

SAFEGUARDING SUPERVISION AND SUPPORT POLICY

APRIL 2019

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Date Issued:	APRIL 2019
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1. INTRODUCTION

Effective safeguarding supervision is essential to professional development and supports professionals to reflect on their working practices, make decisions and consider the impact they have on outcomes for children and families (Working Together 2018), and adults in need of care and support.

Safeguarding supervision allows reflection and critical analysis of presenting concerns and actions taken to safeguard those at risk and enables further action planning and delivery in order to do this

Safeguarding supervision is fundamental to good safeguarding practice and therefore should be part of an organisation's culture and ethos.

The significance of safeguarding supervision, where children are considered to be at risk of harm, is well documented for example in The Victoria Climbié Inquiry (Laming 2003) and should be an integral component within all health and social care provider or commissioner organisations.

Whilst, safeguarding adult supervision has been practiced for some time in social care, it is a relatively new concept within health. The Care Act (2014) together with the Care and Support Statutory Guidance (2018) provide the statutory framework for safeguarding and promoting the welfare of adults.

Clinical Commissioning Groups (CCG's) have a duty under Section 11 of the Children Act (2004) to ensure their functions are discharged, with regard to the need to safeguard and promote the welfare of children. The CCG are to have in place, arrangements reflecting the importance of safeguarding and promoting the welfare of children, including the provision of appropriate safeguarding supervision and support.

Safeguarding children and adults is a collective responsibility across the health economy. NHS Hull CCG ("the CCG"), as a commissioner of local health services, needs to be assured provider organisations have effective safeguarding arrangements in place, which include arrangements for staff to have access to meaningful and reflective children and adults safeguarding supervision through their own safeguarding supervision policies.

This policy supports the overarching safeguarding strategy of Safeguarding Adult and Safeguarding Children Policy and provides clarity around safeguarding supervision and safeguarding support within the CCG.

2. SCOPE

2.1 This policy is focussed on staff delivering and commissioning services for children under the age of 18 and services for adults, who have care and support needs, and may be at particular risk of abuse (including neglect) due to for example, old age, disability, mental or physical ill health or dependency on drugs and alcohol.

2.2 This policy applies to all staff employed by NHS Hull CCG who require safeguarding supervision or support including all employees on fixed term contracts, temporary staff, bank staff, locums, agency staff, contractors, volunteers (whatever their status within the community), students and any other learners, undertaking any type of work experience or work related activity.

2.3 For staff groups within “the CCG”, who come into contact with adult or child safeguarding issues safeguarding supervision can be requested from the Designated Professionals whereby a contract and supervision schedule will be agreed.

2.4 This policy recognises the particular need for safeguarding support for some staff groups working within NHS Hull CCG, which includes those who commission services for vulnerable people, the serious incident team, continuing health care and the complaints team. Within these roles work undertaken can be emotionally challenging or distressing. Safeguarding supervision or support can be requested from the Designated Safeguarding Professionals within “the CCG” whereby ad hoc or more formal support/supervision can be agreed. The safeguarding team are able to offer the facilitation of group supervision with particular themes, when a plan, timescales and arrangements for recording of the sessions will be agreed through discussion.

2.5 This policy recognises that NHS Hull CCG staff members may be experiencing, or may have experienced, circumstances in their personal life which involve safeguarding issues or concerns. These circumstances may include, but are not exclusive to, being a victim or perpetrator of domestic abuse, having family members who are experiencing abuse or receiving third party information that is of a safeguarding nature. In this situation, the Designated Safeguarding Professionals within “the CCG” can offer advice, guidance and support with the presenting issue and action to take, if appropriate, as well as signposting to the relevant services for support. For support and guidance around emotional wellbeing issues that may be related to safeguarding, staff members can be referred to NHS Hull CCG’s Mental Health First Aiders for peer support and guidance.

2.6 Organisations delivering commissioned services on behalf of NHS Hull CCG must have policies and procedures consistent with this document and compliant with any other safeguarding statutory guidance and legislation relevant to their organisation.

