DISCLOSURE AND BARRING SERVICE (DBS) CHECKS POLICY

Version	V3.0
Approving Committee:	Urgent Care 24 Executive
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Name/Department of originator/individual:	Head of Organisational Learning & Development and HR (OL&D and HR), Human Resources Department
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Version	Date	Control Reason	Accountable Person for this Version
V1.0	07/01/15	New Policy	Head of OL&D and HR
V2.0	26/11/2015	Appendix 1 Updated	HR Project Officer
V3.0	07.02.18	Appendix 1 updated and Job titles included in policy	ADoHR

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APPENDICES

1.0 PURPOSE

Urgent Care 24 is committed to safeguarding the welfare of those accessing our services and has a statutory duty of care towards vulnerable members of society under the Safeguarding Vulnerable Groups Act (2006) and the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

This policy applies a fair and consistent way for conducting Disclosure and Barring Service checks.

2.0 SCOPE

This policy applies to all prospective and current employees, bank staff, Associate GP's and agency workers.

3.0 RESPONSIBILITIES

All individuals listed above have a responsibility to adhere to this policy.

Line Managers and Head of Departments who are specified as the responsible people within the policy must ensure that correct procedure is carried out.

Any queries on the application or interpretation of this policy must be discussed with the Associate Director of Human Resources and or their delegate prior to any action taking place.

The policy will be reviewed on an annual basis and updated as appropriate.

4.0 LEVELS OF DISCLOSURE

The posts that require a disclosure and the level of disclosure required are listed in Appendix One.

There are different levels of Disclosure: Basic, Standard, Enhanced (excluding the barred list check) and Enhanced (including the barred list check for roles that carry out regulated activity).

4.1 Basic Disclosure

All employers are entitled to ask and know about any unspent convictions an applicant may have. All employers are therefore entitled to request a basic disclosure, which will provide details of unspent convictions.

4.2 Standard Disclosure

A standard disclosure is available for any position or licensing application listed in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Standard DBS checks show details of both spent (old) and unspent (current) convictions including cautions, reprimands and warnings held on Police National Computer.

4.3 Enhanced Disclosure (excluding the barred list check)

An enhanced disclosure contains the same information as a standard disclosure but also includes any non-conviction information held by local police, where they consider it to be relevant to the post and where this is thought necessary in the interests of preventing or detecting crime.

An enhanced disclosure is available to anyone who works in what is known as a prescribed position. These are positions which are in the Rehabilitation of Offenders Act and have also been named in Police Act Regulations 2013.

To be eligible, individuals must be involved in providing one of the following activities at least once a week on an ongoing basis, more than 4 days in a 30 day period, or at any time between the hours of 2am and 6am:

- care or supervision
- treatment or therapy
- teaching, training instruction, assistance, advice or guidance on emotional, physical or educational well-being – wholly or mainly for children or adults in receipt of a health care service
- the management of people engaging in any of the above activities on a day to day basis

4.4 Enhanced Disclosure (including the barred list check)

If the person is to carry out regulated activity the enhanced disclosure will include any information on the Disclosure and Barring Service barred list.

The full, legal definition of regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended (in particular, by the protection of Freedoms Act 2012).

No distinction is made between paid and voluntary work.

The activities that are regarded as being regulated activity, and would entitle a person to have an enhanced check with the barred lists are as follows:

4.4.1 Barred list check with adults

1: Providing health care: Any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional.

2: Providing personal care: Anyone who: **(i)** provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability; **(ii)** prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or **(iii)** trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet,

washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

3: Providing social work: The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

4: Providing assistance with cash, bills and/or shopping: The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

5: Providing assistance in the conduct of a person's own affairs: Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

6: Conveying: A person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care; or between places where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers.

4.4.2 Barred list check with children

1: Unsupervised activities: Teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children.

2: Work for a limited range of establishments ('specified places'), with opportunity for contact: For example, schools, children's homes, childcare premises.

