



# Safeguarding Supervision Policy

October 2022

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<b>Committee Approved:</b>	ICB Quality Committee
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<b>Equality Impact Assessment:</b>	Completed included at Appendix 4. Initial impact assessment undertaken using H&NY Tool. No impact identified which would require patient experience, patient safety, clinical effectiveness or workforce assessments to be undertaken.
<b>Target Audience:</b>	ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract
<b>Policy Number:</b>	ICB 32
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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	Approving Body	Approval Date	Date Published on Website
N/A	North East Lincolnshire CCG	N/A	Clinical Governance Committee	30.10.2020	02.11.2020
0.1	Humber & North Yorkshire ICB	Amendment of North Yorkshire CCG Policy to meet requirements of H&NY ICB	ICB Quality Committee	October 2022	October 2022



## Contents

1.0	Introduction .....	4
2.0	Purpose.....	4
3.0	Definitions / Explanation of Terms.....	5
4.0	Scope of the Policy.....	5
5.0	Duties / Accountabilities and Responsibilities.....	6
6.0	Policy Document Requirements Details .....	8
7.0	Public Sector Equality Duty .....	10
8.0	Consultation .....	10
9.0	Training .....	100
10.0	Monitoring Compliance with the Document .....	10
11.0	Arrangements for Review.....	11
12.0	Dissemination .....	11
13.0	Associated Documentation.....	11
14.0	References.....	12
15.0	Appendices .....	13
15.1	Appendix 1 - Staff Requirements.....	13
15.2	Appendix 2 - Safeguarding Supervision Agreement.....	14
15.3	Appendix 3 - Safeguarding Children and Adults Individual Supervision Template.....	16
15.4	Appendix 4: Equality Impact Assessment template.....	18



## 1.0 Introduction

All NHS services are required to fulfil their legal duties under

1. Section 11 of the Children Act 2004
2. Statutory responsibilities as set out in Working Together to Safeguard Children 2018
3. The Care Act 2014

These responsibilities ensure that safeguarding and promoting the welfare of children and adults is seen as an integral part of the care offered by health care professionals.

Supervision is a supportive mechanism for staff which promotes staff well-being, and is particularly useful when managing challenging cases and facing difficult times – as we have seen during the COVID pandemic.

NHS Humber and North Yorkshire ICB recognises that safeguarding supervision is integral to providing an effective person/child centred service and that it has a responsibility to ensure that appropriate staff receive and deliver supervision on a regular basis.

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare or the welfare of the person with care and support needs. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family (Working Together 2018).

Similarly, supervision in adult safeguarding should help ensure that all parties are advancing the six principles of safeguarding identified in the Care Act\* (Empowerment, Protection, Proportionality, Prevention, Partnership and Accountability) and that practice is making safeguarding personal.

Reflective practice is an integral component of safe practice and is required as part of professional revalidation processes; Safeguarding Supervision can contribute to this.

Safeguarding supervision for all professionals working within a specialist safeguarding role is an important element of safe and effective practice; however, it is a distinct process separate from clinical supervision.

## 2.0 Purpose

The purpose of this policy is to provide a framework for the practice of safeguarding supervision. It ensures that NHS Humber and North Yorkshire



ICB employees are made aware of the type of safeguarding supervision that they should access or deliver when working with children and families, where there are concerns about the welfare of a child or adult.

This policy is to provide specific guidance to all staff employed by NHS Humber and North Yorkshire ICB on the implementation and utilisation of supervision within the context of safeguarding.

The arrangements for organising how safeguarding supervision is delivered will vary across health organisations but there are some key essential elements. Good quality supervision can help to:

- keep a focus on the child, young person or adult at risk
- avoid drift;
- help ensure that practice is soundly based and consistent with the relevant Safeguarding Children Partnership (SCP), Safeguarding Adults Board (SAB) and organisational procedures
- ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority, and;
- help identify the training needs of practitioners, so that each has the skills to provide an effective service.
- maintain a degree of objectivity and challenge fixed views;
- test and assess the evidence base for assessment and decisions;
- address the emotional impact of work

This policy is written with the intention of providing practitioners with guidance and structure, it is **NOT** intended to remove professional judgement. Individual practitioners remain accountable and as such need to be able to justify their decisions at all times.

