

Corporate	ICBP059 - Safeguarding Adults and Children Training Policy
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Version Number	Date Issued	Review Date
V1	March 2025	March 2026

Prepared By:	Louise Mason-Lodge Director of Nursing for Safeguarding February 2025
Consultation Process:	Senior Safeguarding Professional Group, Complex Case and CHC leads, Chief Nurse and medical teams. ICB People and OD Subcommittee
Formally Approved:	13 March 2025
Approved By:	Quality and Safety Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
February 2025	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 NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	March 2025	Director of Nursing for Safeguarding	First Issue

Approval

Role	Name	Date
Approver	Quality and Safety Committee	13 March 2025

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1. Introduction

- 1.1 The North East North Cumbria Integrated Care Board (ICB) has a statutory duty to safeguard and promote the welfare of children and adults of population. This duty includes ensuring that all ICB staff (substantive, fixed contract and interim) and volunteers access safeguarding training at a level appropriate to their role and understand their responsibility to safeguard children and adults. In addition, the ICB as a commissioning organisation has a duty to have oversight of the compliance of healthcare staff with safeguarding training in commissioned services.
- 1.2 NENC ICB vision is for better, fairer, health and wellbeing for everyone. In order to achieve this for our most vulnerable populations all contact children and adults have with the NHS will be with practitioners and providers who have knowledge and understanding of safeguarding issues and the appropriate levels of training, support and access to supervision.
- 1.3 North East North Cumbria Integrated Care Board (ICB) is fully committed to its responsibility for protecting and safeguarding adults, children and young people. The principal philosophy is that safeguarding is everybody's business, and all staff will respond and act to raise safeguarding concerns and address any emerging issues.
- 1.4 The Safeguarding Assurance and Accountability Framework (SAAF NHS 2022 p15) identifies training as a key element of effective safeguarding arrangements and highlights the three main intercollegiate documents. The intercollegiate documents outlining the training and competencies required by healthcare staff are:
 - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019.
 - Looked after Children: roles and competencies of healthcare staff December 2020.
 - Adult Safeguarding: Roles and Competencies for Health Care Staff 2024.
- 1.5 The Domestic Abuse Act (2021) provides a robust framework to safeguard children and adults who experiencing domestic abuse. The level of training required is set out in the children and adult safeguarding competency documents.
- 1.6 This policy has been developed based on the requirements and competencies as set out in the three intercollegiate documents and aims to provide the ICB commissioners, managers and staff with clear direction as to their roles and responsibilities as relates to safeguarding arrangements, safeguarding training and competency requirements of staff and processes for monitoring compliance. Acquiring knowledge skills and expertise should be seen as a continuum.
- 1.7 The identification of the level of the safeguarding training required will be dependent on the staff members role and responsibilities and following the completion of an induction programme, it should be linked with annual appraisal and personal development plans.
- 1.8 In delivering this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity and provide for good relations between people of diverse groups, on the groups of the characteristics protected by the Equality Act (2010) and encourage the participation children, families and adults in safeguarding.

- 1.9 All training provided should place the child and adult at risk of abuse as the centre focus and promote the importance of understanding of both the adult and child's daily life experience, ascertaining their wishes and feelings, listening, and never losing sight of their needs.

2. Aims and Scope of the Policy

The policy's aim of a trained and competent workforce aligns with and supports the four core national objectives of ICSs:

- Improve outcomes in population health and health care.
- Prevent ill health and tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Support broader economic and social development.

It will ensure that:

- The ICB is compliant with legislative safeguarding duties and responsibilities.
- That the ICB Executive Board is aware of its responsibilities for ensuring robust safeguarding training arrangements.
- That ICB staff are clear on the level of training and achieve the competencies required for their role.
- That ICB managers are clear on the level of training and competencies required by the staff they manage and their responsibilities to monitor compliance.
- That safeguarding training compliance is part of ICB commissioners contract monitoring and quality assurance systems.
- That the ICB has robust monitoring and assurance systems in place to monitor and achieve training compliance across the ICB workforce.

The scope of this policy extends to all ICB staff including GP's, students, volunteers - substantive, fixed contract and interim.

3. Core Standards for Safeguarding Training

In order for training to be effective, the following core set of standards should apply:

Organisational and operational commitment to training:

- Online Safeguarding Children, Adult and Prevent Training is an essential requirement for ALL staff and is outlined in the ICB Mandatory Training Matrix.
- Managers must ensure all new starters undertake safeguarding mandatory training within 6 weeks of commencement, as part of the induction package.
- Managers and staff themselves, have a responsibility to ensure that staff have accessed and completed the appropriate level of training for their role.

