Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Female Genital Mutilation: Identification, Reporting and Management

This procedural document supersedes: PAT/T64 v.3 – Female Genital Mutilation: Identification, Reporting and Management

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Executive Sponsor(s):	Karen Jessop, Chief Nurse
Author/reviewer: (this version)	Janine Grayson – Equity and Equality Midwife Denise Phillip – Head of Safeguarding
Date written/revised:	August 2023
Approved by:	Strategic Safeguarding Committee
Date of approval:	30 August 2023
Date issued:	September 2023
Next review date:	30 August 2026
Target audience:	All Clinical staff

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	August 2023	• Routine Review • Data amended • References updated • Additional information (Type 4) • Infographic of prevalence	Janine Grayson
Version 3	August 2020	• General updates – no changes to processes	Elizabeth Boyle Debbie Rees-Pollard
Version 2 (amended)	17 December 2018	• FGM-IS (information sharing)	Elizabeth Boyle
Version 2	5 October 2017	• Diagrams of FGM types removed and hyperlink added. • Additional indicators of FGM added. • Added new resources by hyperlink.	Elizabeth Boyle Debbie Rees-Pollard
Version 1 (amended)	January 2016	• Added reference to new statutory duty for regulated Professionals to report FGM in under 18 year olds • Flowcharts amended • Resources section enhanced	Deborah Oughtibridge Debbie Rees Pollard
Version 1 (amended)	Re-issued 8 September 2015	• Additional of new information regarding regulated professionals updating of flowcharts • Additional information received from the Health and Social Care Information Centre – see addition to section 7	Deborah Oughtibridge
Version 1	Re-issued		Deborah Oughtibridge

	2 July 2015 29 January 2015	• Revised and re-issued due to change in national data collection requirements • This is a new document please read in full	Andrea Squires

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1 INTRODUCTION

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated200million girls and women worldwide are currently living with the consequences of FGM (WHO, 2023)

Within the UK, approximately 60,000 girls aged 0 to 14 were born in England and Wales to mothers who had undergone FGM. Approximately 103,000 women aged 15 to 49, and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM (Home Office, 2023).

FGM is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 ("the 2003 Act").

The reporting of any cases of FGM when they are discovered is mandated by Information Standard SCCI2026 to better support local processes in raising the awareness of the potential risks of FGM occurring to women and girls.

2 PURPOSE

The purpose of this policy is:-

- To ensure there is prompt and early recognition of FGM by all clinical staff members.
- To ensure any safeguarding issues are identified and escalated appropriately.
- To ensure that women having undergone FGM receive the appropriate care.
- To set out arrangements for compliance with national reporting requirements.

3 DUTIES AND RESPONSIBILITIES

Executive team

The Chief Nurse is the Executive lead for Safeguarding and is supported by the Deputy Chief Nurse to ensure that the importance of safeguarding throughout the organisation is championed and that systems and processes are in place.

Divisional leads

Ensure all people working on behalf of Trust Business in their areas comply with this policy, alongside other trust safeguarding policies and national and local guidance that have been referenced.

Ensure that the appropriate level of safeguarding training is undertaken by all employees within the divisions and in alignment to roles and responsibilities.

Should ensure the appropriate level of support is in place and signpost to the Trust Safeguarding team where additional support is identified.

Safeguarding Professionals within the organisation

The Head of Safeguarding, supported by Safeguarding professionals working within the Trust should ensure any updates required to this policy are undertaken timely in line with local and national guidance.

Provide support to Trust employees who may need additional guidance to understand and apply the principles of this policy.

All employees of the Trust

Have a duty to follow Trust policy and work in line with additional local and national procedures and guidance that has been outlined in Section 15.

Escalate to their line manager, other senior manager or member of the Trust safeguarding team any concerns they may have in relation to applying this policy to their practice.

Ensure that Safeguarding procedures and processes are followed and safeguarding escalations are undertaken in line with Trust Safeguarding Policies.