### 3.0 Definitions / Explanation of Terms

#### Designated Professionals

Throughout this policy 'Designated Professionals' is a generic term to encompass Designated Doctors, Nurses and Professionals, unless stated otherwise.

#### Supervision

For the purpose of this policy, supervision can be defined as 'an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team the purpose being to improve the quality of their work to achieve agreed' Skills for Care (2007).



## **Group Supervision**

Group Supervision is a negotiated process whereby members come together (of equal status) in an agreed format, to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities

## **Restorative Supervision**

Restorative supervision contains elements of psychological support including listening, supporting and challenging the supervisee to improve their capacity to cope, especially in managing difficult and stressful situations.

## **4.0 Scope of the Policy**

The policy applies to NHS Humber and North Yorkshire ICB and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

All identified staff must receive effective safeguarding supervision according to the requirements of their job role (see appendix 1).

Place based Safeguarding Teams are available to offer safeguarding guidance, support and advice relating to any safeguarding issue, to any member of NHS Humber and North Yorkshire ICB staff: this however is separate to and in addition to the provision of specific safeguarding supervision. If appropriate the Safeguarding Team's from provider organisations may offer bespoke safeguarding supervision e.g. Named Midwife or Named Nurse Community and/or Acute Services.

## **5.0 Duties / Accountabilities and Responsibilities**

### **5.1 Duties within the organisation**

#### **5.2 Executive Director of Nursing and Quality**

This is the person with overall responsibility for this policy.

#### **5.3 Executive Directors**

The Executive Lead for Safeguarding Children is the Executive Director for Nursing and Quality, who is responsible, along with the Place based Senior Nurses across the ICB to ensure the delivery of Safeguarding Supervision to those staff who may require it.



#### **5.4 Place Based Senior Nurses**

Place based Senior Nurses must ensure that, through Designated Professionals, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

Place Based Senior Nurses must ensure employees are aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

#### **5.5 Designated Professionals**

Designated Professionals are responsible for the delivery of the Safeguarding Supervision Policy in consultation with the ICB Director of Nursing and Quality who is/are responsible for ensuring that policies are reviewed in line with the policy review date. Designated Professionals should ensure they have received suitable training to provide Safeguarding Supervision.

#### **5.6 Supervisor Responsibilities:**

All safeguarding supervisors will ensure that they:

- have received professionally recognised supervision skills training (e.g. NSPCC/ NHS E/I) and ensure that their knowledge remains current through relevant course updates and accessing relevant literature.
- have up to date knowledge in legislation, policy and research relevant to safeguarding children and adults at risk
- are accountable for the advice that they give
- ensure those receiving safeguarding supervision have agreed and signed a supervision agreement with the supervisor (Appendix 2)
- identify when they do not have the necessary skills/knowledge to safely address issues raised and redirect the supervisee accordingly
- discuss management of individual safeguarding adult/ children cases to explore and clarify the management and thinking relating to the case.
- share information knowledge and skills with the supervisee if required,
- constructively challenge any personal and professional areas of concern
- document the agreed summary of the discussion with clear action plans indicating responsibility for each action. A copy should be held securely by the Supervisor and Supervisee. Where follow-up safeguarding supervision sessions are arranged, documentation from the previous session will be made available for further discussion or closure (Appendix 3)

#### **5.7 Supervisee Responsibilities:**

The supervisee has responsibilities to ensure that they receive the most effective and timely support, which is:



- to access timely advice and support from the Safeguarding Supervisor as and when required.
- to agree, sign and adhere to a supervision agreement (Appendix 2)
- attend supervision sessions having prepared the required paperwork and ready to engage
- maintain accurate, meaningful and contemporaneous records and documentation as per record keeping policy/professional guidance
- identify and prioritise issues or cases to be discussed
- develop and improve practice as a result of supervision, identifying any training needs
- explore interventions that are useful
- be prepared for constructive feedback and challenge
- develop skills in reflective practice

## **5.6 Line Managers**

Issues such as non-attendance, or practice related concerns requiring escalation will be raised with the supervisee's line manager. It is the responsibility of the line manager to manage and follow up these issues.

