



**Nottingham and  
Nottinghamshire**  
Integrated Care Board

# **Data Quality Policy**

**July 2024 – July 2027**

<b>CONTROL RECORD</b>	
<b>Title</b>	Data Quality Policy
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<b>Author</b>	Head of Data Management
<b>Sponsor</b>	Document Sponsor
<b>Team</b>	Data Management Team, SAIU
<b>Amendments</b>	Changes to Section 4 – Paragraph 4.5 Changes to Section 5 – Merging Data Quality and Definition
<b>Purpose</b>	This policy sets out the data quality requirements of the Integrated Care Board for maintaining and increasing high levels of data quality.
<b>Superseded Documents</b>	GOV-010 Version 1.1
<b>Audience</b>	All employees and appointees of the Nottingham and Nottinghamshire ICB including individuals working within a temporary capacity.
<b>Consulted with</b>	SAIU Senior Leadership Team
<b>Equality Impact Assessment</b>	Last Completed 23 May 2024
<b>Approving Body</b>	Audit and Risk Committee
<b>Date approved</b>	19 June 2024
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<p><b>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB’s document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</b></p>	

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## Contents

1	Introduction	Page 4
2	Purpose	Page 4
3.	Objectives	Page 5
4	Scope	Page 5
5	Definition - Data Quality	Page 6
6	Quality Standards	Page 7
7	Validation	Page 8
8	Responsibilities and Accountability	Page 9
9	Data Dictionary Change Notices	Page 11
10	Communication, Monitoring and Review	Page 12
11	Training	Page 12
12	Equality and Diversity Statement	Page 13
13	Interaction with Other Policies	Page 13
14	References	Page 14
	<b>Appendix A: Equality Impact Assessment</b>	Page 15

## **1. Introduction**

- 1.1. This policy applies to the Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2. The ICB recognises that reliable information is fundamental in supporting the ICB to achieving its goals. The ICB works to a framework for handling personal information in a confidential and secure manner to meet ethical and quality standards. The ICB recognises that all the decisions, whether healthcare, managerial or financial need to be based on information which is of the highest quality.
- 1.3. The ICB recognises the need for an appropriate balance between openness and confidentiality in the management and use of data alongside the importance of reliable data. This document should be read in conjunction with the listed referenced documents and policies.

## **2. Purpose**

- 2.1 The purpose of this document is to set out a clear policy framework for maintaining and increasing high levels of data quality within the ICB. It is intended to cover the collection, recording, validation, further processing and reporting of all types of reference information generated and used within, or reported externally by, the ICB. It describes the necessary features of systems to manage such information and the supporting administrative, reporting and training arrangements to ensure the information is of consistently high quality.
- 2.2 The way in which data is collected and analysed can influence results and it is, therefore, important to have a clear and open framework in place which supports this process and accurately reflects the practice of the ICB in the discharge of its functions.
- 2.3 This Data Quality Policy sets out how the ICB will collect, analyse, and report data. The ICB requires this policy to be followed by all employees of the ICB (including all individuals working in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the ICB under contract for services). Individuals appointed to the Integrated Care Board and its committees and any other individual directly involved with the business or decision-making of the ICB. These are collectively referred to as 'individuals' hereafter.

### **3. Objectives**

- 3.1 This policy underpins the ICBs objective to record and present data of the highest possible quality and that all Users of the information can be confident about its accuracy.
- 3.2 The ICB recognises that a significant number of datasets its Users are supplied by other organisations and in order to make sound and informed decisions, the quality of the data must be verified.

