Isle of Wight NHS
NHS Trust

Doctors and Dental Staff Policy and Protocol for Acting Down

(all grades)

Document Author	Authorised
Written By: Senior Human Resources Manager **Date:** June 2016	**Authorised By:** Chief Executive **Date:** 8th November 2016
Lead Director: Executive Medical Director and Executive Director of Finance and Human Resources	
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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification/Approval
May 2013	1.0		Executive Medical Director	Put into Trust Policy format	
June	1.1			Feedback from HR colleagues	
					Local Negotiating Committee
July	1.2 and 1.3			See amendment to policy record	
August	1.4 to 1.6				
Octob er	1.7				Policy Management Group (PMG)
Nove mber	1.8 to 1.9			Amended point 7.2 to reflect feedback from PMG	
Revision 2 Consultation commenced June 2016					
29 June 01/10/ 2016 and 14/10/ 2016	1.9		Executive Medical Director and Executive Director of Finance and Human Resources	Policy review and consultation	Local Negotiating Committee
20/09/ 2016			Executive Medical Director and Executive Director of Finance and Human Resources		Operational Management Group
8 Nov 2016	2.0	8th November 2016	Executive Medical Director and Executive Director of Finance and Human Resources	For Approval	Corporate Governance and Risk Sub-Committee
1 Nov 19	2.0		Director of Human Resources and Organisational Development	Extension to review date until end of Feb 2020 approved via voting buttons at	Policy Management Sub-Committee
26 March 2020	2.0	26th March 2020	Director of Human Resources and Organisational Development	Extension to review date for 6mduring Covid19 approved via Chairs Action at	Policy Management Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

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B	Impact assessment forms on policy implementation (including checklist)
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1. Executive Summary

The Isle of Wight NHS Trust recognises that under their current terms and conditions of service Consultants and Specialty and Associate Specialty doctors (SAS) are not contractually obliged to act down or to be compulsorily resident on-call to cover the duties of more junior medical staff.

An underlying principle of this policy is the desire to avoid Acting Down wherever possible. The policy should only be invoked when there is no alternative system to maintaining patient safety. The policy outlines the actions that should be considered to minimise the need for consultants to act down, before setting out the procedure for requesting a Consultant or SAS doctor to act down including the need to take into account of the doctor's other commitments and the remuneration/compensation arrangements for individuals who agree to act down.

2. Introduction

'Acting Down' is the term used to refer to situations where a medical or dental practitioner normally as a result of an emergency or a crisis, is required to undertake duties usually performed by a more junior member of medical or dental staff. It does not apply to duties which a clinician undertakes as part of his/her normal workload but which a more junior member of staff may be competent to undertake.

'Acting Down' should be the exception rather than the rule and all attempts to avoid the necessity for acting down should be made. The Trust recognises that under their current terms and conditions of service Consultant and SAS doctor or dentists are not contractually obliged to act down, or to be compulsorily resident on-call to cover the duties of more junior medical staff.

3. Scope

This policy applies to all Consultant and SAS grade medical and dental practitioners employed by the Isle of Wight NHS Trust.

This policy does not apply during a major incident. Nor does this policy does not apply to doctors or dentists in training.

4. Definitions

Acting Down is the term used when a doctor full fills the role and responsibilities of a doctor at a lower grade then they would normally operate.

5. Purpose

The Trust recognises that acting down places an increased burden of stress on that individual and can lead to one member of staff trying to perform two key roles simultaneously.

The purpose of this policy is therefore to:

- outline the actions that should be taken to minimise the need for medical and dental practitioners to act down
- outline the arrangements for requesting a doctor to 'Act Down'
- outline the remuneration/compensation arrangements or individuals who act down.

The policy and procedure is aimed at all clinical managers such as Heads of Operations, Operations Managers, Roster Coordinators and Lead Clinicians to ensure 'Acting Down' is applied consistently and fairly. It is also aimed at consultants and SAS doctors so they are aware of the 'Acting Down' processes and their responsibilities if they act down.

6. Roles and Responsibilities

6.1 Executive Medical Director has overall responsibility for ensuring this policy is adhered to.

6.2 Clinical Directors together with Lead Clinicians and Educational Supervisors will be responsible for monitoring, at a strategic level, the workload and shift patterns of junior doctors.

6.3 Lead Clinicians will be expected to ensure other clinical commitments of doctors who 'Act Down' are reviewed to ensure that patient safety is maintained, that workload commitments are not compromised and that the doctor who 'Acts Down' is compensated for rest not taken.

