

## WHO Surgical Safety Checklist Policy on a Page

This Policy is to read by all staff involved in the patient pathway before, during or after any interventional and/or invasive procedure.

### Key points of the policy

- Use of **WHO Surgical Safety Checklist** and **WHO pre-list briefing** is mandatory within the Trust.
- The Generic WHO surgical safety checklist applies to **all invasive procedures**, local adaptations are encouraged to support safer care in any clinical area where invasive procedures are undertaken.
- The WHO checklist is a vital step in reducing the risk of serious incidents and Never Events related to invasive procedures.
- The overall responsibility for undertaking the WHO checklist remains with the Consultant Surgeon or Consultant Anaesthetist.

#### The five steps to safer surgery:

- Pre-List Briefing
  - Sign In
  - Time Out
  - Sign Out
  - Post List Debrief
- **NatSSIPs2** has reinforced the WHO checklist five steps of Safe Surgery placing an emphasis on:
    - Consent, Procedural verification and Site marking
    - Prosthesis verification
    - Reconciliation of Items
  - These make up the [NatSSIPs8](#).

### Developing Local WHO checklists

- WHO checklists for local practice, will be checked for use of standardised language, completeness and feasibility.
- All new and revised WHO Checklists (Paper and Electronic) will be reviewed by the Safe Surgery and Procedures Implementation Group and ratified by the Clinical Governance Committee

*WHO Surgical Safety Checklist Policy on a page. OMI 96665*

## WHO Surgical Safety Checklist Policy

|                                  |  |
|----------------------------------|--|
| <b>Category:</b>                 | Policy   |
| <b>Summary:</b>                  | Use of the WHO surgical safety checklist and WHO pre-list briefing is mandatory for all relevant invasive and/or interventional procedures undertaken within the Trust. It is recognised that the nature of relevant procedures differs widely across services in the Trust. This policy directs Trust staff on how the checklist must be applied within the Trust.  |
| <b>Equality Impact Assessed:</b> | July 2022  |
| <b>Valid From:</b>               | 2022   |
| <b>Date of Next Review:</b>      | September 2025   |
| <b>Approval Date/Via:</b>        | Safe Surgery and Procedures Implementation Group July 2022<br>Clinical Policy Group (September 2022)   |
| <b>Distribution:</b>             | Trust-wide   |
| <b>Related Documents:</b>        | <a href="#">NatSSIPs (National Safety Standards for Invasive Procedures) Policy</a><br><a href="#">NatSSIPs2</a><br><a href="#">Positive Patient Identification (PPID) Policy</a><br><a href="#">Swabs, Sharps and Accountable Items Policy</a><br><a href="#">Stop Before You Block Procedure</a><br><a href="#">Prothesis Verification Policy</a><br><a href="#">Consent to Examination or Treatment Policy</a><br><a href="#">Site Marking Policy</a> |
| <b>Author(s):</b>                | Consultant Anaesthetist<br>Consultant Urologist  |
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| <b>This Document replaces:</b>   | WHO Surgical Safety Checklist Policy V4.0  |

**Lead Director:** Chief Medical Officer

**Issue Date:** September 2022

**Document History**

| Date of revision | Version number | Author  | Reason for review or update   |
|------------------|----------------|---|---|
| February 2016    | 1.0            | Consultant Anaesthetist                         | New document.   |
| November 2018    | 2.0            | Consultant Urologist<br>Consultant Anaesthetist | Update of content.  |
| March 2019       | 3.0            | Consultant Urologist<br>Consultant Anaesthetist | Update of content and formatting.<br>Document upgraded to a to ensure Trust-wide compliance with the NatSSIPs requirements. |
| September 2019   | 3.1            | Consultant Anaesthetist                         | Clarification of overall responsibility for completion of the WHO surgical safety checklist.                                |
| 2022             | 4.0            | Consultant Anaesthetist<br>Consultant Urologist | Update of content   |
| May 2023         | 4.1            |   | Minor Update in accordance with NatSSIPs2   |
| January 2024     | 4.2            |   | Addition of Policy on a Page to start of document   |

