

STATUTORY & MANDATORY TRAINING POLICY APRIL 2018

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	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			
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	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
DRAFT	SRCCG	Draft policy for CCG	SMT – June 14	
DRAFT	SRCCG	Draft policy for CCG	JTUPF – July 14	
1	SRCCG	Policy for CCG	SMT – August 14	
2	SRCCG	Addition of Safeguarding Children Training Strategy	SMT – October 17	Nov 17
2	SRCCG	Amends to reflect change of training provider to ESR	SMT – October 17	Nov 17
2	SRCCG	Addition of annual COI Training as mandatory	SMT – October 17	Nov 17
2	SRCCG	EIA reviewed – not amended	SMT – October 17	Nov 17
2	SRCCG	GDPR paragraph inserted.	SPF – March 18	April 18
2	SRCCG	Addition of Prevent Radicalisation level 1 training as mandatory	SPF – March 18	April 18

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
Y	Governing Body	Ratification		07/14
	Council of Clinical Representatives	Ratification		
	SMT	Ratification	10/17	10/17
	Remuneration Committee	Ratification		
	Audit and Governance Committee	Ratification		
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification		
	Communications and Engagement Committee	Ratification		
	Quality and Performance Committee	Ratification		
	Primary Care Co-Commissioning Committee	Ratification		
	Other	Ratification		
Y	All Employees	Consultation		
	Public	Consultation	10/08/17	
Y	Yorkshire and Humber Social Partnership Forum	Consultation	03/18	03/18

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1 INTRODUCTION

NHS Scarborough and Ryedale CCG (the CCG) recognises that statutory and mandatory training is of vital importance in order to protect the safety of employees, visitors and the general public.

This policy applies to all employees of NHS Scarborough and Ryedale CCG, members of the Governing Body and agency/contracted employees.

Failure to undertake statutory and/or mandatory training would be considered to be a breach of the terms and conditions of employment and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

2 IMPACT ANALYSES

2.1 Equality

All policies require an assessment for their impact on people with protected characteristics. An Equality Impact Assessment has been undertaken for this policy and as a result of performing the analysis, it does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. An Equality Impact Assessment is attached at Appendix 3.

In applying this policy, the CCG 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, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

2.2 Bribery Act 2010

The relevance of the Bribery Act 2010 must be considered in respect of every policy. It is considered that it is relevant to this policy as it is possible that someone may be bribed into offering or supporting a secondment.

Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG internet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

2.3 General Data Protection Regulations (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

3 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

4 POLICY PURPOSE AND AIMS

The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of employees and managers and information about how to access the training.

It is a CCG priority for employees to be released to undertake statutory and mandatory training and the granting of permission for other training will be contingent on employees having undertaken, or arranged to undertake, their required statutory or mandatory training for the current year.

This policy and procedure will be available for employees on the internet.

Training and support will be available to all Line Managers locally in the implementation and application of this policy

5 DEFINITIONS

5.1 Statutory Training

Statutory training is that which the CCG is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation. E.g. Fire Safety, Health & Safety, Moving and Handling (Please see Appendix 1 for full training list).

5.2 Mandatory Training

Mandatory training is determined by the CCG. It is concerned with minimising risk, providing assurance against policies and ensuring the CCG meets external standards and best

practice guidance e.g. Safeguarding Children which now incorporates the Strategy for Training to 'Individuals' and 'Groups'. (Please see Appendix 1 for full training list).

5.3 Induction Process

All new employees to the CCG are required to complete an induction process beginning on the first day of their employment which will include completion of Statutory and Mandatory Training using the national NHS e-learning system, the Electronic Employees Record (ESR) via Oracle Learning Management (OLM). Further information can be found in the CCG Induction Handbook and the Induction and Probation Policy.

6 ROLES, RESPONSIBILITIES AND DUTIES

6.1 Organisation Responsibilities

The Chief Officer and the CCG Governing Body are responsible for and committed to ensuring that all employees are appropriately trained to enable them to undertake their duties and to also protect their own wellbeing.