Lead Clinicians/Rota Coordinator should ensure that they have arrangements in place for the management of these rotas and must try to cover absence internally. They should also put in place a mechanism for identifying, at the earliest opportunity, any problems whereby locum cover may be necessary. In the first instance, internal covers should be sought. Where the need for external locum cover is identified, it must be agreed by an Associate Director, this should be conveyed to the HR Resourcing Team immediately.

6.4 Clinical Business Unit Roster coordinators are responsible for coordinating cover and seek approval for locum (internal or external) cover.

6.5 Associate Director for Medical Education ensures that the education and training of junior doctors is not compromised.

7. Policy Details – Avoiding Acting Down

7.1 Consultant and SAS doctor or dentists are usually requested to act down due to a shortage or absence of junior staff. Consultants may also be requested to act down for SAS doctors as well. The majority of such absences or shortages are known well in advance therefore plans to avoid Acting Down should be put into place.

7.2 **Junior doctors** are required to give 6 weeks' notice of any requested leave. Internal cover will be arranged and co-ordinated by the Lead Clinician and Roster Co-ordinator to assure adequate levels of cover are provided. The procedures for requesting annual leave can be found in The Medical Handbook http://intranet/index.asp?record=4126.

The majority of junior doctors participate in rotas which contractually require them to prospectively cover the annual leave and study leave of their colleagues who participate in the same rota.

7.3 A junior doctor request for leave should be conditional upon being able to find appropriate cover.

6.3.1 If approval is given without cover being agreed, the doctor who approved the leave will be required to undertake any subsequent acting down duties as a result of the unavailability of appropriate locum cover and will receive no additional remuneration/compensation for the duties.

6.3.2 If the Lead Clinician approves the leave of a junior in these circumstances and it results in the acting down of a colleague, the colleague will be eligible for remuneration/compensation as in Section 8 of this procedure.

7.4 **Covering Difficult to Recruit to Posts.**
From time to time certain specialties encounter difficulties in recruiting to their agreed quota of junior doctor posts. Lead Clinicians with the support of Lead Clinicians, HR and Roster Coordinators, should ensure that mechanisms are in place to identify potential problems at the earliest opportunity enlisting the support and advice of Rota Coordinator to try and make temporary arrangements for cover with internal locums or agency locums[1]

7.5 **Managing Short Notice Absence Request.**
Although the majority of leave can be planned well in advance, there will be occasions where absences occur at very short notice because of unforeseen circumstances such as sickness, domestic crisis or the failure of a planned locum to arrive. Inevitably absences occurring in these are much more difficult to contend with.

There are, however, certain measures which should be put in place to assist in the management of these situations.

7.5.1 Lead Clinicians, Rota Coordinator and Associate Director of Medical Education are responsible for ensuring as part of their induction process, junior doctors are made fully aware of the procedures for:

- booking and reporting all types of absence including annual and study leave, reporting sickness absence,
- Explaining who they should book/report absence to and that absence to be reported at the earliest opportunity.

This should maximise the time the Lead Clinician/Rota Coordinator have to find appropriate cover. If finding suitable cover is proving to problematic, it may be appropriate to inform the doctor requesting the leave that every effort is being made to find cover, allowing the doctor or dentist to start forming contingency plans should their leave request be rejected.

7.6 Lead Clinicians/Rota Coordinator may consider agreeing with junior doctors a system whereby, on a rotational basis one of them is nominated (in case of unforeseeable absence) as 'reserve- on-call' for the colleague who is formally rostered to be on-call.

This arrangement should only be used to cover short-term unforeseeable absences or the first 72 hours maximum of a longer absence.

The Trust recognises that arrangements such as this are outside the contractual hours of the doctor concerned. Such an arrangement will have implications for the junior doctor's hours of duty which are subject to certain restrictions by their terms and conditions of service. The arrangement for a junior doctor to work outside their normal hours of work/on duty should only be utilised when other measures have been exhausted or there is insufficient time to implement other methods of providing cover.

7.7 **Covering unexpected absence out of normal working hours** are often the most difficult situations to find alternative cover. In these circumstances the on-call Consultant and SAS

[1] Approval of agency staff must comply with the Trust's Workforce Controls issued in August 2013

doctor or dentist for the specialty concerned should be informed at the earliest opportunity and their advice sought.

Whilst it is the responsibility of the on-call manager, rather than the on-call Consultant and SAS doctor or dentist to obtain suitable locum medical cover, the on-call Consultant and SAS doctor or dentist would be expected to support the on-call manager as appropriate in their endeavours.