3. POLICY PURPOSE AND AIMS

The purpose and aims of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision in order to:

- Provide high quality services, advocating best practice and safe service development.
- offer formal support and guidance for all safeguarding leads working with vulnerable children and adults, in need of care and support, for them to discharge their safeguarding responsibilities.
- ensure all members of staff understand their role, responsibilities and scope of professional discretion and authority regarding safeguarding children and adults in the multi-agency arena.
- provide a source of advice, support and expertise, in an appropriately safe learning environment.
- offer opportunity for reflection and critical incident analysis, identifying, actioning and learning from near misses and mistakes, and ensure best outcomes for vulnerable children and adults
- endorse clinical judgements and provide specialist support when circumstances require it, in the safeguarding process.
- outline the requirements for safeguarding supervision and identify a matrix for safeguarding supervision within NHS Hull CCG.

3.1 Supervision is defined as:

A formal process of professional support and learning, which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance service user/client protection and safety of care in complex clinical situations (CQC 2013). The purpose of safeguarding supervision is to provide an opportunity for sharing, learning and reflection, and for increased collaboration and support. The aim of safeguarding supervision is to improve the quality of work to achieve the agreed outcomes. The provision of safeguarding supervision must be undertaken by practitioners who are trained to deliver supervision and who have expert knowledge of safeguarding.

3.2 Safeguarding supervision is not a brief discussion/advice giving in relation to a specific decision or decisions, which has been or is about to be made. This process is known as consultation.

3.3 Individual supervision

This is a supervision process offered to staff on an individual basis where there are concerns around a child or adult at risk and direct one to one communication is needed to address the presenting issues. The supervision sessions are pre-arranged and follow a process or model which allows description, reflection, analysis and action planning. There are several supervision models including Gibbs Reflective Cycle (1988) and Kolb's Learning Cycle (1984).

3.4 Group supervision

This is a negotiated process whereby members come together in an agreed format to reflect on their work, pooling their skills, experience and knowledge, in order to develop analytical skills and enhance action planning.

3.5 Ad hoc supervision

It is recognised due to the nature of the varied work that staff within "the CCG" undertake, there may often be the requirement for staff to have access to ad hoc safeguarding supervision or support. This supervision will be provided by the Designated Nurse/ Doctor/ Professional / Named GPs when required, with the expectation that any actions and the mechanism for recording them are agreed.