- Competencies should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans.
- Advanced training will be sourced in-house or from appropriate accredited trainers or training partners.
- Interagency training is supported by local multi agency partnership boards for children's and adults including online multi agency basic awareness training package.
- Levels 1 & 2 are currently available via the e-learning platform on the electronic staff record (ESR).
- Levels 3 & 4 e-learning are available via eLearning for Health.
- Level 3 face to face children's training – an ICB training programme runs throughout NENC and is accessible to ICB staff.
- Level 4 face to face training is accessible to ICB Named and designate professionals via the regional and national safeguarding networks.
- Level 5 training is provided by external agencies.

4. Safeguarding Adults Training

The competency framework Adult Safeguarding: Roles and Competencies for Health Care Staff (2024) outlines the skills and knowledge required for all health professionals to ensure they are equipped to undertake their safeguarding roles and responsibilities in line with the Care Act 2014. Within its umbrella of expected knowledge and skills are those pertaining to forensic practice, mental capacity and deprivation of liberty safeguards and Prevent. These latter two areas of practice have their own competency frameworks which complement Adult Safeguarding: Roles and Competencies for Health Care Staff (2024) and should be referred to when considered competency in these areas. (See Appendix 2.)

Adult Safeguarding: Roles and Competencies for Health Care Staff (2024 p9) states that safeguarding competencies are:

The ability to perform a specific task, action or function successfully. It is a combination of skills, knowledge and experience expected of individual staff and being able to demonstrate the ability to be critically reflective and self-aware as you analyse, review and evaluate your skills, knowledge and professional practice, exploring alternative approaches and being open to change.

To support this a healthy learning culture is encouraged within safeguarding and supervision is considered fundamental to foster and enable reflective practice in relation to be safeguarding adults.

The Care Act 2014 is underpinned by six Safeguarding Adult principles that all health professionals need to understand and apply when engaging with adults at risk of abuse or neglect. These are: empowerment, prevention, proportionality, protection, partnership and accountability. This value base is also the cornerstone for Making Safeguarding Personal (MSP). This policy supports the embedding of the MSP guidance in practice for all health professionals regardless of their role.

(Making Safeguarding Personal for commissioners and providers of health and social care, Local Government Association, 2019).

Adult Safeguarding: Roles and Competencies for Health Care Staff (2024) competency framework breaks health staff roles into five levels of training plus a Board level. Those requiring a higher competency level should also be competent at the proceeding level. e.g. A staff member requiring Level 3 competency also needs to possess the skills and knowledge outlined in levels 1 and 2. Refresher training at level 3 would negate the need to also complete refresher training at level 1 and 2, so long as those skills are possessed.

Designated professionals should be attending an executive level management programme with a focus on leadership and change management within three years of taking up the post (Adult Safeguarding: Roles and Competencies for Health Care Staff 2024 p.41)

Board members should receive a bespoke training package encompassing Level 1 knowledge, competencies, and skills in addition to the specific learning outcomes outlined on page 49 of the Adult Safeguarding: Roles and Competencies for Health Care Staff (2024). Over a 3-year period, board level staff should receive refresher training equivalent to a minimum of 2 hours. This should provide key adult safeguarding guidance.

5. Preventing Radicalisation

The NHS Prevent training and competencies framework (DHSC, Sept 2022) has been published to enable consistency in Prevent training across the health sector. It supports NHS provider organisations, NHS commissioners and organisations providing services on behalf of the NHS to meet its legislative responsibilities to equip staff to safeguard and promote the welfare of children, young people and adults in relation to Prevent and its contractual training obligations set out in the NHS Standard Contract. (See Appendix 3.)

The Prevent training and competencies framework (DHSC, Sept 2022) states ‘to ensure consistency in training and competency development, the framework should be used in conjunction with the intercollegiate documents’

6. Mental Capacity Act Training and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA 2005) has been implemented since 2007. The Deprivation of Liberty Safeguards were brought in as an addendum a couple of years afterwards. In July 2018, the Government published a Mental Capacity (Amendment) Bill which proposed the Deprivation of Liberty Safeguards will be replaced by the Liberty Protection Safeguards (LPS). This has involved a review of the Mental Capacity Code of Practice. With no further updates on LPS following a lengthy consultation in 2022, MCA remains the cornerstone. It is law that impacts everyone working with those over the age of 16 years.

Understanding the legislation relevant to safeguarding is essential to core health care practice and competencies. Sufficient time is required to ensure that MCA competencies are met. The National Mental Capacity Act Competency framework sets out the skills, knowledge and abilities expected of staff working within the Mental Capacity Act. (Brown, K., Bogg, D. and Lyne, M., 2017. 3rd Edition National

Mental Capacity Act competency framework. Bournemouth: The National Centre for Post-Qualifying Social Work, Bournemouth University).