8. Procedure for Requesting a Consultant or Specialty Doctor/Associate Specialist (SAS) to Act Down.

8.1 Only when patient safety is at risk or likely to be compromised should there be a request for a consultant or SAS doctor to act down.

8.2 If no internal cover can be made it may be necessary to ask a Consultant or SAS doctor or dentist to 'act down'.

Whenever possible the clinician who is being asked to act down should be given a minimum of four hours' notice of a potential problem to allow him or her to start making contingency plans. This may not always be possible, for example, a locum fails to turn up for duty or a junior doctor taken ill during a period of on-call duty. Outside normal working hours (Monday to Friday 0800 to 1730) the request to ask a clinician to act down will be made be made by the Senior Manager On-Call and authorised by the Executive Director On-Call (EDOC). During normal working hours, the request to ask a clinician to act down will be made by Lead Clinician, Clinical Director, Head of Operations or Chief Operating Officer or their deputy.

8.3 **Considerations when asking a doctor to act down**

8.3.1 The Consultant and SAS doctor or dentist on-call for individual specialties concerned are the ultimate judge of whether a department can continue to operate safely.

However, any decision to close a department must take account of the implications for the patients concerned, staff concerned, and any knock-on effects for other trusts (e.g. Southampton, Portsmouth) and include an assessment by the Consultant and SAS doctor or dentist of his/her own ability to provide safe cover. If the impact or risk to patients of closing a department is greater than keeping the department open, then it cannot be closed. If potential problems are identified during normal working hours and an alternative to closing the department is being considered, it must be discussed with the Director of the Clinical Service and/or Executive Medical Director.

8.3.2 Consultant and SAS doctor or dentist staff will not be required to agree to act down, even in the event of a unforeseen situation and the only other alternative is the closure of the department which would put the well-being of patients at significant risk.

In this situation patient safety is paramount. If the On-call Consultant and SAS doctor or dentist does not believe they can safely 'act down' they must speak to their colleagues and/or the Executive Medical Director to make alternative arrangements.

8.4 **Covering the work of the doctor who agrees to 'act down.** Whenever a Consultant and SAS doctor agrees to act down, at the same time, it may be necessary to make arrangements to provide cover for the doctor who is acting down. If the Consultant and SAS doctor or dentist who agrees to act down is confident that they are able to do both roles, this requirement may be waived.

8.5 At no time should a Specialty Doctor be asked to act down outside of their own specialty.

9. Remuneration and Compensation for Acting Down

9.1 Where a consultant 'Acts Down' between **0900 and 1700 Monday to Friday** (or during their normal working hours) they will not receive additional remuneration or compensation, if the steps outlined have been followed unless the Consultant or SAS doctor can demonstrate they would not normally have been expected to be available for NHS activities during the period of acting down.

During such period of acting down, the doctor will be eligible for time off in lieu equivalent to the period spent acting down.

9.2 Where a consultant or SAS doctor 'Acts Down' from:

- **1700 and 0900 Monday to Friday including bank holidays**, or
- **At a weekend** (unless this forms part of their standard sessional commitment) **and**
- Is required to be either **resident on-call or participate in a shift system**

Remuneration will be: 3 PA's time off for every PA on duty.
This can either be paid (3PA x number of PA's on duty) or time off in lieu, or a combination of pay and time off in lieu. This must be decided at the time of the agreement to act down.

9.3 Where a consultant or SAS doctor 'Acts Down' from:

- **1700 and 0900 Monday to Friday including bank holidays or**
- **At a weekend (**unless this forms part of their standard sessional commitment) and
- **Is required to be on-call from home.**

Remuneration will be:

- 2 PA's time off in lieu for each session on duty at home. If the consultant or SAS doctor is called into the hospital or is required to be resident on-call during this period of on-call, they will be entitled to 3 PA's off for every one spent at the hospital (including travel time).

  Or

- Double the standard PA rate for time spent on duty from home and 3 times the standard PA rate for time spent at the hospital, or a combination of pay and time off in lieu.

This must be decided at the time of the agreement to act down.

N.B the times shown here are an indicator of shift times. The Trust acknowledges that shift/session times may vary from speciality to speciality.

Where a Consultant and SAS doctor or dentist opts for financial remuneration for acting down duties rather than time off in lieu, they must be satisfied that they are mentally and physically able to safely continue with their normal duties.

9.4 Following a period of Acting Down, if additional pay has been agreed, the Operations Manager must complete a Change Form and send it to Human Resources for processing.