4 FEMALE GENITAL MUTILATION

The World Health Organisation (WHO) describes four classifications of FGM:

- Type 1 - Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or the prepuce.
- Type 2 - Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3 - Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, tattooing and cauterizing the genital area. This may also involve *scraping of tissues surrounding the vaginal orifice or cutting of the vagina; introduction of corrosive substances or herbs into the vagina to cause bleeding for the purpose of tightening or narrowing.* Type 4 FGM is heavily under-researched and reported; practitioners may find it difficult to identify and understand the different forms and complexities around type 4 FGM procedures.

4.1 COMPLICATIONS OF FEMALE GENITAL MUTILATION

Consequences of FGM
Depending on the degree of mutilation, FGM can have a number of short-term health implications:

- Severe pain and shock
- Infection
- Urine retention
- Injury to adjacent tissues
- Immediate fatal haemorrhaging
- Fractures/dislocations (from restraint)
- Death

Long term implications can entail:

- Extensive damage of the external reproductive system
- Uterus, vaginal and pelvic infections
- Cysts and neuromas
- Increased risk of Vesico Vaginal Fistula
- Complications in pregnancy and child birth
- Psychological damage
- Sexual dysfunction
- Difficulties in menstruation

In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM.

Justifications of FGM
The justifications given for the practice are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons include:

- Custom and tradition
- Religion, in the mistaken belief that it is a religious requirement
- Preservation of virginity/chastity
- Social acceptance, especially for marriage
- Hygiene and cleanliness
- Increasing sexual pleasure for the male
- Family honour
- A sense of belonging to the group and conversely the fear of social exclusion
- Enhancing fertility

PATIENTS LACKING CAPACITY
Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

5 WHO IS AT RISK OF FEMALE GENITAL MUTILATION

- FGM can be practiced at any age but mostly carried out on young girls between infancy and age 15.
- FGM is currently documented in 92 countries around the world (Appendix 1).
- Girls may be at increased risk of harm if their mother, or any sisters/female members of the extended family, have experienced FGM.
- FGM is a form of child abuse and a recognised strand of violence against women and girls. It can have severe short-term and long-term physical and psychological consequences for the individual.

6 IDENTIFICATION OF FEMALE GENITAL MUTILATION

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully.

Professionals in all agencies, and individuals and groups in the community, need to be alert to the possibility of a child being at risk of or having experienced female genital mutilation. There are a range of potential indicators that a child may be at risk of FGM; (section 5.1) on their own these do not conclusively inform us whether FGM has or is about to take place. If it becomes apparent that a girl is at risk of FGM, the professional must ensure that there is a discussion with the family about the health and legal implications, if safe and appropriate to do so (Section 6).

Staff working in all clinical areas may become aware that a woman has experienced FGM, but there is an increased likelihood within, Maternity, Gynaecology, Genito-urinary medicine (GUM), Paediatrics and Urology.

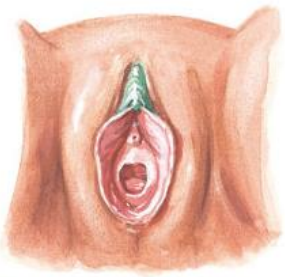
During pregnancy all women (regardless of ethnicity) attending booking appointment in pregnancy should be asked about FGM. Where type 3 is identified in pregnancy, deinfibulation needs to be considered to facilitate childbirth.

Women may not be familiar with the term FGM. Other names used are:

- female circumcision
- cutting
- the cut
- sunna
- gudniin
- halalays
- tahur
- megrez
- khitan

Only staff that are experienced in the classification of FGM should undertake an examination unless there is an urgent clinical need.