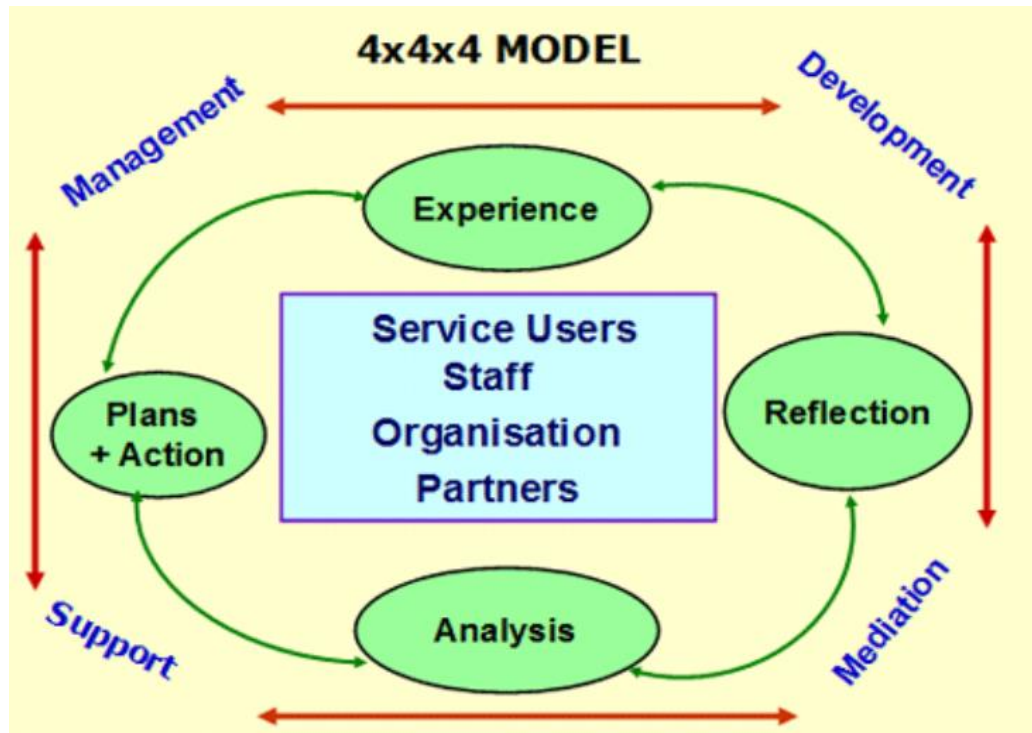
3.6 Models of safeguarding supervision

It is important to integrate the accountability model of supervision within a restorative framework in order to ensure, the appropriate degree of restorative efforts take place for staff (Wallbank and Wonnacott 2015).

The 4x4x4 Supervision Model (figure 1) below, was developed by Tony Morrison (2015) and is an integrated framework, demonstrating the interdependence of:

- The four functions of supervision
- The four stakeholders in the supervisory process
- The four elements of the supervisory cycle

Figure 1: Morrison's 4x4x4 Supervision Model



4. IMPACT ANALYSIS

4.1 Equality

The CCG is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. In developing this policy an equality impact assessment screening has been undertaken; details are available alongside this policy on the NHS Hull CCG website. As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. It is explicit that this policy will be made available in alternative formats, including Braille, audio tape and large print. NHS Hull CCG promotes a culture of equality and diversity within its organisation and actively monitors themes arising from incidents for any potential discriminatory activity. If, at any time, this policy is considered to be discriminatory in any way, the author is to be contacted to discuss those concerns.

4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>. If you require assistance in determining the implications of the Bribery Act please contact the AuditOne counter fraud team on 0191 441 5936, counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net (secure).

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified. (If this is not particularly relevant to this policy)

5. NHS CONSTITUTION

5.1 The CCG is committed to the vision, values and aims of the NHS Constitution which are to tackle wider determinants of health to reduce health inequalities.

- a. Build community engagement and resilience.
- b. Empower staff to deliver our statutory and organisational responsibilities.
- c. Improve health and secure high quality healthcare.
- d. Maintain financial sustainability and deliver maximum value for every pound spent.
- e. Consolidate partnerships across the public sector.
- f. Forge integrated commissioning and;
- g. Play a full role in the development and delivery of the Humber, Coast and Vale Sustainability and Transformation Plan.

5.2 This Policy supports the NHS Constitution and

6. ROLES / RESPONSIBILITIES / DUTIES

CCG Chief Officer

6.1 The Chief Officer is accountable and responsible for ensuring NHS Hull CCG's contribution to the safeguarding and promoting of the welfare for children and adults, at risk of abuse or neglect, is discharged effectively. The Chief Officer is also responsible for ensuring NHS Hull CCG is compliant with the Care Act 2014 and Section 11 of the Children Act 2004; this is discharged through the Executive Lead for Safeguarding Children and Adults.

6.2 Clinical Commissioning Group Governing Body

The Clinical Commissioning Group Governing Body is responsible for the overall safeguarding of children and adults at risk of abuse or neglect and; is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children and adults.

6.3 Executive Lead for Safeguarding/ Director of Quality and Clinical Governance/ Executive Nurse

The Executive Lead for Safeguarding Children and Adults is the Director responsible, along with the Chief Officer, for ensuring NHS Hull CCG discharges its duties in relation to safeguarding children and adults at risk of abuse or neglect; and will access training and supervision commensurate with their role. This function is fulfilled by the Director of Quality and Clinical Governance/ Executive Lead for NHS Hull CCG. The Director of

Quality and Clinical Governance oversees the risk management agenda of NHS Hull CCG and is the executive lead for ensuring appropriate investigations are undertaken should serious incidents arise.