The Lead Clinician will be required to provide the Executive Medical Director with a brief report as to why the acting down was necessary and what measures were taken to avoid it. The pattern of acting down will be regularly monitored and reviewed. The "Acting Down" form – appendix A must be completed by the doctor and sent to the Executive Medical Director.

Where there appears to be a pattern of 'avoidable' incidents of 'Acting Down' the Executive Medical Director may commission an investigation.

9.5 **Compensatory Rest**

The Working Time Directive (WTD) is EU legislation intended to support the health and safety of workers by setting minimum requirements in relation to working hours, rest periods and annual leave.

In relation to acting down, the main aspects of the regulations concern the requirement for 11 hours continuous rest in any 24 hour period. This could arise if rest could not be taken because the doctor has been required to attend the hospital or other site of work. In this situation, the doctor will need to be compensated for the rest they have lost **(referred to as Compensatory Rest).**

If a rest break has to be interrupted or delayed (e.g. to ensure continuity of care or in an emergency), in all but exceptional circumstances, an **equivalent period of compensatory rest must be taken immediately after the end of the working period**, rather than aggregated and taken over a period of time.

Even in exceptional cases, compensatory rest does not have to be provided immediately, the worker must nevertheless be afforded appropriate protection. This might be in the form of deferred rest, which must be sufficient to enable the worker to recover from fatigue and ensure that there is not a risk to the health and safety of the worker, other staff or patients.

The compensatory rest period should be equal to the number of hours undertaken as "resident on-call" up to a maximum of 1 working day. Compensatory rest cannot be taken as 'time in lieu'.

This should be agreed between the Consultant and SAS doctor or dentist and the Executive Medical Director.

10. Consultation

Consultation and constructive feedback will be sought between June and October 2016 with the following groups/forums:

- Joint Consultative and Negotiating Committee on 29th June 2016
- Staff Partnership Forum on 5th July 2016
- Operations Managers Group 29th June 2016
- HR staff who manage medical rosters and job plans.
- Executive Medical Director
- Emergency Preparedness and Contingency Planning – for out of hours

11. Training

This Acting down Policy and Procedure does not have a mandatory training requirement or any other training needs.

12. Monitoring Compliance and Effectiveness

Compliance with the policy will be monitored by the Human Resources Department annually. The outcome of Acting Down monitoring will be shared with the Joint Local Negotiating Committee and presented to the HR and OD Performance Group.

Monitoring requirements will include an overview across Clinical Business Units:

- Number of instances and frequency this policy has been enacted,
- Cost, financial and loss of clinical and non-clinical activity,
- Breakdown of acting down occurrences e.g. week days, week-end and on-call duties,
- Breakdown of specialities,

13. Links to other Organizational Documents

Counter Fraud Policy
http://nww.iow.nhs.uk/guidelines/Countering%20Fraud%20and%20Corruption%20Policy%202012%20FINAL.pdf

Isle of Wight NHS Trust Escalation Plan http://intranet/index.asp?record=1081

Induction Policy
http://nww.iow.nhs.uk/guidelines/Management%20of%20corporate%20and%20local%20induction%20V4%20FINAL.pdf

Health Education Wessex
http://www.wessexdeanery.nhs.uk/policies__procedures/acting_up.aspx

14. References

Terms and Conditions of Service for NHS Medical and Dental Staff (England) 2002

Terms and Conditions –Consultant and SAS doctor or dentist Contract (2003)

NHS Employers
http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/Consultant and SAS doctor or dentistsAndDentalConsultant and SAS doctor or dentists/Guidance/Pages/Consultant and SAS doctor or dentists-Guidance.aspx#arrangements

NHS Employers – Junior doctor's and Specialty and Associate Specialist doctor terms and conditions of service
http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-JuniorDoctorsTermsAndConditions150908.aspx

British Medical Association (BMA) (2008) "Guidance on implementing the EC directive on working time for consultants"

ACTING DOWN BY CONSULTANT MEDICAL AND DENTAL STAFF

This form should be completed whenever a Consultant or SAS doctor has been in a position whereby they have needed to undertake duties which should have been performed by a trainee/non-Consultant Career Grade Staff.

Name:	Speciality	
Date (s)		
Time of duties undertaken		
Number of hours resident in the hospital		
Reason		
Nature of duties		
Name and Grade or Person unavailable (i.e. person whose duties are being covered)		
Were you due to be on-call during this period?	Yes	No
Were attempts made to find a locum?	Yes	No
Details of the attempts made by HR Rostering Team to find cover		
Other staff on call during the same period		
Arrangements made for remuneration/time off in lieu		

Consultant Signature …… Print Name …….