Type 1



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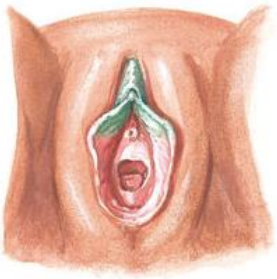
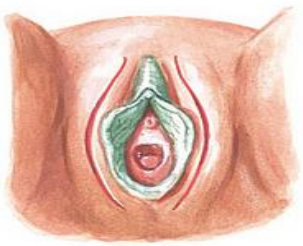
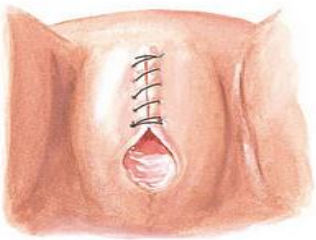
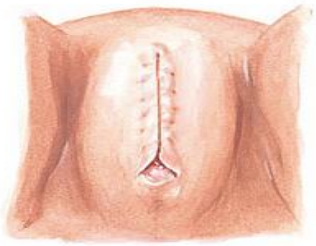


Type 3







6.1 FOR CHILDREN/YOUNG WOMEN

Indicators that FGM may be about to take place include:

- She is withdrawn from Personal, Social and Health Education.
- She has talked about, or you know about, the arrival of a female family elder.
- She talks about it to other children.
- She refers to a 'special procedure' or 'special occasion' or 'becoming a woman'.
- She is going out of the country for a prolonged period.
- She is taking a long holiday to her country of origin or another country where the practice is prevalent (parents may talk about it too).

Indicators that a girl may have already experienced FGM include:

- A girl has problems walking/standing/sitting.
- A girl doesn't take part in Physical Education or swimming.
- She spends a long time in the bathroom/toilet.
- She has bladder or menstrual problems.
- She has prolonged or repeated absences from school.
- She has a reluctance to undergo pelvic medical examinations.
- She is asking for help but giving a lack of explicit information.
- A change in behaviour or demeanour.

If any of the above indicators are present practitioners should address the issue by:

- Exploring through observation.
- Discussing the health and legal issues with the family, if safe and appropriate to do so.
- Seek the advice of social care or safeguarding leads where appropriate and form a professional judgment about risk of harm.

6.2 FOR WOMEN

When asking about FGM, professionals should:

- Ensure that a woman is offered a female professional to speak to where possible
- Discuss with the individual on their own and in private
- Be sensitive to the intimate nature of the subject
- Be sensitive to the fact that the individual is likely to feel loyal to their family
- For women whose first language is not English an interpreter/translation service should be used. Staff must not use Friends or Family to interpret.
- Be non-judgmental (pointing out the illegality and health risks of the practice, but without blaming e.g. avoid terms like 'wrong' that indicate judgment)
- Get accurate information about the urgency of the situation if the individual is at risk
- Take detailed notes and keep a record
- Use simple language and ask straightforward direct questions that are understandable to the woman.
- Not all women will be aware that they have had FGM and it is highly likely that they will not know what type they have had.

6.3 FGM-IS (Information Sharing)

FGM-IS is a national alert instigated by NHS Digital. It enables health professionals to add a 'standard' alert to a child's summary care record (SCR) if it is highlighted they are at risk of FGM. The FGM-IS tab sits alongside the CP-IS (child protection information sharing) tab on the patient information page of their summary care record.

You will require specific access via a smartcard to view and add to the FGM-IS alert tab. The FGM-IS has a drop down option to record the date. To record the family history you just press the blue button, there is no free text. Alerts can be added to new-born girl's records

considering you have the correct access. You can contact the Named Nurse or Named Midwife for Safeguarding Children to add information in FGM-IS for you.
Adding the Alert doesn't mean we are flagging her "at risk" of FGM we are stating and recording that there is **a family history** of FGM.

7 SAFEGUARDING ISSUES

- Safeguarding girls at risk of harm through FGM poses specific challenges because the families involved may give no other cause for concern with regard to their parenting responsibilities or relationships with their children. However, there remains a **duty for all professionals to act to safeguard children, which includes girls at risk of FGM under** Working Together to Safeguard Children (HMG, 2018).

- When a mother who has had FGM is pregnant with, or birthed a female infant staff should reiterate the legal aspects FGM and enquire if she would consider having it performed to her daughter. Local safeguarding board procedures should be followed and information shared with GP, Health visitor.

