



DOMESTIC ABUSE POLICY (CSPP No. 23)

DOCUMENT INFORMATION	
Author:	Antony Heselton Head of Safeguarding
Ratifying committee/group:	Safeguarding Group
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1. Introduction

Violence and abuse are experienced by men, women and children from every background, and for many, their experiences will remain un-disclosed to health professionals with often devastating effects and consequences on long-term physical and mental health. 'Improving Safety, Reducing Harm- A Practical Toolkit for Front-line Practitioners' (DH, 2009) states:

"Domestic abuse occurs across society regardless of age, gender, race, sexuality, wealth or geography. The figures show however, that it consists mainly of violence by men against women. Children are also significantly affected".

The NHS has a particular contribution to make because it is the one service that almost all victims of domestic abuse will come into contact with, at some point in their lives.

Working Together to Safeguard Children (DCSF, 2015) states:

"Everyone working with women and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children".

The Taskforce on the Health Aspects of Violence Against Women and Children (DH, 2010) recommend that all NHS staff should be made aware of their role in addressing violence and abuse.

Given the nature of domestic abuse, this is not a definitive document and should be read in conjunction with the Department of Health document 'Improving Safety, Reducing Harm- A Practical Toolkit for Front-line Practitioners' (DH, 2009), Working Together to Safeguard Children (DCSF, 2015) and Local Safeguarding Children Board's (LSCB) guidelines and procedures in line with recent changes in law and policy. Reference should also be made to local Health Trust's strategies specific to domestic abuse and any other local strategies in respect of services to children and their families.

2. Scope

This policy applies to all staff employed directly or indirectly by SCAS, including students, volunteers and those on temporary contracts, secondments, other flexible working arrangements or commissioned services and directly relates to both children and adults that have, are or have witnessed any form of domestic abuse.

3. Aim

To give clear guidance to all staff and the processes and procedures that we are required to follow when we come in to contact with persons suffering from domestic abuse in all its forms.

4. Roles and Responsibilities

4.1 Trust Board

The Trust Board has overall responsibility to ensure that the management of domestic abuse is undertaken on an aggregated basis to optimise the recognition of trends and enable a consistent and quality response to domestic abuse across the South Central Ambulance Service Trust. This will aim to support the Governments goal of minimising inequalities and improving health outcomes for the population.



4.2 The Safeguarding Group

The Safeguarding Group will monitor trends arising from the Safeguarding Team Report to provide assurance to the Board that the SCAS Domestic Abuse Policy is working effectively.

4.3 Chief Executive Duties

The Chief Executive is accountable for the proper and effective management of risk within the Trust and is responsible for ensuring the safety of patients, visitors and staff within the organisation. The Chief Executive's responsibilities will include but are not limited to:

Ensure robust systems are in place to identify trends and themes around domestic abuse incidents

Ensuring that measures are taken to ensure that the safety of patients, staff and visitors is not compromised;

Ensure robust systems are in place to learn lessons across the organisation

Ensuring this procedure is implemented within all areas of the Trust through responsible directors and managers.

4.4 Designated Board Member

The designated board member responsible for the SCAS Domestic Abuse Policy will be the Executive Director for Patient Safety and Transformation.

The Executive Director for Patient Safety and Transformation will ensure that the Head of Safeguarding receives the required organisational support to enable them to fulfil this role and ensure quality and efficiency of service

4.5 Head of Safeguarding

To maintain links with the wider Safeguarding Network and partner agencies to ensure that relevant information is disseminated as required to all staff within SCAS.

To provide frequent supervision commensurate with the level of work to be undertaken and within the context of the organisation/supervision policy and procedure.

To be a contact point within the organisation for other agencies requiring additional information in reference to domestic abuse

To ensure the SCAS Domestic Abuse Policy is updated every 24 months

To offer support and guidance to SCAS staff with concerns about issues relating to domestic abuse.

To maintain up to date and high level knowledge of domestic abuse legislation, guidance and recommendations.

The Head of Safeguarding will fulfil a role within the Patient Safety Group, and will provide and deliver a bi- monthly report as a standing agenda item.

To lead the development of safeguarding strategy and action plans for adults and children and subsequent changes to policy and procedures within SCAS.



To lead the assurance and governance processes interpreting national policy and statutory requirements to ensure compliance and best practice is achieved.

To be the single point of contact with the commissioning designated nurse for children and adults.