**Consultation Schedule**

| Who?<br>Individuals or Committees | Rationale and/or<br>Method of Involvement |
|-----------------------------------|---|
| Trust-wide consultation           | Review                                    |
| SSPIG                             | Review                                    |
| CPG                               | Review and approval                       |

**Endorsement**

|                           |
|---------------------------|
| <b>Endorsee Job Title</b> |
| Chief Medical Officer     |
| CPG Chair                 |

SSPIG Chairs

UNDER REVIEW

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**Who should read this document?**

1. This policy should be read by all staff involved in the patient pathway before, during or after any interventional and/or invasive procedures.

**Key Standards/Messages**

2. Use of the World Health Organisation (WHO) Surgical Safety Checklist (WHO-SSC) and WHO pre-list briefing is mandatory within the Trust.
3. The original WHO Surgical Safety Checklist (SSC) applies to all invasive procedures and local adaptations are encouraged to support safer care in any clinical area where invasive procedures are undertaken.
4. In line with the 2015 [National Safety Standards for Invasive Procedures](#), Local Safety Standards for Invasive Procedures (LocSSIPs) have been developed across the Oxford University Hospitals NHS Foundation Trust (OUH). All Trusts must adhere to NatSSIPs with the overarching aim of increasing patient safety by harmonising and standardising surgical and invasive procedures wherever possible, educating staff in the use of LocSSIPs and any associated checklists and auditing compliance.

**Background/Scope**

5. Patient safety is the responsibility of all healthcare staff involved in the care of patients undergoing invasive procedures. The original 19 item WHO-SSC was introduced in 2009 to support safe practice in surgery and, when used appropriately, has been shown to improve outcomes for patients undergoing surgery.
6. The WHO-SSC is a vital step in reducing the risk of serious incidents and Never Events related to invasive procedures.
7. The Five Steps to Safer Surgery describes the pre- and post-list briefings which cover the entire list of patients and the three stage checks which are undertaken for each patient. This has evolved with the NatSSIPs2 guidance placing a particular emphasis on consent and procedural verification, prosthesis verification and retention of foreign bodies all of which are included in our WHO checklists:
  - sign in – before induction of anaesthesia
  - time-out – before skin incision
  - sign out – before the patient leaves the operation theatre.
8. This policy describes when and how the WHO-SSC should be used by staff involved in surgical or invasive procedures occurring anywhere in the OUH.

**Key Updates**

9. This policy has been updated in accordance with NHS England NatSSIPs document.
10. A generic Trust-wide WHO-SSC has been approved by the Clinical Governance Committee (CGC). This should be used as a basis for all WHO-SSCs developed for use in any surgical or procedural area.

11. When WHO-SSCs are adapted to fit local practice, checks for standard language, completeness and feasibility will be made by the Clinical Policy and Safety Standards Practitioner before approval at CGC.
12. The evolution of the OUH generic WHO-SSC and our EPR system has enabled the construction of an electronic form. The first site to use the new version in EPR was the NOC with the aim that it will be released for all theatre sites during 2022-23 ([Cerner Theatres project SharePoint page](#)). Learning materials for the use of the electronic WHO-SSC are available on [My Learning Hub](#), support for teams using this new version in EPR is provided by the EPR team. The next steps will include the transfer of all bespoke checklists to electronic forms and the provision of similar training and support in their use.

### Aim

13. The aim of this policy is to:
  - Ensure all staff understand the five steps to safer surgery
  - To provide clear guidance on best practice in the use of the WHO-SSC
  - To define individual roles, responsibilities and accountabilities
  - To inform actions which staff must take when they are concerned about standards around the use of the WHO-SSC

### Content of the Policy

14. The overall responsibility for undertaking the WHO surgical safety checklist remains with the Consultant Surgeon or Consultant Anaesthetist (or Responsible Practitioner). Responsibility for physical completion of the WHO-SSC may be delegated to an appropriate team member e.g. nurse, trainee or fellow.
15. The WHO-SSC consists of five steps:

### Pre-list briefing

16. The pre-list briefing helps to develop a shared mental model of an operating list and highlights concerns regarding a patient's clinical status, or other system or task related factors that may impact on the list and the performance of the team.