6.4 Designated roles

Designated Doctor and Nurse for Safeguarding Children

The Designated Doctor (hosted within Hull University Hospital NHS Trust) and Designated Nurse take a strategic and professional lead on safeguarding children across the health economy of Hull. The Designated Nurse has access to supervision with The Executive Lead for Safeguarding Children.

Designated Professional for Safeguarding Adults

The Designated Professional for Safeguarding Adults takes a strategic and professional lead on safeguarding adults across the health economy of Hull and has access to supervision with The Executive Lead for Safeguarding Adults.

The Designated Professionals work closely with the Named Doctors and Nurses within provider organisations, to support the implementation of the safeguarding agenda, including safeguarding supervision arrangements.

The Designated Professionals report to the Director of Quality and Clinical Governance/The Executive Lead for Safeguarding Children and Adults.

6.5 Named Doctors for Safeguarding Children and Adults (GPs)

The Named Doctors (GPs) for Safeguarding support NHS Hull CCG in the quality, governance and safeguarding role by providing advice and support for General Practice staff; promoting good information sharing practice; contributing to safeguarding processes within General Practice and; supporting the investigation of safeguarding incidents.

Named Doctors work closely with the GP Practice Safeguarding Leads to support the implementation of the safeguarding agenda: ensuring safe processes, up to date internal procedures and a training strategy to meet the learning needs of staff.

The Named Doctors access supervision from the Designated Leads and report directly to the Director of Quality and Clinical Governance.

6.6 Clinical Commissioning Group staff

All staff within NHS Hull CCG must adhere to this policy and undertake safeguarding children and adults training and supervision commensurate with their roles.

Supervision or safeguarding support can be requested from the safeguarding professionals on an ad hoc or more formal basis when the need arises. The form in which the supervision or support takes place, the frequency and how the supervision is recorded can be agreed on an individual case by case basis.

7. IMPLEMENTATION

Staff will be made aware of this policy through email briefing and the document will be available on the NHS Hull CCG intranet.

8. TRAINING AND AWARENESS

Staff will access safeguarding training and supervision commensurate with their roles as outlined in the Intercollegiate Document 2014 and the NHS Hull CCG Commissioner Safeguarding Policy. Safeguarding training designed or delivered by NHS Hull CCG will address relevant cultural and equality and diversity areas.

9. MONITORING AND EFFECTIVENESS

The effectiveness of this Policy will be monitored by the Designated Professionals for Safeguarding Children and Adults. Information on the implementation of this policy will be included in the quarterly governance and annual reports from the Designated Leads which will be reported to the NHS Hull CCG Quality and Performance Committee and Board.

10. POLICY REVIEW

This Policy will be reviewed within 2 years from the date of implementation. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/ guidance.

11. REFERENCES

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents>

The Care and Support Statutory Guidance 2018

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

CQC (2013) *Supporting information and guidance: Supporting effective clinical supervision*. Morrison T. *Staff supervision in Social Care: Making a real difference for staff and service users*. (2005) Brighton Pavillion.

Gibbs, G. (1998) *Learning by Doing: A guide to Teaching and Learning Methods*. Oxford: Further Educational Unit, Oxford Polytechnic

Kolb, D. A. (1984) *Experiential learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

Wallbank. S and Wonnacott, J. *The integrated model of restorative supervision for use within safeguarding*. (2015) *Community Practitioner* 2015 May; 88(5): 41-5)

Working Together to Safeguard Children (2018) London: HM Government.