## **5.7 ICS Personnel**

All ICS personnel have an individual responsibility for the protection and welfare of children and adults with care and support needs and must know what to do if concerned that a child is being abused or neglected.

Should staff require supervision and support regarding individual cases or situations, then place-based Safeguarding Teams can be accessed who will provide and record the Safeguarding Supervision session in accordance with information governance requirements.

## **5.8 Responsibilities for Approval**

The Humber and North Yorkshire ICB Board will approve the first iteration of this policy. The ICS Quality Committee will approve subsequent versions thereafter.

## **6.0 Policy Document Requirements Details**

Effective professional safeguarding supervision can play a critical role in ensuring a clear focus on a child/ adults' welfare. Safeguarding Children Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family (Working Together 2018). All health staff working with adults in roles at level 3 and above should have appropriate safeguarding adult supervision in place.(RCN 2018)





Safeguarding Supervision usually takes place on a one to one basis but may also be undertaken by a group. Safeguarding Group Supervision is a planned group discussion that promotes reflection and learning on safeguarding issues. Groups may be made up of staff working in the same teams or from different teams or areas of work.

Safeguarding Children Supervision is mandatory for all Designated and Safeguarding Leads working in children's roles. Effective mandatory Safeguarding Children Supervision needs to be regular (not less than quarterly) and provide continuity, so that the relationship between supervisor and supervisee develops.

Mandatory Safeguarding Children Supervision sessions must be prearranged to ensure adequate time for both the supervisor and supervisee to prepare for the session. A minimum of 1½ hours should be allowed for the session.

Safeguarding Supervision sessions must be held in a suitable environment where confidential discussion can take place. Adequate protected time must be allowed for effective supervision to take place and interruptions only allowed for urgent situations.

The agreement will:

- promote the interests of children & young people
- reflect the seriousness of the activity
- represent a positive model of behaviour

## **6.1 Escalation of concerns**

Problem resolution is an integral part of professional co-operation and joint working to safeguard. Concern or disagreement may arise over another professional's decisions or practice. It is important to resolve difficulties quickly and openly by identifying areas in working together where there is a lack of clarity to promote resolution.

The safety and focus of the individual are the paramount consideration in any professional disagreement and unresolved issues must be escalated to their line manager/safeguarding lead with due consideration to the risks that may exist for the individual.

Where children's or adult services practitioners are concerned or in disagreement with their colleague relating to the safeguarding of a child, they should seek advice from the Designated/ Specialist Safeguarding Professional to promote resolution.



## 6.2 Non-attendance and Practice Issues

It is the responsibility of the supervisee to contact their supervisor to arrange Safeguarding Supervision and ensure that their attendance meets the mandatory requirements of this policy. The supervisor will maintain a record of supervision attendance and inform the practitioner's line manager of any practitioner who does not access Safeguarding Supervision within the above prescribed time frames. It is the responsibility of the line manager to address this with the practitioner.

Safeguarding Supervision is a confidential process, and the supervisor will allow time for the practitioner to reflect on and learn from cases and take forward agreed recommendations. In cases where issues are resolved within the Safeguarding Supervision process the information will not be shared with the line manager.

Where there are on-going concerns about a supervisee's practice and/or their refusal to comply with the supervisor's recommendations, the supervisee will be informed that their line manager will be contacted for resolution.