It divides staff groups across the health and social care sector into Groups A to E, with the specialist role of Best Interests Assessors. This framework can be read alongside the intercollegiate safeguarding competencies framework to support good practice.

7. Safeguarding Children and Cared for Children Training

The safeguarding children training levels and competencies referred to in this policy are those identified in the intercollegiate documents:

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019.
- Looked after Children: roles and competencies of healthcare staff December 2020.

Board members require a level of training specific to the responsibilities of the role. Board level training is outlined in the intercollegiate document (2019 p59) All board members including non-executive members must have a level of knowledge equivalent to all staff working within the healthcare setting (level 1) as well as additional knowledge based competencies by virtue of their board membership, (Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 p59).

Additional knowledge skills and competencies requirement for specific professional roles at level 3. These roles include paediatricians, GPs, GP practice safeguarding leads, practice nurses, children's nurses, health visitors, school nurses, midwives - a complete list is found in Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 p34.

Designated doctors and nurses are identified as requiring Prevent Level 5 training (NHS Prevent training and competencies framework (2022) evidence via PADR / supervision training records.

8. Achieving Training Compliance

The training compliance targets are as follows:

- Safeguarding training (adults and children) 90%.
- Mental Capacity Act Training 90%.
- Prevent Basic awareness 90%.
- Prevent Duty training (L3) is 90%.

For the ICB to meet safeguarding training compliance targets it is important to have an accessible and relevant training offer (internal and external) which is regularly reviewed through a Training Needs Analysis to identify training needs.

The systems in place to record staff training attendance must be accurate and flexible allowing current training and previous training to be recorded from other NHS organisations.

Processes and systems need to be in place to report on safeguarding training compliance of both ICB workforce and of commissioned services on a quarterly basis.

9. Adult Learning Principles

Achieving training compliance is based on adult learning principles and not a set numbers of hours and is the minimum indicative content and time required for practitioners to meet their safeguarding responsibilities. Practitioners should also be able to access content which supports any specific local needs.

E-learning is appropriate to impart knowledge at levels 1 and 2. E-learning can also be used at level 3 and above as preparation for participatory learning and to contribute to appraisals and revalidation when linked to case studies and changes in practice.

E-learning is important but it should not form the only source of learning. It is expected that at least 50% of indicative education training and learning time is of a participatory nature. This includes, for example formal teaching, conference attendance and group case discussion (from Adult Safeguarding: Roles and Competencies for Health Care Staff 2024 p53).

10. Monitoring, Review and Archiving

Monitoring

The ICB has a duty to ensure that all ICB staff (substantive, fixed contract and interim) and volunteers access safeguarding training at a level appropriate to their role and understand their responsibility to safeguard children and adults.

The training compliance targets are as follows:

- Safeguarding training (adults and children) 90%.
- Mental Capacity Act Training 90%.
- Prevent Basic awareness 90%.
- Prevent Duty (L3) training is 90%.

Commissioned service assurance will be required that all staff have the knowledge and skills related to safeguarding children, adults, MCA, Prevent and domestic abuse embedded in practice. This assurance should be obtained through relevant quality and performance monitoring processes, internal and external audit, outcomes from inspections (e.g. CQC).

Evidence of the ICB training compliance will be provided on request to NHS England, Safeguarding Children Boards, Safeguarding Adult Boards and CQC where required to provide assurance that the ICB is complying with its statutory requirements.

Review

The ICB 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 ICB 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 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.

Archiving

The ICB 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.

11. Equality Analysis

A full Equality Impact Assessment (EIA) to be completed and attached as an appendix.

12. References

Safeguarding Assurance and Accountability Framework (SAAF NHS 2022).
Adult Safeguarding: Roles and Competencies of Healthcare Staff 2018.
Looked after Children: roles and competencies of healthcare staff December 2020.
Domestic Abuse Act (2021).
Care Act (2014).
Making Safeguarding Personal for commissioners and providers of health and social care, Local Government Association, 2019.
Brown, K., Bogg, D. and Lyne, M., 2017. 3rd Edition National Mental Capacity Act competency framework. Bournemouth: The National Centre for Post-Qualifying Social Work, Bournemouth University.
Children and Families Act (2014).
NHS Prevent training and competencies framework DHSC, Sept 2022.
Counter Terrorism and border Security Act (2019).
Equality Act (2010).
Mental Capacity Act (2005).
Safeguarding Children and Young People: Roles and Competencies of Healthcare Staff 2019.