To lead the safeguarding team on a day to day basis with regard to domestic abuse.

Ensuring aggregated data relating to safeguarding children and young people and adults is analysed and that any trends or common themes are identified and communicated to all relevant individuals or groups;

Communicating learning points identified during investigations to relevant internal and external stakeholders;

Co-ordinating the production of the Trust's annual safeguarding report.

To maintain links with the wider Safeguarding Children Network both locally and at a national level to ensure that relevant and up to date information is disseminated as required to all staff within SCAS.

To promote the need for all staff to receive the appropriate level of mandatory training, support and supervision in safeguarding children issues, commensurate with the level of work to be undertaken and within the context of the organisation.

To be the contact point within the organisation for other agencies requiring additional information where domestic abuse has been identified or is suspected.

To ensure the SCAS Domestic Abuse Policy for the Management of Domestic Abuse is updated every 36 months

To offer support and guidance to staff with concerns about issues relating to domestic abuse

To maintain up to date and high level knowledge of domestic abuse legislation, guidance and recommendations.

To ensure the Trust participate in and complete multi-agency Domestic Homicide Reviews

4.6 Other Specialist Advisers

The Trust will use other specialist advisers which may include:

- Health, Safety and Risk Teams
- Human Resources
- Local Safeguarding Children's Boards (LSCB)
- Local Safeguarding Adult's Boards (LSAB)
- Multi Agency Risk Assessment Committees (MARAC) Multi Agency Public Protection Arrangements (MAPPAs) and local Police Constabularies
- The Trust's solicitors
- Strategic Health Authority
- Women's Aid
- Children's Death Overview Panels (CDOP)



4.7 Area Managers, Emergency Service Managers, Community First/ Co-Responder Managers, Equipment Loans Managers, Team Leaders, Clinical Mentors, EOC & 111 Team Leaders, PTS Locality Managers Duties

To become familiar with and work in accordance with the SCAS Domestic Abuse Policy and Clinical Memo number 77 Domestic Violence and Abuse

To ensure that Trust safeguarding procedures are followed at all times and participate in the updating of such procedures and relevant updating of staff in procedural changes.

To become familiar with domestic abuse through participation in training at an appropriate level in accordance with Job Descriptions, in order that they can offer support and guidance to staff with whom they work.

To complete the safeguarding referral processes when required. If children are present or live at the address then a safeguarding referral **MUST** be completed for all the children present or living at the address.

To provide Post-Incident Care for staff who require additional support following traumatic incidents (TRiM).

To obtain staff statements relating to domestic abuse in an appropriate & timely manner when required.

To inform the Safeguarding Team of any safeguarding allegations against SCAS staff and follow the Policy and Procedures for Responding to Allegations of Abuse or Neglect of a child/young person or vulnerable adult against an employee of SCAS (NHS Trust)

4.8 All Employees Duties

To be familiar with/adhere to the SCAS Domestic Abuse Policy for the Management of Domestic Abuse and clarify any areas of which they are uncertain with the Safeguarding Team.

To discuss any concerns about the welfare of a child/children or vulnerable adult with whom they have had contact, with their Community Liaison and Training Officer (Community First responders and Co-Responders Teams), Equipment Loans Manager, Team Leader, Clinical Mentor EOC/111, PTS Locality Manager or the Safeguarding Team.

To complete mandatory safeguarding training and refresher training as identified within the Safeguarding Training Plan/Trust Training Needs Analysis.

To comply with Clinical Memo number 77 Domestic Violence and Abuse

All staff have a responsibility to ensure:

- a) Being personally responsible for any action or omission which would knowingly cause offence or risk to others
- b) Co-operating with investigations to ensure that any lessons can be identified appropriately
- d) Ensuring, as far as within their control, that any learning points that have been communicated to them are implemented.



- e) Being personally responsible to making an appropriate initial response to i.e. liaison with social care and/or the police promptly and in line with the Trust's Policy and Procedure for Safeguarding. To ensure awareness of the SCAS Safeguarding Procedure document and flow-chart for handling disclosure and responses to safeguarding.

5. Definitions

For the purpose of this policy, domestic abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

“Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

“Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

* This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/>
(accessed June 2018)

It is acknowledged that while it is usually women who experience domestic abuse from male perpetrators, this policy, and the associated SCAS Guidance for the Management of Domestic Abuse applies equally to male victims and same-sex relationships that require advice or help. However in line with “A *Practical Toolkit for Front-line Practitioners*” (DH, 2009) this policy and the Guidance for the Management of Domestic Abuse guidance will chiefly reflect the victim/survivor as female and the perpetrator as male.