Work under 1) or 2) is regulated activity only if done regularly.

3: Relevant personal care: For example washing or dressing; or health care by or supervised by a professional.

4: Registered child-minding; and foster-carers.

Where individuals are undertaking activities with both adults and children it would be appropriate to check against both barred lists.

It is an offence for an organisation to 'knowingly' appoint or continue to allow an individual who is barred from with children and/or adults to engage in a regulated activity with that group.

5.0 REHABILITATION OF OFFENDERS ACT (1974)

As an organisation using the Disclosure and Barring Service (DBS) to assess applicants' suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order, Urgent Care 24 complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. Urgent Care 24

undertakes to not discriminate unfairly against any subject of a disclosure on the basis of a conviction or other information received.

Urgent Care 24 will only ask an individual to provide details of convictions and cautions that we are legally entitled to know about.

Urgent Care 24 is committed the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

This is Urgent Care 24's written policy statement on the recruitment of ex-offenders, which is made available to all disclosure applicants at the outset of the recruitment process.

Urgent Care 24 actively promotes equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualification and experience.

A disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a disclosure is identified as necessary, all relevant job recruitment information (i.e. recruitment advert, job description) will contain a statement that an application for a DBS certificate will be submitted in the event of an individual being offered a position.

We will ensure that all those in Urgent Care 24 who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. Urgent Care 24 also ensures that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders e.g. the Rehabilitation of Offenders Act 1974.

Urgent Care 24 makes ever subject of a criminal record check submitted to DBS aware of the existence of the Code of Practice and makes a copy available on request.

Urgent Care 24 undertakes to discuss any matter revealed on a DBS certificate with the individual seeking the position before withdrawing a conditional offer of employment (Appendix Two). Failure to reveal information that is directly relevant to the position sought could lead to a withdrawal of an offer of employment.

All cautions and convictions for serious violent and sexual offences, and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults, will remain subject to disclosure. In addition all convictions resulting in a custodial sentence, whether it not suspended, will remain subject to disclosure, as will all convictions where an individual has more than one conviction recorded.

6.0 FREQUENCY AND PORTABILITY OF DBS CHECKS

Internal applicants who are moving to a post which demands the same or lower level of disclosure will not require another disclosure check provided a satisfactory DBS check was carried out within the last three years.

Urgent Care 24 proposes to carry out three yearly checks for staff who require a DBS check. We also reserve the right to carry out repeat checks on staff when deemed appropriate.

It is the responsibility of staff to inform Urgent Care 24 if, at any time during their period of employment with Urgent Care 24, they are subject to any criminal record, cautions, warning or bind over's, or any changes to their existing DBS or clearance status, including any police investigations which may make the continuation of their present post with children and vulnerable adults unsuitable. If it appears that an employee has deliberately withheld information, an investigation in accordance with Urgent Care 24's Disciplinary Policy may be deemed necessary.

All candidates when recruited are given information stating if they make a false statement about convictions during their recruitment process this will be considered gross misconduct and could justify summary dismissal in accordance with Urgent Care 24's Disciplinary Policy.

7.0 ARRANGEMENTS FOR CHECKING AGENCY WORKERS NOT EMPLOYED BY URGENT CARE 24

Agency workers will be required to provide evidence of a recent (within 1 year) of their last DBS check. When employed through an agency it is the agencies responsibility to supply evidence of a DBS check. The information provided should be the unique disclosure clearance number and the date of issue.

It is the recruiting Manager's responsibility to ensure that an agency worker has a valid DBS check in place before they commence work for Urgent Care 24.

8.0 PROCEDURE

The Associate Director of HR and or their delegate will be responsible for issuing the disclosure application process (for employees, bank staff, volunteers and Associate GP's) which is completed online along with the offer letter/email to successful applicants for positions within Urgent Care 24.

Urgent Care 24 carries out DBS checks using an online process with an agency, acting on behalf of the organisation.