12. ASSOCIATED DOCUMENTATION

- NHS Hull CCG Commissioner Safeguarding Policy
- RCPH (2019) *Safeguarding Children and Young People: roles and competencies for health care staff (Intercollegiate competency framework)*
- GMC (2012) *Protecting Children and Young People: the responsibilities of all doctors*
- NHS England (2015) *Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework*
- Hull Safeguarding Children Board Policies and Procedures
- Hull Safeguarding Adults Board Policies and Procedures

APPENDICES

- APPENDIX 1. Safeguarding Supervision Agreement (Formal)
- APPENDIX 2. Safeguarding Supervision Record (Individual)
- APPENDIX 3. Safeguarding Supervision Record (Group)
- APPENDIX 4. NMC Reflective Accounts Form
- APPENDIX 5. Safeguarding Supervision Matrix
- APPENDIX 6. Equality Impact Assessment

APPENDICES

APPENDIX 1

SAFEGUARDING SUPERVISION AGREEMENT (Formal)

Date Agreement Made

Supervisee

Supervisor

Review Date

Safeguarding Supervision will address the following areas:

- Management
- Development
- Support
- Mediation

2. Safeguarding Supervision arrangements

- Quarterly Supervision (or more frequently as agreed between the supervisor and supervisee).
- Length of session – up to 2 hours
- There will only be interruptions if: situations arise where clinical issues must be dealt with and cannot wait until supervision is over.
- In the event of cancellation it is the responsibility of the cancelling party to arrange another session as soon as possible.
- Supervision will take place in a room that provides confidentiality and privacy. The supervisee will ensure an appropriate room is available for supervision.
- Both parties will be aware of and confront at every opportunity any practice, which they feel, is influenced by prejudice of any kind, such as race, gender or disability.
- Any disagreements will be recognised and addressed by the supervisor and supervisee.

3. Confidentiality

- The content of the meetings are confidential between the parties to be shared only with the consent of both parties, unless there are issues regarding risk.
- If the supervisor identifies risks to clients or staff (including the supervisee), information may need to be shared (including allegations against a member of staff).
- If disclosure were considered to be necessary by the supervisor, the supervisee will be informed of the perceived reasons for such disclosure.
- If there were legal requirements, e.g. a coroner's inquiry, the court may require disclosure by the supervisor who would then have an obligation to comply.
- Supervision content will not be provided to line managers or others unless previously agreed, in relation to performance management of the supervisee, but the supervisee could choose to do so to support her/his case in such an event.

4. Record of Safeguarding Supervision

- The Supervisor will record notes of the supervision session in the agreed template.
- Electronic notes will be kept securely by both parties.
- In most cases, no other parties will have access to the information. However, if there were legal issues, e.g. a coroner's inquiry the court would have the right to require the documents.

5. Safeguarding Supervision Meetings

- The Supervisee and Supervisor will prepare for each meeting by:
- Completing agreed actions
- Identifying priorities for discussion
- Approaching the session in an open honest way, ideas and suggestions will be open to constructive challenge so as to improve and learn from practice.

APPENDIX 2

SAFEGUARDING SUPERVISION RECORD (INDIVIDUAL)

NAME OF SUPERVISEE:

POST TITLE:

WORK BASE:

NAME OF SUPERVISOR:

DATE OF SUPERVISION SESSION:

DURATION:

TOPICS DISCUSSED:

- Experience
- Reflection
- Analysis
- Actions

COMMENTS:

Supervisor's signature:

Supervisee's signature:

APPENDIX 3

SAFEGUARDING SUPERVISION RECORD (GROUP)

NAME OF SUPERVISOR:

NAME OF GROUP ATTENDEES:

DATE OF SUPERVISION SESSION:

DURATION:

TOPICS DISCUSSED:

- Experience
- Reflection
- Analysis
- Actions

COMMENTS:

Supervisor's signature:-

Supervisee's signature:-

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in [How to revalidate with the NMC](#).