The CCG has responsibility for ensuring that all requirements relating to statutory and mandatory training are in place and upheld by all employees. This ensures the quality, content and frequency of training being provided and equitable access to training by employees.

The CCG is also required to ensure services commissioned by them have a Statutory and Mandatory training policy and programme to ensure best practice, minimise risk and patient, employees and public safety.

6.2 Responsibilities of Members of Employees

All employees are responsible for ensuring they are competent for their role and have a full understanding of the regulations and requirements related to their duties, responsibilities and facilities that enable them to carry out their job. This policy will also be discussed at the appraisal meetings between employees and their line manager. Some employees will have additional and specific professional and regulatory and continuing professional development requirements.

It is a priority that all employees ensure that training in the statutory and mandatory programme has been completed within the expected timescales regardless of an individual's post or ability, and should be treated as the highest priority in the annual personal development planning and review cycle.

All employees who have applied to undertake further training will need to demonstrate that they have undertaken or have arranged to undertake their Statutory and Mandatory training before their applications for further training will be considered.

All employees whether paid or unpaid have a statutory duty to cooperate with their manager to undertake training as required. If any aspect of statutory and mandatory training is unclear, employees must bring this to the immediate attention of their Line Manager.

All employees should participate as required in any audits that may be carried out to monitor statutory and mandatory training.

6.3 Responsibilities of Managers

Managers have the responsibility to ensure compliance with CCG Policies and Procedures by enabling all employees within their department to receive the required training and supervision.

It is the responsibility of all managers to ensure that their employees are up to date with all the relevant statutory and mandatory training. Every opportunity must be given to employees to undertake statutory and mandatory courses in work time.

It is the responsibility of managers and supervisors to ensure that the required statutory and mandatory training is completed during the induction process and then reviewed during appraisals, with both the manager and post holder identifying any learning needs in their Personal Development Plan (PDP).

Managers should ensure that all statutory and mandatory training certificates are recorded on personal files.

6.4 Responsibilities of the HR Team

The CCG will work with EMBED Health Consortium who will be responsible for the co-ordination and administration of training to meet the requirements of the statutory and mandatory training. The eMBED HR team will provide monthly reports to the CCG of training undertaken.

7 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.

8 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.

9 MONITORING AND AUDIT

The policy and procedure will be reviewed periodically for the CCG in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

The implementation of this policy will be audited on an annual basis by the eMBED HR Team and reported to the CCG's Governing Body.

10 POLICY REVIEW

The policy and procedure will be reviewed at least every four 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.

Senior Management Team has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

11 REFERENCES AND ASSOCIATED DOCUMENTATION

For further information please refer to the following reference sources:

- Induction and Probation Policy
- Induction Handbook
- Health and Safety Legislation
- Equalities Legislation
- Disciplinary Policy

APPENDIX ONE - Statutory and Mandatory Training

11.1 NHS Scarborough and Ryedale CCG Statutory and Mandatory Training Table

Frequency	Course Title	Training Provider	Who Should Attend/Complete?
Once Only	Induction - Corporate	CCG	All Employees
	Induction - Local	CCG	All Employees
Annually	Data Security Awareness Level 1	ESR/OLM (e-Learning for Health)	All Employees
	Fire Safety - Level 1	ESR/OLM	All Employees
	Conflicts of Interest*	NHS England	All Employees
Every 3 years	Equality, Diversity and Human Rights - Level 1	ESR/OLM	All Employees
	Infection Prevention and Control - Level 1	ESR/OLM	All Employees
	Moving and Handling – Level 1	ESR/OLM	All Employees
	Mental Health Legislation	ESR/OLM	All Employees
	Safeguarding Adults - Level 1	ESR/OLM	All Employees
	Safeguarding Children Level 1	ESR/OLM (e-Learning for Health)	Refer to Safeguarding Children Training Strategy pages 7 -9 inclusive.
	Prevent Radicalisation Level 1	ESR/OLM (e-learning for Health)	All Employees