6. Abbreviations

Any abbreviations used will be defined in the body of this policy

7. Main body

The detail of the policy is throughout this document contained under other headings

8. Training

All training with regard to this policy will be undertaken during staff face to face training. This will be delivered by either the Head of Safeguarding, the Safeguarding Team or specifically identified Education Manager that has undergone a training session with the Head of



Safeguarding to deliver training on this policy. The minimum training requirements are every 3 years.

9. Equality and Diversity

An impact assessment form must be completed for all policies.

10. Monitoring

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Through the monitoring of safeguarding referrals	An audit of DA safeguarding referrals	The Safeguarding team	Safeguarding Group	Annually

11. Consultation and Review

When reviewing a strategy/policy/ procedure all appropriate subject specific guidance should be taken into account. In addition to relevant subject specific guidance, the requirements of regulatory bodies e.g. the Care Quality Commission, Health & Safety Executive and Department of Health must be taken into account and noted within this section.

The involvement of all groups, committees, forums and stakeholders responsible for ensuring the safe and effective implementation of strategies, policies and procedures is key to the review and development of effective documents. Stakeholders should be asked to contribute, comment and agree the content of a document before it is passed to the accountable group for approval. The accountable groups are listed within Appendix 2.

In addition every strategy/policy/procedure needs to be reviewed by the Internal Audit and counter Fraud Service to ensure that is it fraud proofed.

A list of the persons or groups from whom comments have been invited should be included in the table below.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Safeguarding Group	N/A	

The changes made from the previous version should be detailed in the review table in Appendix 1.



The maximum review period for any policy is three years and it is advisable to state this unless there is an indication to review earlier for example a new piece of guidance is released.

The ratification checklist (Appendix 5) must be completed when sending the policy for ratification.

12. Implementation (including raising awareness)

This policy will be implemented by the Trusts standard implementation process

13. References

A guide to inter-agency working to safeguard and promote the welfare of children.
Department for Children, Schools and Families (March 2010)

British Crime Survey (2008-2009)
www.crimereduction.homeoffice.gov.uk/dv/dv01.htm

Department of Children, Schools & Families (2009) Safeguarding Disabled Children- Practice Guidance London HMSO

Department of CSE (2006) Every Child Matters – Change for Children. London. HMSO

Department of Health (1989) The Data Protection Act. London. HMSO.

Department of Health (1989) The Children Act. London. HMSO.

Department of Health (2000). Domestic Abuse: A Resource Manual for Healthcare Professionals. London. HMSO

Department of Health (2002) Women’s Mental Health: Into the mainstream

Department of Health (2004) CNO Update 37. Available at DH website

Department of Health (2004) The Children Act. London. HMSO.

Department of Health (2005) Responding to Domestic Abuse : A Handbook for Professionals London. HMSO

Department of Health (2009) Improving Safety, Reducing Harm- A Practical Toolkit for Front-line Practitioners. London. HMSO

Department of Health (2009) Multi–Agency Practice Guidelines-Handling Cases of Forced Marriage London. HMSO

Edelson, J. (1999) Violence Against Women, Vol. 5, No.2.

13.1 Every Child Matters (2003).

FCO (2009) www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage.

Home Office (2002) Adoption and Children Act. London. HMSO.

Home Office (2003) Female Genital Mutilation Act. London HMSO.

McAfee. R, E (2001) Domestic abuse as a Woman’s Health Issue. Chicago. Elsevier Science Inc.



McWilliams, M. & McKiernan, S. (1999) Bringing it out in the open Belfast: HMSO
National Service Framework for Children Young People and Maternity Services (2004)

O'Keefe, M (1995) 'Predictors of child abuse in martially violent homes'. Journal of Interpersonal Violence. 10 pp 3 – 25.

O'Keefe, M., Hills, A., Doyle, M., McCreadie, C., Scholes, S., Constantine, R., Tinker, A., Manthrope, J., Biggs, S., Erens, B., (2007) UK Study of Abuse and Neglect of Older People: Prevalence Survey Report National Centre for Social Research and Kings College London, June 2007

Sullivan P.M & Knutson, J.F, (2000) Maltreatment and disabilities: A population-based epidemiological study, Child Abuse and Neglect.
The Report of the Taskforce on the Health Aspects of Violence Against Women and Children Improving Safety, Reducing Harm (March 2010).