- Female infants born to women that request re-infibulation following childbirth are at high risk of FGM.

- **Anyone who has information that a child is potentially or actually at risk of significant harm must inform social care or the police**.

- The local authority will exercise its powers and/or make enquiries to safeguard a girl's welfare under section 47 of the Children Act 1989 if it has reason to believe that a girl is likely to be subjected to, or has been subjected to FGM.

- If FGM **is identified**, the Safeguarding Pathway (Appendix 1A/1B) and Data Collection Flow Chart (Appendix 2) must be followed.

- Please refer to the Trust Safeguarding Policies for Adults and Children and Doncaster and Nottinghamshire Safeguarding Partnership (children) or Board (Adult) Procedures.

8 DATA COLLECTION AND REPORTING

Data collection requirements:
A minimum amount of information must be collected at the time FGM is identified. This information, in accordance with the process laid out in Appendix 3, must be reported to the appropriate staff member within the Trust.

Data should be submitted every time a woman or girl has treatment related to her FGM or gives birth to a baby girl, and every time FGM is identified by a clinical member of staff, not just the first time. It has been agreed that if there is a routine care pathway, e.g. throughout a pregnancy including post-natal care, the data does not have to be submitted

at every appointment, this would be one recording. If at another time another service is attended e.g. urology this would be another recording. Data is also reported in the safeguarding quarterly report identifying each authority (Doncaster or Nottinghamshire).

Minimum mandatory data required:

- Postcode of usual address
- Forename
- Surname
- Care contact date
- FGM identification (section 3)

Data collection - Patient consent and confidentiality

As the FGM Enhanced dataset will be underpinned as a result of Department of Health directions under the Health & Social Care Act 2012 s.254, this effectively requires *no patient consent* to be sought in order to collect this information and subsequently share this with HSCIC.

However, where it is deemed clinically appropriate for FGM information to be noted and processed previously, then patients must be informed[1] of how their information will be used and what steps the patient can take if they have any objections to the intended use of the information that is being collected about them.

Although the HSCIC is permitted to collect, hold and process patient-identifiable FGM information under the Health and Social Care Act 2012 s.254, it is obliged to ensure that there is a legal gateway in place before sharing this data with third parties.

It is not intended that patient-identifiable data will be shared with other parties. Such activity would require explicit patient consent, Section 251 support under the NHS Act 2006, or another statutory gateway.
It is intended however, that the FGM information collected and disseminated using the Clinical Audit Platform will support the publication of patient-anonymised Official Statistics.

The Trust will therefore:

- Record the FGM information in the patients notes, and then;
- Tell the patient that **unless they object** that we will send their FGM data plus their personal data - which will identify them individually - to HSCIC for further processing as directed by the Department of Health;
- Record their consent or non-consent to further processing in the patients notes;

[1] Fair processing under the Data Protection Act 1998: Fairness generally requires you to be transparent – clear and open with individuals about how their information will be used. Transparency is always important, but especially so in situations where individuals have a choice about whether they wish to enter into a relationship with you. If individuals know at the outset what their information will be used for, they will be able to make an informed decision about whether to enter into a relationship, or perhaps to try to renegotiate the terms of that relationship

- Explain to them that under DPA 1998 s.10, that if they do consent to our releasing their personal data to HSCIC that they can further challenge that 'fair processing'[1] at a later date with HSCIC should they wish to;

Duty of Regulated Professionals – reporting of FGM in females under 18 year olds.
National Home Office guidance has been published in relation to mandatory reporting of FGM in girls less than 18 years of age. Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police.

Mandatory reporting must be via Police 101 telephone number unless an emergency.

The duty applies from **31 October 2015**.