## 6.3 Resolution of Professional Disagreement

Concern or disagreement may arise over supervisors/supervisee's opinions/advice. The safety of individual children and adults are the paramount considerations in any professional disagreement and any unresolved issues should be escalated via line managers with due consideration to the risks that might exist for the individual concerned.

## 7.0 Public Sector Equality Duty

NHS Humber and North Yorkshire ICB aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

A Equality Impact Assessment has been carried out for this policy.

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

## 8.0 Consultation

No formal consultation is required for this policy.



## 9.0 Training

All safeguarding supervisors must have received professionally recognised supervision skills training (e.g. NSPCC or equivalent) and ensure that their knowledge remains current through relevant course updates and accessing relevant literature.

All safeguarding supervisors should be up to date with their safeguarding adults and children's training commensurate with their role and responsibilities.

## 10.0 Monitoring Compliance with the Document

Audit of safeguarding supervision processes will be undertaken via the place based safeguarding teams and reported through the safeguarding governance processes.

Breaches to this policy will be exception reported to ICS Quality Governance arrangements.

## 11.0 Arrangements for Review

This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

## 12.0 Dissemination

The ICB Director of Nursing and Quality is responsible for the effective dissemination of this policy and should make arrangements for the dissemination of policies as follows:

- ensure the policy is added to the ICB website
- ensure the policy is added to the ICB intranet
- staff will be notified of the policy via email, and staff bulletins and briefings

## 13.0 Associated Documentation

This policy should be read in conjunction with the following policies:

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Managing Allegations Against Staff Policy
- Staff Experiencing Domestic Abuse Policy
- Disciplinary Policy
- Whistleblowing Policy



Further information relating to place based safeguarding procedures can be found at:

City of York: <https://www.saferchildrenyork.org.uk/>

<https://www.safeguardingadultsyork.org.uk/>

East Riding: <https://www.erscp.co.uk/>

<https://www.ersab.org.uk/>

Hull: <https://www.hullscp.co.uk/>

<https://safeguardingadultshull.com/>

North Yorkshire: <http://www.safeguardingchildren.co.uk>

[Safeguarding vulnerable adults | North Yorkshire County Council](#)

North Lincolnshire: [North Lincs SAB | Professionals area](#)  
<https://www.northlincscmars.co.uk/>

North East Lincolnshire: <http://safernel.co.uk>

## 14.0 References

DFE (2018) *Working Together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* London, HMSO.

NMC (2015) *The Code for Nurses and Midwives.*

RCN (2019) *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*

RCN (2018) *Adult Safeguarding: Roles and Competencies for Health Care Staff*

The Children Act 2004

Skills for Care & CWDC (2007) *Providing effective supervision*



## 15.0 Appendices

### Appendix 1 – Staff Requirements

The process of supervision is underpinned by the principle that each practitioner remains accountable for his/her own practice and as such his or her own actions within supervision. Safeguarding supervision does not replace nor should it delay the individual's responsibility to refer concerns about children or vulnerable adults to statutory agencies where there are concerns that a child or adult may be at risk of significant harm.

Safeguarding supervision requirements in line with staff role:

Staff Role	Recommended Supervision Frequency	Individual	Group	Suitable Supervisors
Safeguarding Named Professional/Drs and Safeguarding Leads	3 Monthly minimum	Yes	If applicable	Designated Professional/Dr
Staff working predominantly with children & families & staff holding a child/family caseload, including CHC.	3 monthly minimum	Yes	Yes	Designated/ Specialist Professionals
Role involves input with children and families, but practitioners do not hold a children caseload, including PALS/ Complaints Team	On an ad hoc basis as and when required	Yes, if required	Yes	Designated/ Specialist Professional
Role involves working with adults	Ad hoc according to need	Yes, if required	As required (case specific)	Designated/ Specialist Professional
Non-Clinical staff	Ad hoc according to need	Yes – if required	Yes	Designated/ Specialist Professional



**It is recognised that staff will often require advice or support in relation to safeguarding outside of formal supervision sessions.**



**Appendix 2 – Safeguarding Supervision Agreement**

**SAFEGUARDING SUPERVISION AGREEMENT**

Name of Supervisee: .....