### **4. Scope**

- 4.1 This policy is intended to cover the collection, recording, validation, further processing and reporting of all types of reference information generated and used within, or reported externally, by the ICB. It describes the necessary features of systems to manage such information and the supporting administrative, reporting and training arrangements to ensure the information is of consistently high quality.
- 4.2 Written procedures will be available in all relevant locations within the ICB to assist staff in collecting and recording data. These procedures will be kept up-to-date, and where appropriate will also contain information relating to national data definitions.
- 4.3 Processes will be established to ensure compliance with the procedures, which will include sample checks to audit compliance.
- 4.4 All collection, storage, processing and reporting of personal information is governed by detailed legal requirements under the European General Data Protection Regulations (2016), the UK Data Protection Act (2018) and associated NHS standards, such as the Caldicott guidelines.
- 4.5 As the ICB generates a very wide range of information for a whole variety of uses, this policy does not provide detailed guidance for specific data items or individual areas of application. It concentrates instead on the general principles of completeness, accuracy, ongoing validity, timeliness, consistency of definitions and compatibility of data items, and signposts where specific procedures or further guidelines need to exist.
- 4.6 This policy recognises that a range of data processed by, but not generated by, the ICB. For example the Secondary User Service (SUS) data submitted nationally by providers for the purposes of secondary care monitoring is generated by healthcare providers. In such circumstances this policy recognises the ICB role in validating data rather than correcting any underlying processes in collection, classification, or coding.
- 4.7 The following overarching principles underpin the ICBs approach to data quality:

- All staff will conform to legal and statutory requirements and recognised good practice, aim to be significantly above average on in-house data quality indicators, and will strive towards 100% accuracy across all information systems.
- All data collection, manipulation, and reporting processes by the ICB will be covered by clear procedures which are easily available to all relevant staff, and regularly reviewed and updated.
- All staff should be aware of the importance of good data quality and their own contribution to achieving it and should receive appropriate training in relation to data quality aspects of their work.
- Teams should have comprehensive procedures in place for identifying and correcting data errors, such that information is accurate and reliable at time of use.

## **5. Definition - Data Quality**

- 5.1 Data quality is the ability to supply accurate, timely and complete data, which can be translated into information, whenever and wherever it is required. Data quality is vital to effective decision making at all levels of the organisation.
- 5.2 Supplying accurate data is a complicated task for variety of reasons, including but not limited to:
- There are many ways for the data to be inaccurate – data entry errors and incomplete data, etc.
  - Data can be corrupted during translation depending on who is translating it, how and with what tools/processes.
  - Data must relate to the correct time period and be available when required.
  - Data must be in a form that is collectable, and which can subsequently be analysed.
- 5.3 To ensure an organisation achieves a high standard of data quality, it must set out how data is collected and how it is co-ordinated. It must also look at how data is transferred between relevant systems, the way data is organised and analysed. How data is interpreted as well as conclusions and results that are drawn from the data must be validated. The following high-level principals are used in the assessment of data quality:

- **Accuracy:** Is the data correct and is it valid?
- **Accessibility:** Can the data be readily and legally collected?
- **Comprehensiveness:** Is the relevant data collected and are any data omissions (where intentional or otherwise known) documented.
- **Consistency:** Are clear and accurate data definitions implemented and adhered to? Do the data definitions define what level of detail is collected?
- **Validity:** Is the data up to date and valid?

## 6. Quality Standards

6.1 The use of data standards within systems can greatly improve data quality and can be incorporated into systems either using electronic validation programmes which are conformant with NHS standards or manually generated lists.

6.2 These must be controlled, maintained, and updated in accordance with any changes that may occur, and in addition electronic validation programmes must not be switched off or overridden by operational staff.

6.3 Although there are many aspects of good quality data, the key standards are listed below:

- **Validity** - All data items held on the ICB computer systems must be valid. Where codes are used, these will comply with national standards. Wherever possible, computer systems will be programmed to only accept valid entries at data input. Depending on the system, later validation may be necessary to maintain referential integrity.
- **Completeness** - All mandatory data items within a dataset should be completed. Use of default codes will only be used where appropriate, and not as a substitute for real data.
- **Consistency** - Correct procedures are essential to ensure complete data capture.
- **Coverage** - this reflects all information that is 'owned' by the ICB, including paper and computerised records.
- **Accuracy** - Data recorded manually and on computer systems must be accurate. Data accuracy is the direct responsibility of the person inputting the data supported by their line manager. Systems should include validation

processes at data input to check in full or in part the acceptability of the data wherever possible.

- **Relevance** - Information should be contextually appropriate.