### 17. When and where?

A pre-list briefing must be performed at the start of all elective, unscheduled or emergency procedure sessions. This usually occurs in the clinical area to be used for the procedure.

### 18. Who should be there?

All staff members who are scheduled to be present throughout a list should be present for the briefing. There may be circumstances in which a team member is absent at the briefing in which case, arrangements must be made to ensure they are brought up to date on their arrival. Each member of the team introduces themselves by name and role (it is helpful to write names on a whiteboard within the clinical area). New arrivals during the theatre session should verbally introduce themselves when appropriate (and write their name on the board). All visitors should also be included, with their role, to ensure the team understand

their competence and responsibilities e.g., students, observers or company representatives. Individual handover of information is important as teams may not be stable throughout the operation list. When staff leave the theatre team they should remove their name from the board and ensure they pass on any relevant new information to the team and their replacement.

### 19. Who leads it?

The senior surgeon or anaesthetist (responsible practitioner) for the list lead the briefing. This will usually be a consultant surgeon or consultant anaesthetist, but for lists where no consultant is present, responsibility for the WHO briefing will fall to trainees/fellows. When consultants are present, it is acceptable to delegate leadership of the WHO briefing to a trainee as part of their training. However, in such circumstances, the consultant should still be present and should participate.

Discussing each case with the whole team present provides the opportunity for the operating team to share vital information about patients, plan equipment and skill requirements, discuss potential and actual safety issues and rehearse critical steps. At the end of the briefing the list order will be confirmed and communicated to relevant areas.

### Sign In

20. **Where** – in the anaesthetic room
21. **When** – on arrival in the theatre, prior to any intervention including administration of sedation
22. **Who** – Positive patient identification (PPID) must be performed by the registered anaesthetic practitioner with the anaesthetist and with active participation from the patient where possible. Please refer to the [PPID Policy](#) for more information.
23. **Consent**–There must correct consent for the procedure in line with the Trust [Consent Policy](#)

If site marks are necessary these must be checked and confirmed. Appropriate attention must be given to nerve block sites if relevant. Please refer to [Site Marking policy](#)

*It is the responsibility of the anaesthetist that this section is completed and signed.*

### Time Out

24. **Where** – in the operating theatre
25. **When** – once the patient has been positioned on the operating table, has had antibiotics administered (where appropriate) and, if necessary, Flowtron boots have been applied and switched on.

Some surgical teams prefer to do the Time Out before the patient has been prepped and draped, while others prefer to complete it following this stage. Both options are acceptable.

26. **Who** – The surgeon/operator is responsible for the completion of the Time Out section of the WHO checklist (physical completion of the form may be delegated as above, as the surgeon is often scrubbed at this stage).

Everyone in the operating theatre not involved in doing the checklist must remain silent during its completion. A member of the team reads the checklist, shows the surgeon and scrub practitioner the consent form and cross checks the patient's identity on the consent form with that on the wristband.

The patient's identity and the planned procedure and side are verbally confirmed using the consent form. Adherence to infection control, patient warming, hair removal, glycaemic control and VTE care bundles is also confirmed.

The side, site and operation should be reconfirmed if the patient is repositioned for a staged procedure particularly turning prone or table turning as confusion over side may arise and when changing sides during bilateral procedures.

The side, site and operation must also be reconfirmed if any of the operating surgeons leaves theatre (e.g., for a break) during the procedure or additional surgeons arrive to assist.