The disclosure application process information is accompanied by guidance notes advising the candidate how to complete their part of the online form and the original documentation to be provided.

Once the applicant has completed their part of the online form they are required to produce their identity documentation to the HR Services to be checked and verified.

HR Services then enter the details of the identity documentation on line and approve the application to be submitted.

The DBS checks are normally processed within two to four weeks and an individual will be sent their disclosure certificate direct. HR Services will be notified electronically as to whether the certificate contains no information or whether the certificate needs to be viewed due to containing caution/s and/or conviction/s information.

If the disclosure certificate contains caution/s and/or conviction/s information then the process outlined in appendix two will be followed.

In the event that there is an adverse connection between the individual's position and the conviction/caution (appendix four) then the formal process as outlined in appendix three will be followed.

9.0 SECURE STORAGE, HANDLING, USAGE, RETENTION AND DISPLOSAL OF DISCLOSURE INFORMATION

As an organisation using the DBS to help assess the suitability of applicants for positions of trust, Urgent Care 24 complies fully with the DBS Code of Practice, Data Protection Act 1988 and additional relevant legislation in regard to correct and safe handling, use, storage, retention and disposal of disclosures and disclosure information.

Disclosure information is never kept on an applicant's personnel file. It is always kept separately and securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

In accordance with Section 124 of the Police Act 1997 disclosure information is only passed to those that are authorised to receive it in the course of their duties. Urgent Care 24 maintains a record of all those to whom disclosures or disclosure information has been revealed. Urgent Care 24 recognises that it is a criminal offence to pass this information to anyone who is not entitled to such information.

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Once a recruitment (or other relevant) decision has been made, Urgent Care 24 does not keep disclosure information for any longer than is absolute necessary. This is generally for a period of up to six months to allow for the consideration and resolution of any disputes or complaints.

If, in very exceptional circumstances, it is considered necessary to keep disclosure information longer than six months Urgent Care 24 will consult the DBS and will give full consideration

Appendix 1

Posts that require a DBS Check

Name of Post	Level of DBS check currently required – in line with Current policy 2018
Chief Executive Officer	Enhanced DBS with Adults and Children's Barred List Check
Medical Director	Enhanced DBS with Adults and Children's Barred List Check
Deputy Medical Director	Enhanced DBS with Adults and Children's Barred List Check
Director of Service Delivery	Enhanced DBS
Associate Director of Service Delivery	Enhanced DBS
Director of Nursing	Enhanced DBS with Adults and Children's Barred List Check
Associate Director of Nursing	Enhanced DBS with Adults and Children's Barred List Check
Salaried GP	Enhanced DBS with Adults and Children's Barred List Check
Associate GP	Enhanced DBS with Adults and Children's Barred List Check
Director of Finance	Enhanced DBS
Non-Executive Director	Enhanced DBS
Clinical Leads	Enhanced DBS with Adults and Children's Barred List Check
Practice Manager	Enhanced DBS with Adults and Children's Barred List Check
Nurses	Enhanced DBS with Adults and Children's Barred List Check
Health Care Assistant	Enhanced DBS with Adults and Children's Barred List Check
Shift Manager	Enhanced DBS with Adults and Children's Barred List Check
Receptionist /Chaperone	Enhanced DBS
Dual role of Driver / Receptionist / Chaperone (Driver only role: please see below)	Enhanced DBS check

Posts that do not require a DBS check:

Team Leaders
Referral Co-ordinators
Runner
Dispatcher
Driver
Service Managers
Governance Manager
Head of Finance
IM&T Manager
Administration Posts
Heads of
AD of HR
HR Manager
Domestics
Admin Apprentices

Director positions including Chief Executive

Under the CQC Regulation 5: Fit and Proper Persons Test for Directors (including Non-Exec, permanent / interim and Associate positions) persons holding this role should be assessed as to whether they have been convicted in the UK of any offence or been convicted elsewhere of any offence which if committed in any part of the UK would constitute an offence. This is in conjunction with other checks usually carried out at pre-employment stage that the person is of good character.