**1. Ground Rules**

Punctuality – time keeping important.

Un-interrupted time – 2 hours un-interrupted private time.

Commitment – must be given high priority and should only be cancelled in exceptional and unforeseen circumstances. Every effort will be made to reconvene a cancelled meeting within 2 weeks.

Reciprocity and Respect - mutual interaction and respect are important. If disagreements occur that cannot be resolved within the supervision meeting to both parties satisfaction, it will be referred to the supervisees’ line Manager for consideration.

**2. Frequency and duration of supervision**

Date planned for supervision is once every three months intervals. At each supervision session a mutual agreeable date will be made for the next supervision session. Each session will be for 2 hours maximum.

**3. Agenda Preparation**

This is a shared responsibility however the supervisee will forward the names of the subjects they wish to discuss to their supervisor 3 working days prior to the supervision session.

The agenda may include, but is not limited to, discussion regarding:

- Recent referrals made to Children’s / Adult Services
- Cases being discussed at Multi-Agency Risk Assessment Conference (MARAC).
- Children who have been made subject to/removed from a Child Protection Plan since last supervision meeting



- Children who have been subject to a Child Protection Plan for longer than 18 months
- Where the practitioner has attended/been invited to a professionals/strategy meeting.
- Cases of possible fabricated or induced illness
- Concerns regarding an unborn child
- A Child Looked After
- Children and/ or young adults at the point of transition
- Identification of a vulnerable adult who has dependent children
- Identification of a vulnerable child
- Children or adults at risk of exploitation
- Cases requiring escalation
- Complex cases

**4. Issues of Confidentiality**

Supervision records made during session which are not related to a child will be recorded on Supervision session document and filed in personnel file.

All employees are responsible for maintaining confidentiality in respect of colleagues and service users.

**5. Date to Review Agreement**

Annually.

**6. Recording Method**

Any personal information will be treated as confidential unless such disclosures directly affect the work of the supervisee.

Signed Supervisee..... Date.....

Signed Supervisor..... Date.....





**Appendix 3 – Safeguarding Children and Adults Individual Supervision Template**

**Safeguarding Children & Adults Individual Supervision Template**

<b>Practitioner's Name:</b>		<b>Contact No:</b>	
<b>Date:</b>		<b>Supervisor:</b>	

<b>Manager</b>	
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<b>Child/ Adults Details</b>	
<b>Name</b>	<b>DOB</b>

<b>Significant Others</b>	<b>DOB</b>	<b>Relationship</b>



<b>Statu s of child/ family</b>	<b>LAC</b>		<b>CPP</b>		<b>CIN</b>		<b>EHA</b>		<b>Adul t at risk</b>	
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<b>What are we worried about?</b>	<b>What's working well?</b>	<b>What needs to happen?</b>

<b>Analysis</b>
<b>Agreed action plan</b>

Signed..... Supervisee

Date: .....

Signed..... Supervisor

Date: .....

## Appendix 4: Equality Impact Assessment template

### Equality Impact Assessment

1. Equality Impact Assessment		
<b>Policy / Project / Function:</b>	Safeguarding Supervision Policy	
<b>Date of Analysis:</b>	05/05/2022	
<b>This Equality Impact Assessment was completed by: (Name and Department)</b>	Julie Wilburn, Designated Nurse for Safeguarding, North East Lincolnshire CCG	
<b>What are the aims and intended effects of this policy, project or function?</b>	To inform ICB staff of their roles and responsibilities in regard to safeguarding supervision. Safeguarding supervision is the cornerstone of good practice. This policy ensures that all staff that may have identified safeguarding issues have the opportunity to explore these further and be fully supported with the emotional impact of this line of work.	
<b>Please list any other policies that are related to or referred to as part of this analysis?</b>	<ul style="list-style-type: none"> <li>• Safeguarding Adults</li> <li>• Safeguarding Children</li> <li>• Domestic Abuse</li> <li>• Managing Allegations Against Staff</li> </ul>	
<b>Who does the policy, project or function affect?</b>  <b>Please Tick ✓</b>	Type	Tick those affected
	Employees	✓
	Service Users	
	Members of the Public	
	Other (List Below)	