* Appendix two shows break down of who should complete which COI modules

11.2 Safeguarding Children Training Strategy (2017-19) - CCG Safeguarding Children Training Delivery Plan

Level	Staff Group	Training requirement & frequency	Notes
Level 1	Refer to the Safeguarding Children Delivery Plan - Pages 7 – 9 within the Safeguarding Children Training Strategy to determine your staff group level required completion.	2 hours over 3 years	Refer to above ESR module access
Level 2		3-4 hours over 3 years	Refer to Safeguarding Children Strategy, Training Delivery Plan for method of training access.
Level 3		8 hours over 3 years	
Level 4		24 hours over 3 years	
Level 5		24 hours over 3 years	
Board Level		2 hours over 3 years	

APPENDIX TWO - CONFLICTS OF INTEREST TRAINING REQUIREMENTS

Module	NHSE Recommendations	CCG Staff
<p>Module 1 – covers what conflicts of interest are; how to declare and manage conflicts of interest, including individuals' responsibilities; and how to report any concerns.</p>	<ul style="list-style-type: none"> - CCG Governing Body Members - Executive members of formal CCG committees and sub-committees - Primary Care Commissioning Committee members - Clinicians involved in commissioning or procurement decisions - CCG governance leads - Anyone involved or likely to be involved in taking a procurement decision(s) 	<ul style="list-style-type: none"> - All Staff <p>Module 1 is relevant to all staff, it covers the basic information about conflicts of interest and how it is managed and supports the CCG's Conflicts of Interest Policy which all staff are expect to adhere to.</p> <ul style="list-style-type: none"> - Other members of the CCG's Committees (CEC)
<p>Module 2 – provides further information on managing conflicts of interest throughout the whole commissioning cycle and in recruitment processes.</p>	<p>Individuals in decision-making roles, including</p> <ul style="list-style-type: none"> - Contract and performance managers, - Commissioning leads, - Primary care teams, - Strategy and planning teams, - Locality managers etc. 	<ul style="list-style-type: none"> - Governing Body - SMT - All member of the A&G Committee - Band 7s and above - Primary Care Business Manager - All members of the PCCC
<p>Module 3 – provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.</p>	<p>Senior CCG staff with high exposure to conflicts of interest, such as:</p> <ul style="list-style-type: none"> - Governing body members, - Senior management team - GP clinical leads, - Governance leads, - Conflicts of Interest Guardian - Procurement leads. 	<ul style="list-style-type: none"> - Governing Body - SMT - All member of the A&G Committee - Band 8asand above

Safeguarding Children Training Strategy (2017-19)

North Yorkshire and York Clinical Commissioning Groups



Hambleton, Richmondshire and Whitby
Clinical Commissioning Group



*Scarborough and Ryedale
Clinical Commissioning Group*



*Vale of York
Clinical Commissioning Group*



*Harrogate and Rural District
Clinical Commissioning Group*

**Author: Elaine Wyllie (Designated Nurse Safeguarding and Children in Care)
Karen Hedgley (Designated Nurse Safeguarding and Children in Care)**

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1 INTRODUCTION

- 1.0 The four North Yorkshire and York Clinical Commissioning Groups (CCGs) are committed to safeguarding and promoting the welfare of children and young people, who may be vulnerable. As commissioning organisations, the CCGs must ensure that their employees and staff working in services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people. (NHS E, 2015)
- 1.1 In accordance with the Children Act 2004 (Section 11) all individuals who work in health care organisations, both substantive staff and those working in services that are contracted or commissioned, must be trained and competent to recognise when a child may need to be safeguarded and know what to do in response to concerns about their welfare.
- 1.2 Working Together to Safeguard Children (2015) sets out statutory guidance on the responsibilities of all NHS organisations (including CCGs) to ensure that employees and independent contractors have an awareness of how to recognise and respond to safeguarding concerns.
- 1.3 The Children and Families Act, (2014) strengthens the accountability for the provision of services and support to children with special educational needs and/or disability (SEND). The four North Yorkshire and York CCGs will seek assurance that service providers fulfil their responsibilities to this vulnerable group of children via contractual monitoring structures.