In addition where the Director position may involve entering into regulated activity for example Medical Director or Director of Nursing they would be eligible for a barred list check.

Salaried/Associate GP's/Clinical Leads

Due to the nature of this role it requires an Enhanced DBS check with barred list.

Nurses/Health Care Assistants

Due to the nature of this role it requires an Enhanced DBS check with barred list.

Practice Manager

Practice Managers qualify for an Enhanced DBS with both Barred list check as they manage Staff - GP's / Practice Nurses who themselves require an Enhanced with both Barred list checked

Shift Manger

Shift qualify for an Enhanced DBS with both Barred list check as they manage Staff - GP's/Nurses who themselves require an Enhanced with both Barred list checked

Receptionist / Chaperone

The Receptionist part of the role would qualify for a Standard DBS if they were interacting with Patients for example meeting and greeting, booking appointments face to face with vulnerable (due to their condition) adults or children.

The Chaperone element of the role qualifies for an Enhanced DBS check without barred list information as they themselves are not entering into any activity that would qualify for the Barred list check(s).

Driver

The Driving element of this role alone does not qualify for a DBS check as they drive the healthcare professional only and not the patient.

Driver / Receptionist / Chaperone

The Chaperone element of this role would qualify for an Enhanced DBS check with no barred list check.

Lists of Post Not Requiring DBS

No DBS required – Exception to this is if this role includes day to day management or supervision (direct reports) of any staff who enter into regulated activity (where they require either Barred list check) then they too would qualify for an Enhanced DBS and Adults / Children or both Barred list check .

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Appendix Two

DBS CERTIFICATE CAUTION/CONVICTION MEETING PROCESS

1. The aims and objectives of this appendix is to outline the process in the event that on the receipt of the Disclosure and Barring Service (DBS) Certificate a caution or conviction has been recorded on the certificate.

2. Cases are to be treated in confidence and meetings to be arranged in a timely manner for the safety of the organisation and the individual who has a caution or conviction recorded on their DBS certificate.

3. On notification of the caution or conviction, the individual is contacted in writing and informed that Urgent Care 24 have received a report from the DBS service which includes information on a conviction(s) and/or caution(s) from their recent DBS check and invited to a meeting.

4. Due to the risk of Urgent Care 24 not knowing the level of caution or conviction current employees, bank staff and Associate GP's will be advised that they are unable to undertake any shifts until this meeting has taken place. Urgent Care 24 will ensure that the individual receives any payment for any contracted/pre booked sessions prior to the meeting taking place.

5. The meetings are to be chaired by the relevant Director (or relevant delgate), supported by Associate Director of HR or their delegate.

6. In order that Urgent Care 24 is able to make an informed decision as to whether the DBS information could affect an individual's employment or engagement with Urgent Care 24 sight of the DBS certificate is required at this meeting.

7. The meeting will focus on the following:

- Whether the conviction (or other matter revealed) is relevant to the position in question
- The seriousness and nature of the offence
- The length of time since the offence was committed
- Whether there is a pattern of offending or other relevant matters
- Whether the staff member's/Associate GP's circumstances have changed since the offending behaviour
- The circumstances surrounding the offence and the explanation offered by the staff member/Associate GP

8. The relevant Director, supported by the Associate Director of HR or their delegate would then be required to review the contents of the meeting (this may require an adjournment to allow time for reflection) to determine if the outcome of the meeting impacts on the individual's employment or engagement with Urgent Care 24 (i.e. whether there is an adverse connection between the offence and the individual's position).

9. If it comes to light during the meeting that an individual has made a false statement about convictions during their recruitment process this will normally be considered gross misconduct and could justify summary dismissal under Urgent Care 24's Disciplinary Policy or in the case of a prospective employee withdrawal of their conditional job offer. In addition if it appears that an individual has deliberately withheld information an investigation in accordance with Urgent Care 24's Disciplinary Policy may be deemed necessary.