## 7. Validation

- 7.1 The ICB recognises the importance of differentiating between those data items which the ICB has direct control of, for example where ICB staff input data directly into their own systems – therefore the data controllers, and those data providers where the ICB is the recipient under the requirements of a contract, for example the supply of retrospective health events data for its patients treated at a hospital, or aggregate data provided to summarise delivery of a performance standard – therefore the data processors.
- 7.2 Where the ICB is in direct control of data entry:
- That process should be well-defined;
  - The structure of data designed to reduce the risk of errors either through the data model or through the design of the user interface.
  - Regular spot checks should be undertaken by staff members; which involve analysis of a random selection of records against source material, if available.
  - Spot checks should be done on an on-going basis (defined by the Information Asset Owner) to ensure the quality of data is maintain and, where necessary, improved.
- 7.3 The ICB will document the processes for data validation as Standard Operating Procedures and ensure relevant staff use and maintain these.
- 7.4 The ICB conduct regular meetings with its partners and service providers, with the purpose of providing support to Nottingham and Nottinghamshire Integrated Care Board (ICB) to ensure data quality standards are transparent, understood and consistent across the system.
- 7.5 The meetings develop robust data quality standards and guidance and recommends these to the member organisations of the ICB for inclusion within respective organisational policy and practices. It provides advice, standards, principle and documentation to support the adoption of best practices to be adopted within member organisations.
- 7.6 When presenting data then noise should be highlighted when interpreting data, for example: by including confidence intervals. Prefer standardised data (balancing age and gender and where possible deprivation) to raw rates as well as:



- Clarify the source of data (e.g. does Accident and Emergency data refer to Emergency Department, eye casualty, Walk-in-Centres?)
- Highlight missing data.
- Take care to rule out known biases e.g. due to seasonality, regression to the mean when analysing well performing or poorly performing cohorts over time.

7.7 On submission of data returns, procedures will exist to ensure the completeness and validity of the data sets used. This can be done by comparing to historical data sets, looking at trends in the data and also by cross checking the data with other staff members.

7.8 The ICB will endeavour to ensure that timescales for submission of information are adhered to, and that the quality and accuracy of such submissions is of the highest standard. Internal deadlines for the completion of data sets, to ensure national timescales are achieved, will be explicit and monitored

7.9 The ICB routinely receives activity information from its service providers. This information is used to monitor the performance of contracts and to contribute to the service planning and development process. Sufficient and appropriate checks are made by the service providers to ensure that the information received is accurate and complete. Where data falls outside anticipated ranges a more detailed evaluation and validation is undertaken.

7.10 Where the ICB receives data from other organisations it should encourage a culture of routine data validation comparing counts of new records against old ones, ensuring no missing cohorts by age, gender, etc. It should also:

- Cross-check data against alternative sources
- Release the data early (with caveats) to be viewed by domain experts

## **8. Responsibilities and Accountability**

8.1 Data quality is a key part of any information system that exists within the ICB. All staff members will be in contact at some point with a form of information system, whether paper or electronic. As a result, all staff members are responsible for implementing and maintaining data quality and are obligated to maintain accurate information legally (Data Protection Act), contractually (contract of employment) and ethically (professional codes of practice).

8.2 Accountability for an individual dataset may change during business process but the team designated as the key team, has overall responsibility for any data quality issues to date.

8.3 In the event of there being no identified key team, then the team responsible for any errors will be responsible for rectifying them.

Role	Responsibilities
<b>Asset Owners</b>	All information assets of the ICB should be identified and have a nominated <b>Information Asset Owner (IAO)</b> . Accountability for information assets helps to ensure that appropriate protection is maintained. The <b>Senior Information Risk Owner (SIRO)</b> ensures owners are identified for all Information Assets with responsibility for managing the risks to those assets. Whilst responsibility for implementing and managing Information Asset controls may be delegated to Information Asset support staff or equivalent, accountability should remain with the nominated owner of the asset.
<b>Managers</b>	It is the responsibility of all managers to ensure that, where appropriate, systems are in place to validate the completeness, accuracy, relevance and timeliness of data/information. Managers must ensure that all staff are fully aware of their obligations in this area. In certain circumstances, to support equality and diversity, line managers will need to consider individual requirements of staff to support good practice in complying with this policy.
<b>Individuals</b>	Ultimate responsibility for maintaining accurate and complete data and information lies with the <b>Chief Executive</b> but all staff who record information, whether on paper or by electronic means, have a responsibility to take care to ensure that the data is accurate and as complete as possible. Individuals with responsibility for data quality must have this clearly stated in their job descriptions.
<b>Chief Executive</b>	Has overall responsibility for ensuring that information risks are assessed and mitigated to an acceptable level. Information risks should be handled in a similar manner to other major risks such as financial, legal, and reputational risks.
<b>Senior Information Risk Owner (SIRO)</b>	Is accountable to the Chief Executive and provides the focus for the assessment and management of information risk at the Integrated Care Board level, providing briefings and reports on matters of