Clinical Director …….. Print Name …….

Executive Medical Director ……..

IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION

Summary of Impact Assessment (see next page for details)

Document title	**Acting Down Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	There are workforce financial implications; these will vary depending on the number of occasions this policy is enacted.		
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

Risk Management Issues:

This policy minimised the risk of being unable to cover unforeseen absence which may well compromise patient care. There will always be short notice absence; this policy sets out what should happen in the event of unexpected short term absence.

Benefits / Savings to the organisation:
This policy puts in place a system for ensuring continuity of services which try to alleviate the impact to patients at times of operational difficulties.

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? No

If "YES" please specify:
Use additional sheets if necessary.

IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure

you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	This will vary		
Additional staffing required - by affected areas / departments:			

Staff Training Impact	Recurring £	Non-Recurring £
Affected areas / departments	This will vary depending on the day and time acting down occurs	
e.g. 10 staff for 2 days		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	**None**	
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc.		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	**Not applicable**
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

IMPACT ASSESSMENT ON DOCUMMENT IMPLEMENTATION - CHECKLIST

Have you considered the following areas / departments?

- Have you spoken to finance / accountant for costing?
- Where will the funding come from to implement the policy?
- Are all service areas included?
  - Ambulance
  - Acute
  - Mental Health
  - Community Services, e.g. allied health professionals

Departments / Facilities / Staffing

- Transport
- Estates

- Building costs, Water, Telephones, Gas, Electricity, Lighting, Heating, Drainage, Building alterations e.g. disabled access, toilets etc.

- Portering
- Health Records (clinical records)
- Caretakers
- Ward areas
- Pathology
- Pharmacy
- Infection Control and Prevention
- Domestic Services
- Radiology
- A&E
- Quality Team / Information Officer– responsible to ensure the policy meets the organisation approved format
- Corporate Governance and Risk Management Team – ensure appropriate checks are made to ensure policy will be compliant with NHS Litigation Authority standards.
- Quality Team (clinical and information) - Ensure appropriate checks are made to ensure policy will be compliant with NHS Litigation Authority standards. The Quality Team will advise on this and if necessary the standards can be accessed via the clinical governance intranet pages.
- Human Resources
- IT Support
- Finance
- Rolling programme of equipment
- Health & safety/fire
- Training materials costs
- Impact upon capacity/activity/performance

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Acting Down Policy
Purpose of document	To set out when acting down should be used and how to enact Acting Down.
Target Audience	All consultants, Specialty and Associate Specialist Doctors, Managers of consultants and specialty doctor, Medical HR and Medical Roster Co-ordinators
Person or Committee undertaken the Equality Impact Assessment	Elizabeth Nials, Senior HR Manager

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?
   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath

		Positive Impact	Negative Impact	Reasons
Gender	Men	*This policy has neither a positive nor negative impact*		*Doctors will are not selected to Act Down based on their gender.*
	Women			
Race	Asian or Asian British People	*This policy has neither a positive nor negative impact*		*Doctors will not be selected to Act Down based on their ethnicity or race. It will be based on their availability and skill to be able to meet the needs of patients*
	Black or Black British People			
	Chinese people			
	People of Mixed Race			
	White people (including Irish people)			
Disability	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	*This policy has neither a positive nor negative impact*		*Doctors will not be influenced by any disability they may have, so long as they can meet the needs of patients with reasonable adjustments*
Sexual Orientation	Transgender	*This policy has neither a positive nor negative impact*		*Doctors will not be selected to Act Down based on their sexual orientation*
	Lesbian, Gay men and bisexual			
Age	Children	*NA*	*NA*	
	Older People (60+)	*This policy has neither a positive nor negative impact*		*Doctors will not be selected to Act Down based on their age*
	Younger People (17 to 25 yrs.)	*NA*	*NA*	*We do not employ doctors between these age ranges*
Faith Group		*This policy has neither a positive nor negative impact*		*Some doctors, because of their faith may not be able to Act Down at certain times of the year. The Trust will respect their right to a faith and belief*
Pregnancy & Maternity		*Possibly*	*Possibly*	*The Trust will now allow a person to Act Down if it would be detrimental to the health of the employee and child.*
Equal Opportunities and/or improved relations		*None*	*None*	*None*

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad

categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
			NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
No	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
No	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
No	
Scheduled for Full Impact Assessment	Not required
Name of persons/group completing the full assessment.	Elizabeth Nials
Date Initial Screening completed	1st October 2016