10. If it is determined that there is an adverse connection between the individual's position and the conviction/caution then this will be dealt with via the formal process outlined in the DBS Policy for employees (Appendix Three) and via the Framework for Handling Concerns with Associate GP's Performance for Associate GP's.

11. Consideration will be taken as to whether the offence needs to be reported to the relevant professional body ie GMC, NMC.

12. The outcome of the meeting will be verbally passed to the member of staff/Associate GP and will be followed up in writing.

13. To support the written documentation below is a flow chart.

DBS Certificate- Caution/Conviction Flow Chart

Appendix Three

FORMAL DBS MEETING

PROCEDURE PRIOR TO DBS

FORMAL MEETING

1. At least two calendar days' written notice of a meeting must be given.

2. The employee must be notified prior to the meeting that their employment is at risk.

3. The employee must be advised that they have the right to be accompanied by a companion. If their preferred companion is not available at short notice, the meeting may have to be delayed by up to seven calendar days, in order to allow the companion to attend. If the companion is not available to attend in that timescale, the employee will be required to select an alternative companion.

4. In the invitation to the employee to attend the meeting, full details of the adverse connection relating to their position will be outlined and a request to make known the names of their companion must be confirmed in writing. A copy of the DBS Policy must be made available to the employee.

5. If the employee cannot attend the meeting, they must notify the Chair of the meeting with good reasons. The hearing will then be rescheduled, but this will only be on one occasion. If the employee cannot attend (e.g. due to illness) then on those specific occasions, written submissions will be accepted. Alternatively, an individual may attend on behalf of the employee.

6. The chair of the meeting will be an Executive Officer (not the one who held the informal meeting) or in the case of an Executive Officer being called to a formal DBS meeting the meeting will be chaired by the Chief Executive or the Chair. Where appropriate (at an executive level) an independent external may be brought in to support the chair of the panel. The Associate Director of HR or their delegate will also be present.

FORMAL DBS MEETING PROCEDURE

1. The Chair of the meeting will open the meeting by introducing the people present and explain their role in the meeting. The Chair will also explain the reasons why the meeting has been arranged and detail full details of the adverse connection to their position. If the employee is unaccompanied the Chair will remind them of their right to be accompanied.

The Director who held the informal meeting will outline the details of the DBS caution/s and or conviction/s meeting and will advise why they believe that there is an adverse connection between their caution/s and or conviction/s and their position.

2. The employee or their companion will then be given the opportunity to respond to this.

3. At any time their companion may add their input to the meeting and may confer with the employee. However, the companion must not answer questions addressed to the employee unless this is agreed by the Chair of the meeting.

4. The meeting will then be adjourned while the Chair decides what action is appropriate. This will involve consultation with the Associate Director of HR or their delegate. The length of the adjournment will depend on the complexity of the issues to be considered. The communication of the outcome may take place after the meeting has been adjourned or within seven calendar days of the hearing. The letter will also inform an employee of their right of appeal.

5. If the employees fails to attend a meeting and has not notified the Chair of the hearing that they cannot attend, Urgent Care 24 reserves the right to continue with the meeting in their absence.

OUTCOMES FROM DBS MEETING

1. If an employee is dismissed, they will be provided with written reasons for dismissal, the date their employment was terminated and details of any pay in lieu of notice to which they are entitled. They will also be informed of their right of appeal.

2. As an alternative to dismissal, Urgent Care 24 may move an employee to an alternative suitable position i.e. if the employee is a Driver and it is a driving offence. This will be at the employer's discretion.

3. If an employee is demoted they will be entitled to the salary and other terms and conditions of employment appropriate to the position to which they have been demoted. They have a right of appeal against this demotion.

APPEALS

1. Employees have the right to appeal against any demotion or dismissal within seven days of receipt of the letter detailing the outcome of the DBS formal meeting. The appeal should be in writing to the Chief Executive clearly outlining the reasons for the appeal.