2 PURPOSE

- 2.0 The purpose of this strategy is to provide a framework which ensures that the four North Yorkshire and York CCGs meet their contractual and legislative responsibilities to equip people to work effectively to safeguard and promote the welfare of children and young people. The strategy aims to provide information on mandatory safeguarding children training requirements for all managers and staff within the four North Yorkshire and York CCGs.
- 2.1 The level of safeguarding children training required is dependent on the CCG staff member's role and responsibilities and is determined by agreed national guidance (RCPCH, 2014)

2.2 All training provided should respect diversity (including culture, race, religion, gender and disability), promote equality and encourage the participation of children and families in the safeguarding process.

2.3 All training provided should place the child at risk of maltreatment as the central focus and promote the importance of listening to the child or young person, understanding their daily life experience, ascertaining their wishes and feelings and never losing sight of their needs.

3 ROLES AND RESPONSIBILITIES

3.0 **All CCG staff** (*this also includes employees who are on fixed term contracts, temporary staff and volunteers*) have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being maltreated. In order that this function can be delivered effectively, all staff must access safeguarding children training commensurate with their role within the organisation. All staff must access the required level of training within 8 weeks of coming into post.

3.1 The **CCGs** have a responsibility to train their staff so that they are competent to carry out their safeguarding children responsibilities, including recognising and reporting safeguarding children issues.

3.2 The **Designated Nurses and Doctors for Safeguarding Children** have a responsibility for taking a strategic and professional lead across the health economy and also support the safeguarding executive leads within the CCGs in relation to this aspect of their role.

3.3 The **Designated Nurses and Doctors for Safeguarding Children** have a responsibility to support training and development for CCG staff and Governing Body members in line with national guidance (RCPCH, 2014) and the multi-agency policies of both North Yorkshire and City of York Local Safeguarding Children Boards.

3.5 The **Designated Nurses and Doctors for Safeguarding Children** are responsible for ensuring that lessons learnt from major investigations (Serious Case Reviews, other forms of learning reviews, Significant Incidents and Domestic Homicide Reviews) are incorporated into training and development opportunities.

3.6 The **Local Safeguarding Children Boards**, in line with 'Working Together to Safeguard Children' (HM Government, 2015) operate to coordinate and ensure the effectiveness of safeguarding activity of all agencies within North Yorkshire and York.

Alongside their core objectives the LSCBs have specific functions in respect of training, which include developing policies and procedures for safeguarding children in relation to training of persons who work with children or in services affecting the safety and welfare of children and to monitoring and evaluate the effectiveness of training, including multi-agency training.

3.4 3.7 The four **North Yorkshire and York CCGs** are committed to safeguarding and promoting the welfare of children and young people who may be vulnerable. As commissioning organisations, the CCGs must ensure that its employees and staff working in services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people.

4 MONITORING AND ASSURANCE

4.0 The CCGs are responsible for maintaining quality standards and quality assurance in relation to service delivery within the CCGs. This responsibility includes ensuring that safeguarding and the need to protect children from harm is embedded within organisational culture.

4.1 The CCGs will require assurance that all staff employed by the CCGs have the knowledge and skills, appropriate to their role, to identify and act on safeguarding concerns, including concerns related to safeguarding children and children who are in the care of local authorities.

4.2 This assurance will be obtained via:

- quarterly reporting through Embed commissioned services
- staff appraisals (in which compliance with all statutory and mandatory requirements is reviewed and recorded)
- internal and external audit and statutory inspection processes

5 ACCESSING SAFEGUARDING CHILDREN TRAINING

5.0 It should be noted that staff requiring training at Level 2 or above are NOT required to also undertake Level 1 training. For staff accessing these higher levels of training, evidence of training compliance should be submitted to Embed (embed.generalhr@nhs.net) for inclusion on the ESR learning record.