See Appendix 1B

9 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Number of reported cases of FGM	Information Services/Corporate Safeguarding Team	Monthly	Central Data Collection/Coding Information services Quarterly SG report
General awareness of FGM	Training/Corporate Safeguarding Team	Ongoing	Via existing training/supervision Via recording of contacts to Safeguarding Team

10 DEFINITIONS

FGM – Female Genital Mutilation
MCA – Mental Capacity Act
SCR – Summary Care Record

FGM-IS - Female Genital Mutilation (Information Sharing)
CP-IS – Children Protection (Information Sharing)
HSCIC – Health & Social Care Information Centre
TNA – Training Needs Analysis
GDPR - General Data Protection Regulation

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3).

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy
PAT PS 8 - Safeguarding Adults Policy
PAT PS 10 - Safeguarding Children Policy
PAT PA 19 - Mental Capacity Act 2005 Policy
PAT/PA 28 - Privacy and Dignity Policy

13 TRAINING/SUPPORT

General awareness will take place as part of publication of this policy. In addition, information about FGM and this policy is included in Safeguarding training. Information is also available on the Safeguarding section of the Intranet. There are specialist eLearning packages available.

Please note: the standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

14 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

15 REFERENCES

Home Office (2023) Female Genital Mutilation Resource Pack accessed online July 2023 https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack

HM Government (2010) *Call to End Violence against Women and Girls*

HM Government (2016) *Multi-Agency Statutory Guidance on Female Genital Mutilation*

HM Government (2018) *Working Together To Safeguard Children.*

HMSO (1989) & (2004) *The Children Act*

Health & Social Care Information Centre (2015) *FGM Enhanced Dataset Implementation Guidance*

Nursing and Midwifery Council (2015) *The Code: Professional Standards of Practice and behaviour for nurses and midwives.*

Royal College of Midwives (2013) *Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting.*

Royal College of Nursing (2015) *Female Genital Mutilation – An RCN Educational Resource for Nursing and Midwifery Staff (2nd Edition)*

Royal College of Obstetricians and Gynaecologists (2009) *Green-top Guideline No. 53 – Female Genital Mutilation and its Management*

World Health Organisation (2010) *Female Genital Mutilation – Fact sheet No 241*

Resources available

https://nationalfgmcentre.org.uk/fgm/ The National FGM centre

Department of Health/NHS England

Female Genital Mutilation Risk and Safeguarding – Guidance for professionals published by the Department of Health in March 2015

Patient Information Leaflet in English, available to order from DH Orderline in other languages and English. Please note, all language versions are available to download on this page at NHS Choices.

Support materials and videos including patient information leaflets and health passports in 11 languages: www.nhs.uk/fgmguidelines

FGM Prevention programme work.

Safeguarding women and girls at risk of FGM
https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
This document provides practical help to support NHS organisations developing new safeguarding policies and procedures for female genital mutilation (FGM). It sets out what some elements of a successful and safe service to support women and girls with female genital mutilation (FGM) might look like.

DoH/ NHS England FGM Mandatory Reporting – support pack for health professionals- ***professional duty to report cases of FGM in girls under 18 to the police***
A package of support including:

- Quick guidance – a 2-page summary of the duty including a process flowchart
- Poster – a poster for health organisations to display about the duty
- Training slides – a training presentation organisations can use to help them deliver 10 – 15 minute updates to staff to explain the duty
- Video interviews with Vanessa Lodge, NHS E National FGM Prevention lead

An information leaflet for patients and their families which professionals can use to help when discussing making a report to the police.

The website for written materials is: https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare

The video can also be found at www.nhs.uk/fgmguidelines

Home Office FGM guidance and documents
For information on FGM go to FGM@dh.gsi.gov.uk

Here is the page on the Gov.uk site which links to all the relevant documents on the site - https://www.gov.uk/government/collections/female-genital-mutilation