WHO (1996) Female Genital Mutilation: An Information Pack. Geneva. World Health Organisation.

WHO (2008) Eliminating Female Genital mutilation: An Interagency Statement Geneva. World Health Organisation.

13.2 WHO/ UNICEF/ UNFPA (1997) Female Genital Mutilation: A Joint Statement. Geneva. World Health Organisation.

Working Together to Safeguard Children (2013) A guide to inter-agency working to safeguard and promote the welfare of children. Department for Children, Schools and Families (March 2013)

www.dh.gov.uk

www.everychildmatters.gov.uk/resources-and-practice/IG00042/

www.forwarduk.org.uk/key-issues/fgm/research

www.independent.co.uk/news/uk/home-news/a-question-of-honour-police-say-17000-women-are-victims-every-year.

[www.s tatistics.gov.uk/ssd/surveys/british_crime_survey](http://www.statistics.gov.uk/ssd/surveys/british_crime_survey))

14. Associated documentation

- SCAS Safeguarding policy
- Allegations policy
- Consent policy
- Code of Conduct in Respect of Confidentiality Policy
- Dignity at Work Policy
- Discipline and Conduct Policy



15. Appendix 1: Review Table

Version	Reason for change	Overview of change
V1.4	Update and review of existing policy	Minor job title changes

16. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Director Operations	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Director of IT	Information Governance Steering Group	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision



17. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Domestic Abuse policy

Officer completing assessment: AHeselton

Telephone.....

1.	What is the main purpose of the strategy, function or policy?
	Guidance when dealing with domestic abuse
2.	List the main activities of the function or policy? (for strategies list the main policy areas)
	This covers the whole trust
3.	Who will be the main beneficiaries of the strategy/function/policy?
	All staff
1.	Use the table overleaf to indicate the following:- <ul style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	Yes		To protect vulnerable persons from domestic abuse
	Men	Yes		To protect vulnerable persons from domestic abuse
RACE	Asian or Asian British People	Yes		To protect vulnerable persons from domestic abuse
	Black or Black British People	Yes		To protect vulnerable persons from domestic abuse
	Chinese people and other people	Yes		To protect vulnerable persons from domestic abuse
	People of Mixed Race	Yes		To protect vulnerable persons from domestic abuse
	White people (including Irish people)	Yes		To protect vulnerable persons from domestic abuse
	Disabled People	Yes		To protect vulnerable persons from domestic abuse
	Lesbians, gay men and bisexuals	Yes		To protect vulnerable persons from domestic abuse
	Trans people	Yes		To protect vulnerable persons from domestic abuse
AGE	Older People (60+)	Yes		To protect vulnerable persons from domestic abuse
	Younger People (17 to 25) and children	Yes		To protect vulnerable persons from domestic abuse
	Faith Groups	yes		To protect vulnerable persons from domestic abuse



	Equal Opportunities and/or improved relations	Yes		To protect vulnerable persons from domestic abuse
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Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. 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 to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
		No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input type="checkbox"/>
Intended	<input type="checkbox"/>	<input type="checkbox"/>
	High	Low
Level of Impact	<input type="checkbox"/>	<input type="checkbox"/>
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.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		



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Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed: <i>A. Heselton</i>

Name: A Heselton

Date: 11th July 2018



18. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Domestic Abuse policy.

Officer completing assessment: A Heselton

Telephone.....

Part A

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender none

Race none

Disability none

Sexuality/Transgender none

Age none

Faith none

2. Summarise the likely negative impacts:-

.....

.....

.....

.....



.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....



5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No



6

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....



.....
 Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name A Heselton

Date 9th July 2018

19. Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Domestic Abuse
Author's Name and Job Title	A Heselton Head of Safeguarding
Review Deadline	July 2021
Consultation From – To (dates)	N/A
Comments Received? (Y/N)	N/A
All Comments Incorporated? (Y/N)	N/A
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	9 TH July 2018
Name of Accountable Group	Safeguarding Group/ Patient Safety Group
Date of Submission for Ratification	Updated policy

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	11 th July 2018



Date Policy is Active	11 th July 2018
Date Next Review Due	11 th July 2021
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	J Campbell