5.1 The table below sets out expected safeguarding children training requirements for all CCG staff in line with national guidance (RCPCH, 2014):

CCG Safeguarding Children Training Delivery Plan

Level	Staff Group	Training requirement & frequency	Knowledge, Skills Attitudes and Values	Method of access to training
Level 1	All staff working in the CCG who do not require specialist training at Level 2 or above. (e.g. admin support staff; finance managers; commissioning managers)	2 hours over 3 years	See Intercollegiate Document *(p.12)	E-learning for Health (Level 1) – available via ESR ('My Learning')
Level 2	All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers. (e.g. Adult Continuing Healthcare staff; Adult Safeguarding Professionals; CCG staff who undertake consultation events or assurance visits)	3-4 hours over 3 years	See Intercollegiate Document *(p.14)	E-learning for Health (Level 2) – available via ESR ('My Learning') and Subject-specific training packages from LSCBs www.safeguardingchildren.co.uk www.saferchildrenyork.org

Level 3	All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. (e.g. GPs; Children's Continuing Healthcare)	8 hours over 3 years	See Intercollegiate Document *(p.17)	CCG Designated Professionals 'Hot Topics' Training Programme for GPs Subject-specific training packages from LSCBs www.safeguardingchildren.co.uk www.saferchildrenyork.org Relevant local conferences/training events Evidence of relevant personal reflection, scenario-based discussions drawing on case studies, serious case reviews, lessons from research, and audit.
Level 4	Specialist roles – named professionals (e.g. Named GPs for Safeguarding Children)	24 hours over 3 years	See Intercollegiate Document *(p.54)	CCG Designated Professionals 'Hot Topics' Training Programme for GPs Subject-specific training packages from LSCBs www.safeguardingchildren.co.uk www.saferchildrenyork.org Additional training programmes such as RCPCH Level4/5 training www.rcpch.ac.uk/

				<p>Relevant local and national conferences/ training events</p> <p>Evidence of relevant personal reflection, scenario-based discussions drawing on case studies, serious case reviews, lessons from research, and audit.</p>
Level 5	<p>Specialist roles – designated professionals</p> <p>(e.g. Designated Nurses and Doctors for Safeguarding Children)</p>	24 hours over 3 years	<p>See Intercollegiate Document *(p.57)</p>	<p>Subject-specific training packages from LSCBs</p> <p>www.safeguardingchildren.co.uk</p> <p>www.saferchildrenyork.org</p> <p>Relevant local and national conferences/ training events</p> <p>Additional training programmes such as RCPCH Level4/5 training</p> <p>www.rcpch.ac.uk/</p> <p>Evidence of relevant personal reflection, scenario-based discussions drawing on case studies, serious case reviews, lessons from research, and audit.</p> <p>Regular participation in support groups or peer support networks for specialist professionals at a local, regional, and national level.</p>

Board Level	Chief Executive Officers, Trust and Health Board Executive and non-executive directors/members, commissioning body Directors (e.g. Governing Body members and Chief Officer)	2 hours over 3 years	See Intercollegiate Document *(p.73)	E-learning for Health (Level 1) www.elfh.org.uk/programmes/safeguarding-children/ Tailored face to face training packages delivered by Designated Professionals for Safeguarding Children
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*Safeguarding children and young people: roles and competences for health care staff Intercollegiate Framework March 2014

6 References

Children and Families Act (2014) . London. HMSO

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Department for Education (2015). *Working Together to Safeguard Children: A Guide to Inter- Agency Working to Safeguard and Promote the Welfare of Children.*

London: HM Government: DfE.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

NHS Commissioning Board (2013) Safeguarding Vulnerable People in a reformed NHS: Accountability and Assurance Framework. (Published in electronic format only)

<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

Royal College of Paediatrics and Child Health, (2014). Safeguarding Children and Young People Roles and Competencies for Health Care Staff. RCPCH.