A standard operating policy will be used at the time of prosthesis insertion to confirm and verify the correct prosthesis as planned. Please refer to [Prosthesis Verification Policy](#)

### Sign Out

27. **Where** – in the operating theatre
28. **When** – at the end of the procedure (this potentially coincides with wound closure and should happen, where appropriate, before a patient is awoken from anaesthesia).
29. **Who** – the whole team including the operating surgeon and anaesthetist. *The surgeon/operator is responsible for the completion of the Sign Out section of the WHO checklist. The completed form should be signed by the responsible surgeon, or the nominated practitioner*
- 29.1. The Registered Practitioner verifies with the Surgeon that the instruments, sharps and swabs counts are correct, including items such as finger tourniquets and throat packs, in accordance with the [Swabs, Sharps, Instruments and Accountable Items Policy](#). **Any intentionally retained items (e.g., swabs) must have a documented plan for handover and removal of the item.**
- 29.2. At completion of the procedure it is confirmed that specimens have been labelled correctly and verified against the patient's wrist band in accordance with the [Positive Patient Identification \(PPID\) Policy](#). Equipment problems should be highlighted, and a plan made to resolve them.
- 29.3. Post-operative care plans including VTE prophylaxis must be clarified and recorded.

- 29.4. Before the patient leaves theatre Use the 'four eyes' principle to ensure that the patient has been checked head to toe and confirm all unnecessary cannulae and connectors have been removed and all cannulae have been flushed.

### Post-list debrief

30. **Who** – all staff involved (any team member may lead it)

31. **When** – at the end of the operating or procedure list

#### How should it be done?

The post-list debrief is encouraged within theatre teams and is an opportunity to reflect on the day's activities and focus on what went well and what could be improved. A well run debrief can, enhance learning from incidents, improve team cohesion and remedy problems (e.g., equipment issues or communication problems). Issues for consideration at the post-list debrief may be captured during the session, for example, on a white board in theatre. Any learning from the debrief should be recorded and where appropriate, fed into appropriate management or governance meetings etc.

### Audit

Two main forms of audit of the WHO safe surgery checklist are in use within the Trust:

32. Spot-checks to ascertain whether or not the WHO surgical Safety Checklist is being used correctly for relevant procedures. These spot-checks involve identifying a form in the patient records against every relevant procedure during the audit period and checking for evidence that each of the three WHO-SSC elements have been completed. The Trust has now standardised the WHO-SSC forms in use such that all forms now have a signature box in respect of sign-in, time-out and sign-out. The trust is not prescriptive as to who signs these boxes – although the person defined in the table below is responsible for ensuring that the boxes are signed.
33. It is recognised that spot-checks do not provide information upon the quality of the WHO-SSC process or the wider safety culture in the theatre environment.
34. Observational (ethnographic) audits are undertaken to ascertain the quality of the WHO-SSC process. These audits provide information on the culture of use of the WHO-SSC e.g., whether appropriate members of staff were present, whether staff engaged fully in the process and whether there were any distractions. The purpose of this audit is predominantly formative and designed to provide insights into wider theatre safety culture. Initially, the Trust will concentrate observational audit on the pre-list briefing, time-out and sign-out Approval Pathway for Local WHO Checklists
35. All WHO-SSC for use in local areas should be adapted in accordance with the Trust generic WHO-SSC and approved by Clinical Governance Committee (CGC) before implementation.
36. Oxford Medical Illustration (OMI) with format all WHO-SSCs before they are authorised for printing.

37. Copies of the generic and local WHO-SSC are available from the Print Room. Please refer to the [Printing and Print Room Services intranet page](#) for further information.

#### Review

38. This policy will be reviewed every 3 years, as set out in the [Policy for the Development and Implementation of Procedural Documents](#).

