail and internet access is monitored and that staff are advised that in accordance with the Employment Practices Data Protection Code monitoring of Internet use will take place subject to the following guidance:

- All audits carried out will be documented.
- Monitoring is required to ensure that employees do not breach any regulations (such as those on harassment) which could have a legal impact on the CCG.
- Traffic will be monitored as opposed to content unless there are reasons for doing otherwise.
- The Internet History on a local computer is to be set to retain information for 20 days (this is the default setting). Users are not to clear, delete or otherwise change the settings on the History settings on their PC. Such action may lead to further detailed examination of the system being necessary.
- Inappropriate use of the Internet services may result in either facility being withdrawn and may constitute an offence under the CCG disciplinary code.
- Spot checks will be done as opposed to continuous monitoring.

8.1 Virus Protection.

IMT will ensure that the appropriate technical steps are taken to reduce the vulnerability of the CCG system to attack from computer viruses. Users are expected to play their part by being aware of the problem of viruses and reporting anything they deem to be suspicious to the IT Helpdesk.

9 POLICY REVIEW

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

Audit and Governance Committee has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

10 REFERENCES AND ASSOCIATED DOCUMENTATION

Organisational Policies:-

- Information Security Policy
- Data Protection and Confidentiality Policy

Further information on the use of social media can be found below:-

- Using Social Media – Practical and Ethical guidance for doctors and medical students – British Medical Association
- The Nursing and Midwifery Council's social media guidance.

- The Royal College of General Practitioners' social media 'highway code'.
- The Royal College of Nursing's 2011 congress discussion about social networking sites (social media).
- The General Medical Council's social media guidance.
- The Health and Care Professions Council social media guidance (PDF).

Equality Impact Assessment Strategy Policies

General Information

Policy:	Acceptable Computer Use Policy
Date of Analysis:	November 2017
Policy Lead: (Name, job title and department)	Corporate Services Manager
What are the aims and intended effects of this policy?	This standard sets out what is acceptable use of computer equipment provided for your use. The document provides details on expected behaviour and working practices.
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	None

Who is likely to be affected by this policy?	General Public	☐
	Service Users	☐
	Staff	☒

What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Not applicable
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	Not applicable

Equality Data

	Data provided below is from Census 2011
Age	**Age Range** / **Number** / **%** table below

Data provided below is from Census 2011

Age Range	Number	%
0-14	17,672	14.9
15-44	39,530	33.2
45-64	15,427	13.0
65-74	9,083	7.6
85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality

BME – 2011 Census Data

	%
White	97.5
Mixed	0.8
Asian	1.2
Black	0.2
Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What sources of equality information have you used to inform your piece of work?
(Please refer to the JSNAs and Population data, previous engagement findings, research, patient experience reports etc.)

Not applicable

What measures have been put in place to mitigate any potential impact?

Not applicable

---

1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT

I agree with this assessment / action plan

Signed off by (Name/Job Title)

Signed: Sally Brown

Date: November 2017

12 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	n/a		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	n/a		

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	n/a		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	n/a		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	n/a		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	n/a		

18

13 APPENDIX THREE – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	Acceptable Computer Use Policy
Brief description	This standard sets out what is acceptable use of computer equipment provided for your use. The document provides details on expected behaviour and working practices.

Screening completed by

Name	Emma Parker
Title	Corporate Services Manager
Department	Corporate Services
Telephone	01723 343691
Email	Emma.parker6@nhs.net
Review date	November 2017

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☒
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

***If you have ticked any of the questions above – please complete a full Privacy Impact Assessment –
The most up to date version of the form is available on the CCG website at:***

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/