13. Schedule of Duties and Responsibilities

Lead	Duties and Responsibilities
ICB Chief Executive	The ICB Chief Executive holds executive accountability for safeguarding children and adults including workforce planning.
Executive Chief Nurse	The ICB Executive Chief Nurse has delegated safeguarding responsibilities from the ICB Chief Executive. This includes the responsibility to ensure that staff are trained a level commensurate to their role and understand their individual and corporate responsibilities to safeguard children and adults.
Directors of Nursing	Directors of Nursing holds devolved responsibility and are the leads for Safeguarding Adults and Children's Training. The Designated Professionals advise the ICB on Safeguarding Adult and Children's Training matters.
Policy Author	<p>The Designated Safeguarding professionals are responsible for:</p> <ul style="list-style-type: none"> • generating and formulating this policy document. • identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives. • establishing mechanisms for regular the monitoring of compliance. • notifying the Nurse Directors should any revision to this document be required.
Designated Professionals	<p>Designated Professionals within the ICB will ensure that:</p> <ul style="list-style-type: none"> • Safeguarding training is aligned with national guidance and the intercollegiate documents. • Have oversight of and report on safeguarding training compliance. • The learning and recommendations from national and local safeguarding reviews are incorporated into safeguarding training. • The quality of safeguarding training is assured through a robust evaluation process.
Line Managers	<p>Line Managers have a responsibility to ensure the staff they manage access and complete safeguarding training commensurate to their role and this is recorded on ESR.</p> <p>The line manager has the responsibility to escalate noncompliance with safeguarding training.</p>
All Staff	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> • All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have

	<p>read and understood this document and are competent to carry out their duties in accordance with the procedures described.</p> <ul style="list-style-type: none"> • All staff have a responsibility to attend safeguarding training commensurate to their role and this is recorded on ESR. • 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 and procedures as a result of becoming aware of changes in practice, changes in 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.
Commissioning staff	<p>As commissioners of local health care, the ICB will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. It has a duty to ensure that all health providers with whom they have commissioning arrangements discharge their functions with regard to the need to safeguard and promote the welfare of vulnerable adults.</p>
CSU STAFF	<p>Whilst working on behalf of the ICB, CSU 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.</p>

Appendix 1

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: Louise Mason-Lodge

Job Title: Director of Nursing for Safeguarding

Organisation: NENC ICB

Title of the service/project or policy: Safeguarding Training Policy Adults and Children

Is this a:

Strategy / Policy ☒

Service Review ☐

Project ☐

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

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

This policy has been developed based on the requirements and competencies as set out in the three intercollegiate documents and aims to provide the ICB commissioners, managers and staff with clear direction as to their roles and responsibilities as relates to safeguarding arrangements, safeguarding training and competency requirements of staff and processes for monitoring compliance. Acquiring knowledge skills and expertise should be seen as a continuum.

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** Volunteers, agency staff, those with fixed term or interim contracts

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

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

The policy will clarify the roles and responsibilities for safeguarding training and competency requirements and also the time scales and supporting documents which will ensure that appropriate monitoring and recording.

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

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

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Hilary Lloyd	Executive Chief Nurse NENC ICB	February 2025

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.

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: Louise Mason-Lodge

Job Title: Director of Nursing for Safeguarding

Organisation: NENC ICB

Title of the service/project or policy: Safeguarding Training Policy Adults and Children

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

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

To set out the policy for health to meet all its statutory safeguarding responsibilities in respect of training and competence

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

(Consider the actual and potential impact)

- **Consultants** ☒
- **Nurses** ☒
- **Doctors** ☒
- **Staff** ☒
- **Service User / Patients** ☒
- **Others, please specify** Volunteers, agency staff, those with fixed term or interim contracts

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)	To issue policy guidance to ensure compliance with mandatory and statutory safeguarding legislation

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

<p>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.</p> <p>Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p>Age <i>A person belonging to a particular age</i></p>
No Impact
<p>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></p>
No Impact
<p>Gender reassignment (including transgender) and Gender Identity <i>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.</i></p>
No Impact
<p>Marriage and civil partnership <i>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.</i></p>
No Impact
<p>Pregnancy and maternity <i>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.</i></p>
No Impact

Race <i>It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</i>
No Impact
Religion or Belief <i>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.</i>
No Impact
Sex/Gender <i>A man or a woman.</i>
No Impact
Sexual orientation <i>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</i>
No Impact
Carers <i>A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</i>
No Impact
Other identified groups relating to Health Inequalities <i>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.)</i>
No Impact

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 <ul style="list-style-type: none"> 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.
Senior Safeguarding Professional Group, Complex Case and CHC leads, Chief Nurse and medical teams. ICB People and OD Subcommittee
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: Available in other formats on request

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.

If any of the above have not been implemented, please state the reason:
Not applicable

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

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

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Hilary Lloyd	Executive Chief Nurse NENC ICB	February 2025

Presented to (Appropriate Committee)	Publication Date
NENC ICB Quality and Safety Committee	March 2025

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