## 2. Equality Impact Assessment: Screening

	Could this policy have a positive impact on_____		Could this policy have a negative impact on_____		Is there any evidence which already exists from previous (eg from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race		✓		✓	Considered neutral impact
Age		✓		✓	Considered neutral impact
Sexual Orientation		✓		✓	Considered neutral impact
Disability		✓		✓	Considered neutral impact
Sex		✓		✓	Considered neutral impact
Gender Reassignment		✓		✓	Considered neutral impact
Pregnancy and Maternity		✓		✓	Considered neutral impact
Marriage and Civil Partnership		✓		✓	Considered neutral impact
Religion or Belief		✓		✓	Considered neutral impact
Reasoning	<p>Earlier safeguarding supervision policies adopted in constituent CCGs have also previously assessed this policy has no impact on people with protected characteristics.</p> <p>As part of the supervision process, any discriminatory practice would be explored and challenged as necessary to ensure an equitable approach to all cases.</p>				
<p>If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings</p>					

## Equality Data

Each areas equality data is attached here:



East%20Riding%20CCG.docx



Hull%20CCG.docx



North%20East%20Lincs%20CCG.docx



North%20Lincs%20CCG.docx



North%20Yorkshire%20CCG.docx



Vale%20of%20York%20CCG.docx

Race	
Age	
Sexual Orientation	
Disability	
Sex	
Gender Reassignment	
Pregnancy and Maternity	
Marriage and Civil Partnership	
Religion or Belief	
Race	

### 3. Equality Impact Analysis: Equality Data Available

**Is any Equality Data available relating to the use or implementation of this policy, project or function?**

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as ‘*Equality Groups*’.

Examples of *Equality Data* include: (this list is not definitive)

1. Application success rates *Equality Groups*
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*

Yes	
No	X Identification of data to be sought post implementation.

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

**List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function**

Consultation undertaken with the Designated Professionals across the ICS in the development of this policy.

**Promoting Inclusivity  
How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**

This Policy does not directly promote inclusivity but is designed to assist all employees to produce policies, procedures and guidance. As part of the supervision process, any discriminatory practice would be explored and challenged as necessary to ensure an equitable approach to all cases.

## 5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

**As there is no positive or negative impact on any of the Nine Protected Characteristics this section is not required to be completed.**

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Race				
Age				
Sexual Orientation				
Disability				
Sex				
Gender Reassignment				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Religion or Belief				

## 6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

**As there is no positive or negative impact on any of the Nine Protected Characteristics this section is not required to be completed.**

Identified Potential Issue	Recommended Actions	Responsible Lead	Completion Date	Review Date

Nil				
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## 7. Equality Impact Analysis Findings

<b>Analysis Rating:</b>	Red		Red / Amber		Amber		Green	✓
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		<b>Actions</b>	<b>Wording for Policy / Project / Function</b>
<b>Red</b> <b>Stop and remove the policy / stop the project / stop the function</b>	<b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	<b>Remove the policy Stop the project Stop the function</b>  Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy / project / function stopped



		<b>Actions</b>	<b>Wording for Policy / Project / Function</b>
<p><b>Red / Amber</b></p> <p><b>Continue the policy / Continue the project / Continue the function</b></p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><b><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help reduce the risk]</i></b></p>

		<b>Actions</b>	<b>Wording for Policy / Project / Function</b>
<p><b>Amber</b></p> <p>Adjust the Policy / adjust the project / adjust the function</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><b><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></b></p>
<p><b>Green</b></p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p><b>The policy / project / function can be published with the EIA</b></p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>