#### References

39. National Safety Standards for Invasive Procedures (NatSSIPs). NHS Improvement (NHSI). 7<sup>th</sup> September 2015. [NHS England » National safety standards for invasive procedures \(NatSSIPS\)](#) (accessed June 2022)
40. National Safety Standards for Invasive Procedures<sup>2</sup> (NatSSIPS). Centre for Perioperative Care. January 2023. Available at [1. CPOC NatSSIPs FullVersion 2023 0.pdf](#) (accessed April 2023)
41. NHS England (2018) Never Events Policy and Framework. 31<sup>st</sup> January 2018. [NHS England » Revised Never Events policy and framework](#) (accessed June 2022)
42. Vickers, R. (2011) Five steps to safer surgery. Annals of the Royal College of Surgeons of England. 93(7): 501-503. October 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3604917/#> (Accessed June 2022)
43. World Health Organization (WHO). (2009) WHO guidelines for safe surgery: safe surgery saves lives. 29<sup>th</sup> January 2009. [WHO Guidelines for safe surgery: safe surgery saves lives](#) (accessed June 2022)

**Appendix 1: Responsibilities**

The Consultant Surgeon or Consultant Anaesthetist have overall responsibility for completion of the WHO-SSC.

| Component of WHO process | Who is responsible for ensuring it happens | Who leads it                                      | Safeguards  |
|--------------------------|--|---|---|
| Pre-brief                | Operating surgeon                          | Senior anaesthetist or senior surgeon for the day | ALL team members present  |
| Sign in                  | Senior anaesthetist                        | Anaesthetic registered practitioner               | Anaesthesia not induced until sign in has taken place                                   |
| Time out                 | Operating surgeon                          | Circulating registered nurse                      | Knife/instruments not passed to surgeon until completed                                 |
| Sign out                 | Operating surgeon                          | Circulating registered nurse                      | Completed once wound dressing has been applied and usually prior to patient being woken |

**Appendix 2: Abbreviations and Definitions**

WHO – World Health Organisation

NatSSIP(s) – National Safety Standard(s) for Invasive Procedures

LocSSIP(s) – Local Safety Standard(s) for Invasive Procedures

SSPIG – Safe Surgery and Procedures Implementation Group

CPG – Clinical Policy Group

CGC – Clinical Governance Committee

SOP – Standard Operating Procedure

WHO-SSC – WHO Surgical Safety Checklist

OUH – Oxford University Hospitals NHS Foundation Trust

VTE – Venous Thromboembolism

HF – Human Factors

### Appendix 3: Education and Training

1. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.
2. Education of staff using checklists in their clinical practice has been highlighted as one of the cornerstones of implementing LocSSIPs. The Trust's human factors (HF) training programme highlights the importance of the proper use of SOPs and checklists and all staff involved in surgery or invasive procedures will have access to entry level human factors training. Bespoke HF training will also be available to support any safety concern arising in procedural areas.
3. A series of eLearning Modules are available on for anaesthetic practitioners to support their use of EPR whilst working with theatre patients and are available on [My Learning Hub](#), There is also further training information of use of the theatre module in EPR available through [Cerner Theatre Module SharePoint page](#)

### Monitoring Compliance

4. Compliance with the document will be monitored in the following ways:

| What is being monitored:                        | How is it monitored:                                 | By who, and when:  | Minimum standard  | Reporting to:  |
|---|--|--------------------|---|--|
| Completion of the WHO Surgical Safety Checklist | Retrospective audit of WHO checklist forms completed | Matrons<br>Monthly | Minimum 10 WHO checklists per month per theatre.<br>100% of the WHO checklist must be completed and signed  | Clinical Governance Committee<br>(via Divisional Governance Quality reports) |
|   | Observational (ethnographic) audit                   | Matrons<br>Monthly | Minimum 10 WHO checklists per month per theatre.<br>100% of the WHO checklist must be completed and signed<br><br>Observations of the culture of use of the WHO should be included. |  |

## Appendix 5: Equality Impact Assessment

### Equality Impact Assessment Template

#### 1. Information about the policy, service or function

|   |   |
|---|---|
| What is being assessed  | Existing Policy / Procedure   |
| Job title of staff member completing assessment   | [REDACTED]  |
| Name of policy / service / function:  | WHO Surgical Safety Checklist Policy  |
| Details about the policy / service / function   | Use of the WHO surgical safety checklist and WHO pre-list briefing is mandatory for all relevant invasive and/or interventional procedures undertaken within the Trust. It is recognised that the nature of relevant procedures differs widely across services in the Trust. This policy directs Trust staff on how the checklist must be applied within the Trust. |
| Is this document compliant with the <a href="#">Web Content Accessibility Guidelines?</a> | Yes   |
| Review Date   | June 2022   |
| Date assessment completed   | 29/06/2022  |
| Signature of staff member completing assessment   | [REDACTED]  |
| Signature of staff member approving assessment  |   |