<http://www.rcpch.ac.uk/child-health/standards-care/child-protection/updates/child-protection-updates>

The Children Act. (1989). London: HMSO

APPENDIX FOUR - EQUALITY IMPACT ASSESSMENT STRATEGY POLICIES

<h1>General Information</h1>							
Policy:	Statutory & Mandatory Training Policy						
Date of Analysis:	October 2017						
Policy Lead: (Name, job title and department)	Corporate Services Manager						
What are the aims and intended effects of this policy?	The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of employees and managers and information about how to access the training.						
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	No						
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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #002060; color: white; text-align: center;">General Public</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #002060; color: white; text-align: center;">Service Users</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #002060; color: white; text-align: center;">Staff</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	General Public	<input type="checkbox"/>	Service Users	<input type="checkbox"/>	Staff	<input checked="" type="checkbox"/>
General Public	<input type="checkbox"/>						
Service Users	<input type="checkbox"/>						
Staff	<input checked="" type="checkbox"/>						
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						

Employee Equality Data

General	Total number of employees in the CCG is 87
Age	11.5% of staff are under 30 54.02% of staff aged 30 - 55 34.48 of staff are over 55
Gender	81.61% of staff employed are female 18.39% of staff employed are male
Race / Nationality	87.36% of staff employed in the CCG declared themselves White 10.34% of staff are not stated/undefined 2.30% of staff declared themselves Mixed
Disability	75.86% of staff employed declared themselves as having no disability 22.99% of staff did not declare /undefined 1.15% of staff declared a disability
Sexual Orientation	63.22% of staff described themselves as heterosexual 1.15% of staff described themselves as gay 35.63% did not wish to respond /undefined
Gender Reassignment	No information available
Religion / Belief	Christianity is the largest religious group declared by staff in the CCG 42.53% 35.63% were undefined or did not wish to declare 21.84% of staff declared other faith or religious beliefs
Pregnancy and Maternity	No information yet as the CCG has not been established long enough to build meaningful data
Marriage and civil partnership	58.61% of employees are married. 24.14% of employees are single 6.90% of employees are divorced 9.20% of employees were undefined or did not wish to declare 1.15% of employees are in a civil partnership

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 <i>Genuine Determining Reason</i> 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) Sally Brown, Associate Director of Corporate Affairs

Signed: July 2017

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 Unknow n = ? 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	<p>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?</p> <p>Will it create incentives to promote prevention, healthy behaviours, mental well-being, living independently and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?</p> <p>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?</p> <p>Will it pay for services based on health outcomes rather than activity for example through personal budgets?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx</p>	n/a		
Travel	<p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it reduce repeat appointments?</p> <p>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?</p> <p>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx</p>	n/a		
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx</p> <p>Will it reduce water consumption?</p> <p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it improve green space and access to green space?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx</p>	n/a		
Adaptation to Climate Change	<p>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)?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx</p>	n/a		

Procurement	<p>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?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p> <p>Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx</p>	n/a		
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups and pay above living wage?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx</p>	n/a		
Community Engagement	<p>Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?</p> <p>Will it reduce inequalities in health and access to services?</p> <p>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p> <p>Will it increase peer-support mechanisms?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx</p>	n/a		
Estimated carbon benefit	<p>What is the estimated carbon benefit (in terms of tCO₂e) 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:</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-paths-guidance.aspx</p>	n/a		

APPENDIX SIX – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used to 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	Statutory and Mandatory Training Policy
Brief description	The policy documents the type of training, who must attend and if any update is required. It also documents the responsibilities of employees and managers and information about how to access the training.

Screening completed by

Name	Emma Parker
Title	Corporate Services Manager
Department	Corporate Services
Telephone	01723 343691
Email	Emma.parker6@nhs.net
Review date	October 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?	<input type="checkbox"/>
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	<input type="checkbox"/>
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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/>