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

APPENDIX 5

SAFEGUARDING SUPERVISION MATRIX

STAFF GROUP	SUPERVISOR	TYPE OF SUPERVISION	FREQUENCY (Minimum)
Designated Nurses /Professionals for Safeguarding	Designated Professional in safeguarding/Executive Lead for Safeguarding Children and Adults	Individual and or group	3 monthly
Designated Nurse for Looked After Children	Designated Nurse Safeguarding Children	Individual	3 monthly
Named GP	Designated Doctor	Individual and or group	3 monthly
Provider organisation's Named Nurses	Designated Professional in safeguarding (as requested)	Individual/peer and or group	3 monthly
CCG staff	Designated Professional in safeguarding	Individual and or group	Ad Hoc
Pals and Complaints	Designated Professional in safeguarding	Individual and or group	Ad Hoc
Communication and Engagement Team	Designated Professional in safeguarding	Individual and or group	Ad Hoc
Serious Incident Team	Designated Professional in safeguarding	Individual and or group	Ad Hoc

HR / Corporate Policy Equality Impact Analysis:

<p>Policy / Project / Function:</p>	<p>Safeguarding Supervision and Support Policy</p>
<p>Date of Analysis:</p>	<p>01.04.19</p>
<p>Completed by: (Name and Department)</p>	<p>Designated Nurse Safeguarding Children, Designated Professional Safeguarding Adults.</p>
<p>What are the aims and intended effects of this policy, project or function?</p>	<p>The purpose and aims of this policy are to promote and develop a culture that values and engages in regular safeguarding supervision in order:</p> <ul style="list-style-type: none"> • To provide high quality services, advocating best, safe practice and service development. • To offer formal and ad hoc supervision, support and guidance for all staff working within NHS Hull CCG. • To ensure that all members of staff working within safeguarding understand their role, responsibilities and scope of professional discretion and authority regarding safeguarding children and adults in the multi-agency arena. • To provide a source of advice, support and expertise for staff in an appropriately safe learning environment. • To offer opportunity for reflection and critical analysis, to identify, action and learn from near misses and mistakes and ensure best outcomes for vulnerable adults and children. • To endorse professional and clinical judgements and to provide specialist support in the safeguarding process

	<p>when circumstances require it.</p> <ul style="list-style-type: none"> To outline the requirements for safeguarding supervision and identify a matrix for safeguarding supervision within NHS Hull CCG.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	<p>Commissioner Safeguarding Policy Including Standards for Providers 2017</p> <p>Hull Safeguarding Children Board Procedures and Guidance</p> <p>Hull Safeguarding Adults Board Procedures and Guidance</p>
Who will the policy, project or function affect?	All staff employed by NHS Hull CCG. This includes; all employees (including those on fixed term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Engagement within the Hull CCG Quality Team, specific CCG staff members and East Riding Designated Safeguarding colleagues.
<p>Promoting Inclusivity and Hull CCG's Equality Objectives.</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative 	<p>Effective safeguarding supervision is essential to professional development. It enables reflection on actions undertaken and planning for actions needed to be developed. This assists in confidence and decision making. Safeguarding supervision is integral to providing an effective, person/ child centred service. The policy is focussed on staff delivering services to children under the age of 18 and adults who have care and support needs and may be at particular risk of abuse (including neglect) due to, for example, old age, disability, mental or physical ill health or dependency on drugs and alcohol.</p>

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	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender.
Age	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of age.
Race / ethnicity / nationality	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of race/ ethnicity/ nationality. Analysis of employee data indicates that the percentage of English speaking employees is predominant and reflective of the local population. However, the proportion of BME staff is lower than that of the population it serves. All staff require competencies which include the ability to read and understand English or to request the information in another format

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


				available to them.
Disability	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of disability.
Religion or Belief	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of religion/ beliefs.
Sexual Orientation	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of sexual orientation.
Pregnancy and Maternity	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of pregnancy and maternity.
Transgender / Gender reassignment	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender reassignment.
Marriage or civil partnership	√			This policy has been considered against this protected characteristic and applies equally to all staff regardless of marriage/ civil partnership.

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:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore	The CCG internal portal and external website signpost individuals to alternative formats such as large print, braille of another language.	CCG communications team	As policy is ratified.	April 2021

may find reading the policy challenging.				

Sign-off
All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs
I agree with this assessment / action plan
If <i>disagree</i>, state action/s required, reasons and details of who is to carry them out with timescales:

Signed:
Date: 03.05.19