2. The appeal will be heard by the Chief Executive or a person nominated by the Chief Executive. The person chairing the appeal will not have had any previous involvement with the case. The Associate Director of HR or their delegate will also be present. In the case of a member of the Executive team the appeal will be heard by a Non- Executive Director (who has not had any previous involvement) and where appropriate (at an executive level) an independent external may be brought in to support the chair of the appeal panel.

3. Employees will be informed in writing of the date of any appeal. The employee will be entitled to bring a companion (either a work colleague or a Trade Union representative) to accompany them to the appeal.

4. The employee will be informed of the outcome of the appeal meeting, in writing, as soon as possible. This may take place after the appeal has been adjourned or in writing within seven calendar days of the appeal. The decision reached at the appeal meeting is final.

5. The dismissal date will be as determine at the DBS formal meeting. In the event that the decision to dismiss is revoked at the appeal, reinstatement or re-engagement with continuous service will apply.

6. If the employee does not attend the appeal meeting and has not notified the Chair that that they will not be attending, it will be assumed that the appeal is no longer required.

Appendix Four

The following is a **non-exhaustive** list of examples of offences of a nature that may be adverse and Urgent Care 24 would consider not appointing or dismissal with notice:

- Sexual Offences
- Violence
- Threatening Behaviour
- Theft against an Employer
- Serious Theft or Fraud
- Multiple Convictions
- Convictions that directly impact on a role (i.e. a driving offence that impacts on a Driver)

Equalities and Health Inequalities – Screening Tool

Version number: V1

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Urgent Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Urgent Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at:
http://extranet.urgentcare24.co.uk/

Equality and Health Inequalities: Screening Tool

A	**General information**
A1	**DBS POLICY**
A2.	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. **Urgent Care 24 is committed to safeguarding the welfare of those accessing our services and has a statutory duty of care towards vulnerable members of society under the Safeguarding Vulnerable Groups Act (2006) and the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.This policy applies a fair and consistent way for conducting Disclosure and Barring Service checks.**
A3.	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others. **All Staff requiring DBS as per this policy**
B	**The Public Sector Equality Duty**

B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	Yes	**No**	Do not know
	Summary response and your reasons: No This policy is designed to ensure that all of the protected characteristics.		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: See above		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary response and your reasons: Yes. As above.		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons: as above.		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	Do not know
	Summary reasons: as above.		
B6	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	**No**	Do not know
	Summary response and your reasons**: as above.**		
C	**The duty to have regard to reduce health inequalities**		
C1	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes	No	Do not know
	Summary response and your reasons: N/A		

<table>
<tr><td>C2</td><td colspan="3">Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?</td></tr>
<tr><td></td><td>Yes</td><td>No</td><td>Do not know</td></tr>
<tr><td></td><td colspan="3">Summary response and your reasons: N/A</td></tr>
<tr><td>D</td><td colspan="3">Will a full Equality and Health Inequalities Analysis (EHIA) be completed?</td></tr>
<tr><td>D1</td><td colspan="3">Will a full EHIA be completed?
Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.</td></tr>
<tr><td></td><td>Yes</td><td>Cannot decide</td><td>No</td></tr>
<tr><td></td><td></td><td></td><td>X</td></tr>
<tr><td>E</td><td colspan="3">Action required and next steps</td></tr>
<tr><td>E1</td><td colspan="3">If a full EHIA is planned:
Please state when the EHIA will be completed and by whom.
Name:
Date:</td></tr>
<tr><td>E2</td><td colspan="3">If no decision is possible at this stage:
If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.

Summary reasons:

Additional information required:

When will it be possible to make a decision about an EHIA?</td></tr>
<tr><td>E3</td><td colspan="3">If no EHIA is recommended:
If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below.
Summary reasons: This policy has been consulted on by the Quality & Patient Safety Tem. There is no negative impact with respect to the characteristics as defined by the Equality Act.</td></tr>
</table>

[1] Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.