Role	Responsibilities
	performance, assurance and cultural impact. The <b>SIRO</b> should oversee a review of the ICB Information asset register to ensure it is complete and robust
<b>Information Asset Owners/Director/Heads of Departments</b>	Each <b>Information Asset Owner (IAO)</b> should be aware of what information is held, and the nature and justification of information flows to and from the assets they are responsible for. The <b>IAOs</b> must understand and address risks to the information assets they 'own' and provide assurance to the <b>SIRO</b> on the security and use of these assets
<b>Information Asset Support Staff/Operational Staff</b>	Information Asset Support Staff or Operational Staff that are responsible for one or more assets provide support to their IAO. They should ensure that policies and procedures are followed. Recognise potential or actual security incidents. Consult their <b>IAO</b> on incident management to ensure that information asset registers are accurate and maintained.
<b>All Staff</b>	<p>All Individual staff members are responsible for the data they record or enter onto any ICB information system. Data must be entered carefully and checked. Following defined procedures and best practice as well as taking care when entering data will significantly reduce mistakes and other simple errors.</p> <p>All members of staff are responsible for ensuring any identified errors are reported to the system manager using the data quality procedures in place.</p> <p>All members of staff should ensure that they are familiar with the content of this policy and other relevant information governance policies and procedures. An up-to-date list of documents will be made available on the information governance intranet page.</p>

## 9. Data Dictionary Change Notices

9.1 Data Dictionary Change Notices (DDCNs) – formerly by known as Information Standard Notices and Data Set Change Notices, are issued by the Health and

Social Care Information Centre. These give notification to NHS healthcare agencies of changes to information requirements that will be included as appropriate in the NHS Data Dictionary & Manual and thereby ensuring that data is meaningful across NHS Organisations over time.

- 9.2 The ICB will monitor the publication schema for DDCNs and ensure all DDCNs relevant to the ICB are actioned appropriately. Furthermore the ICB will ensure that the existence of key DDCNs is notified to relevant provider organisations.

## **10. Communication, Monitoring and Review**

- 10.1 This Data Quality Policy should be highlighted to new employees at staff induction and is available on the ICB's Intranet pages.
- 10.2 The ICB, will as a matter of routine, monitor performance in collecting and processing data according to defined standards, and provide appropriate feedback to staff involved in the process of data collection.
- 10.3 The ICB is regularly audited to ensure that applicable legislative Acts, NHS and ICB Policies/Standards are complied with. In addition audits ensure that suitable processes are used, and controls are put in place, to ensure completeness, relevance, correctness as well as security of data is achieved.
- 10.4 The policy will be reviewed and approved by the Audit and Risk Committee every three years.
- 10.5 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Data Management Team in the SAIU.

## **11. Training**

- 11.1 Staff will receive instruction and direction regarding Data Quality advice and information from a number of sources:
- ICB Policies and Procedure Manuals
  - Line Managers
  - Information Governance specialists
  - Other communication methods (e.g. team meetings)
  - ICB Intranet.

## **12. Equality and Diversity Statement**

- 12.1 NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.
- 12.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups based on their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 12.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travelers.
- 12.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 12.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

## **13. Interaction with other Policies**

- 13.1 This policy should be read in conjunction with the following:
- Records Management Policy
  - Information Security Policy
  - Confidentiality and Data Protection Policy
  - Freedom of Information Policy
  - Information Governance Management Framework.

## 14. References

### 14.1 Legal framework:

- Data Protection Act (2018)
- Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order (2002)
- Freedom of Information Act (2000)
- Environmental Information Regulations (2004)
- Human Rights Act (1998)
- Criminal Justice and Immigration Act (2008)
- European General Data Protection Regulations (2016).