#### 2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Patients
- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment

### 3. Research Stage

#### Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g., both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

#### Impact Assessment

| Characteristic  | Positive Impact | Negative Impact | Neutral Impact | Not enough information | Reasoning   |
|---|-----------------|-----------------|----------------|------------------------|---|
| <b>Sex and Gender Re-assignment</b> – men (including trans men), women (including trans women) and non-binary people. |                 |                 | X              |                        | This policy standardises treatment of all patients irrespective of protected characteristics. This will therefore have a positive impact on these patients. |
| <b>Race</b> - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other       |                 |                 | X              |                        |   |
| <b>Disability</b> - disabled people and carers  |                 |                 | X              |                        |   |
| <b>Age</b>  |                 |                 | X              |                        | This policy is applicable to patients of all ages; this ensures standardised treatment of all patients irrespective of their age.                           |
| <b>Sexual Orientation</b>   |                 |                 | X              |                        | This policy standardises treatment of all patients irrespective of protected characteristics. This will therefore have a positive impact on these patients. |
| <b>Religion or Belief</b>   |                 |                 | X              |                        |   |
| <b>Pregnancy and Maternity</b>  |                 |                 | X              |                        |   |
| <b>Marriage or Civil Partnership</b>  |                 |                 | X              |                        |   |
| <b>Other Groups / Characteristics</b> - for example, homeless people, sex workers, rural isolation.                   |                 |                 | X              |                        |   |

### Sources of information

- National Safety Standards for Invasive Procedures (NatSSIPs). NHS England (2015) Improvement (NHSI). 7th September 2015. [NHS England » National safety standards for invasive procedures \(NatSSIPs\)](#) (accessed June 2022)
- Never Events Policy and Framework. NHS England (2018) [NHS England » Revised Never Events policy and framework](#) (accessed June 2022)
- Five steps to safer surgery. Vickers, R. Annals of the Royal College of Surgeons of England. 93(7): 501-503. October 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3604917/#> (Accessed June 2022)
- WHO guidelines for safe surgery: safe surgery saves lives. World Health Organization (WHO). 29th January 2009. [WHO Guidelines for safe surgery: safe surgery saves lives](#)(accessed June 2022)

### Consultation with protected groups

No protected groups were targeted during the consultation of this policy.

| Group | Summary of consultation |
|-------|-------------------------|
|       |                         |

### Consultation with others

List any other individuals / groups that have been or will be consulted on this policy, service or function.

Trust-wide consultation group.

Safe Surgery and Procedures Implementation Group (SSPIG)

Clinical Policy Group (CPG)

## 4. Summary stage

### Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

*Enter details here*

Ensure all staff understand the five steps to safer surgery

To provide clear guidance on best practice in the use of the WHO checklist

To define individual roles, responsibilities and accountabilities

To inform actions which staff must take when they are concerned about standards around the use of the Surgical Safety Checklist

### Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

*Enter details here*

This policy will ensure standardised treatment for patients receiving invasive procedures using the WHO Surgical Safety Checklist to reduce risk of serious incidents and Never Events.

### Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

*Enter details here*

No unjustifiable adverse effects are anticipated in relation to the implementation of this policy.

**Justifiable Adverse Effects**

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

*Enter details here*

|  |
|--|
| No justifiable adverse effects are anticipated in relation to the implementation of this policy. |
|--|

UNDER REVIEW

### Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

| Identified risk | Recommended actions | Lead | Resource implications | Review date | Completion date |
|-----------------|---------------------|------|-----------------------|-------------|-----------------|
|                 |                     |      |                       |             |                 |

UNDER REVIEW