### 14.2 Codes of Conduct and Practice:

- Integrated Care Board controlled documents:
- Confidentiality: Staff Code of Conduct
- Code of Practice for the Management of Records
- Staff Conditions of Contract

### 14.3 External documentation

- British Standards ISO 27001:2005, ISO 27002:2005
- Records Management: NHS Code of Practice, parts 1 & 2: April 2006
- Section 46, Freedom of Information Act (2000), Code of Practice for the Management of Records. (Department of Constitutional Affairs)
- The NHS Confidentiality Code of Practice (Guidelines on the use and protection of patient information, November 2005)
- The Good Practice Guidelines for GP electronic patient records - version 4 (2011).

## Annex A - Equality Impact Assessment

Overall Impact on Equality, Inclusion and Human Rights	Neutral
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<b>Name of Policy, Process, Strategy or Service Change</b>	Data Quality Policy
<b>Date of Completion</b>	23 May 2024
<b>EIA Responsible Person</b> Include name, job role and contact details.	Carl Davis, Head of Data Management Nottingham and Nottinghamshire Integrated Care Board. Contact: <a href="mailto:carldavis1@nhs.net">carldavis1@nhs.net</a>
<b>EIA Group</b> Include the name and position of all members of the EIA Group.	None
<b>Wider Consultation Undertaken</b> State who, outside of the project team, has been consulted around the EIA.	None
<b>Summary of Evidence</b> Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	None

<p><b>For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:</b></p>	<p><b>What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?</b></p>	<p><b>What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?</b></p>	<p><b>What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?</b></p>	<p><b>Impact Score</b></p>
<p><b>Age</b></p>	<p>There are no actual or expected positive impacts on the characteristic of Age.</p>	<p>There are no actual or expected negative impacts on the characteristic of Age.</p>	<p>This policy provides guidance, accountability and clarity on data quality and validation processes</p>	<p><b>3</b></p>
<p><b>Disability<sup>1</sup></b> (Including: mental, physical, learning, intellectual and neurodivergent)</p>	<p>There are no actual or expected positive impacts on the characteristic of Disability.</p>	<p>There are no actual or expected negative impacts on the characteristic of Disability.</p>	<p>Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.</p>	<p><b>3</b></p>
<p><b>Gender<sup>2</sup></b> (Including: trans, non-binary and gender reassignment)</p>	<p>There are no actual or expected positive impacts on the characteristic of Gender.</p>	<p>There are no actual or expected negative impacts on the characteristic of Gender.</p>	<p>None.</p>	<p><b>3</b></p>
<p><b>Marriage and Civil Partnership</b></p>	<p>There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.</p>	<p>There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.</p>	<p>None.</p>	<p><b>3</b></p>



<b>Pregnancy and Maternity Status</b>	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	<b>3</b>
<b>Race<sup>3</sup></b>	There are no actual or expected positive impacts on the characteristic of Race.	There are no actual or expected negative impacts on the characteristic of Race.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages.	<b>3</b>
<b>Religion and Belief<sup>4</sup></b>	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.	<b>3</b>
<b>Sex<sup>5</sup></b>	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	<b>3</b>
<b>Sexual Orientation<sup>6</sup></b>	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	<b>3</b>
<b>Human Rights<sup>7</sup></b>	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	<b>3</b>
<b>Community Cohesion and Social Inclusion<sup>8</sup></b>	There are no actual or expected positive impacts on the characteristic of	There are no actual or expected negative impacts on the characteristic of	None.	<b>3</b>

	Community Cohesion and Social Inclusion.	Community Cohesion and Social Inclusion.		
<b>Safeguarding<sup>9</sup></b> (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	There are no actual or expected positive impacts on the characteristic of Safeguarding.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.	<b>3</b>
<b>Other Groups at Risk<sup>10</sup></b> of Stigmatisation, Discrimination or Disadvantage	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	<b>3</b>

### Impact Score Outcome

<b>Negative Impact</b>	<b>13 to 19</b>
<b>Undetermined Impact</b>	<b>20 to 32</b>
<b>Neutral Impact</b>	<b>33 to 45</b>
<b>Positive Impact</b>	<b>46 to 52</b>
<b>Equality Impact Score Total</b>	<b>39</b>

## Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through

enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).