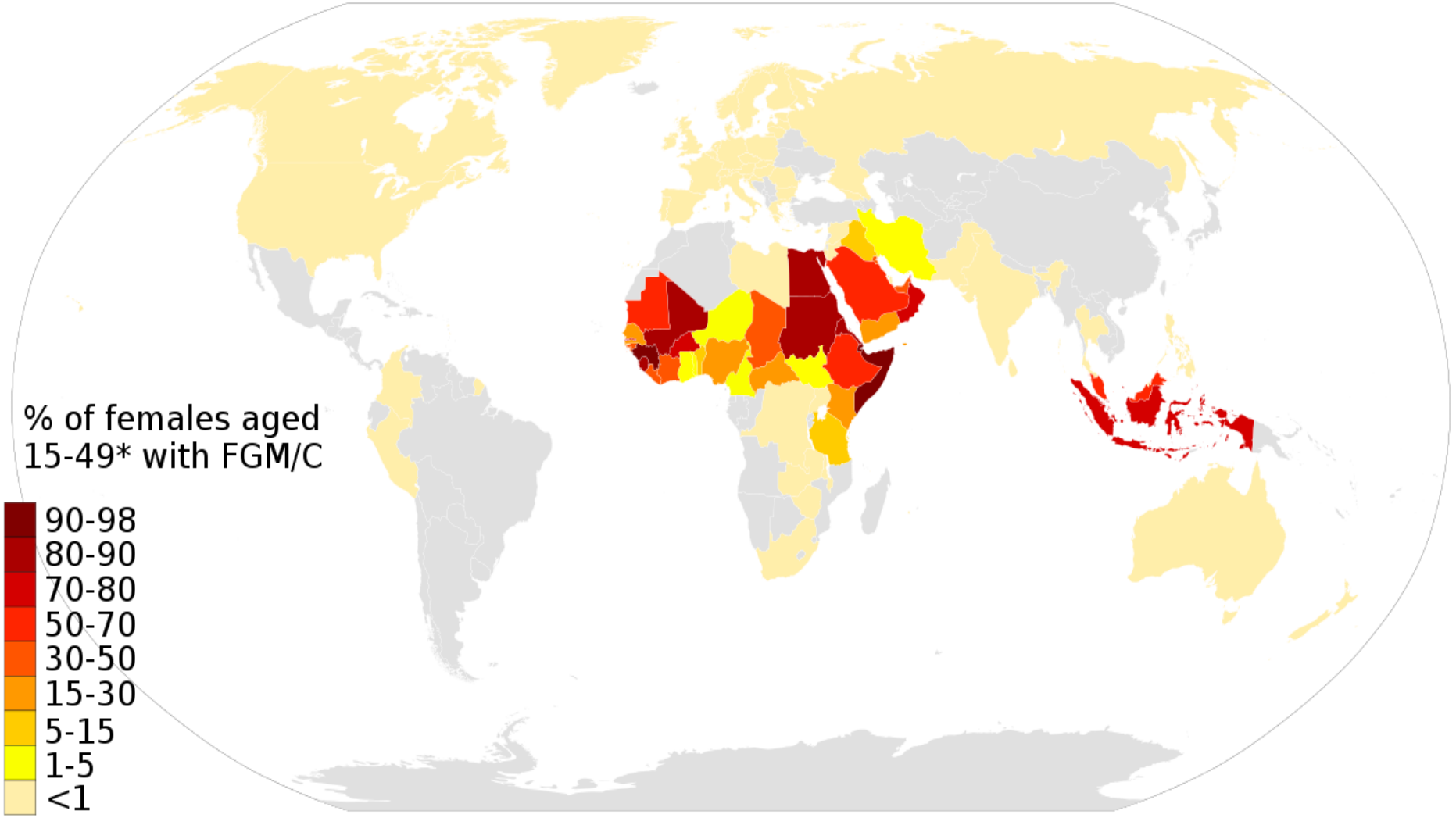
Link to the mandatory reporting procedural guidance - https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Link to the online resource pack - https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack

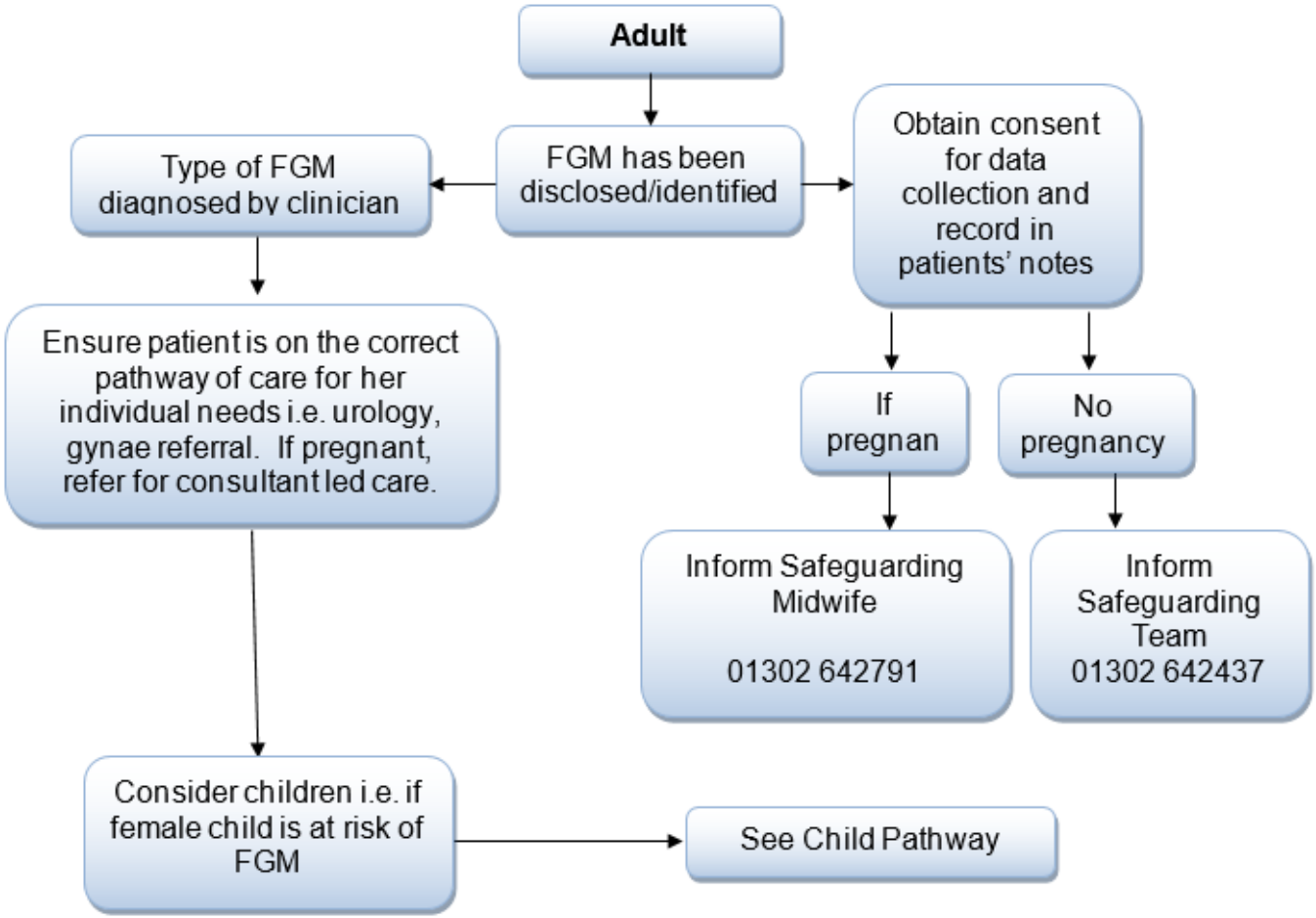
Link to multi-agency guidelines - https://www.gov.uk/government/publications/female-genital-mutilation-guidelines
'A Statement Opposing Female Genital Mutilation' also known as the FGM Health passport, available to order from Home Office or to download from NHS Choices

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

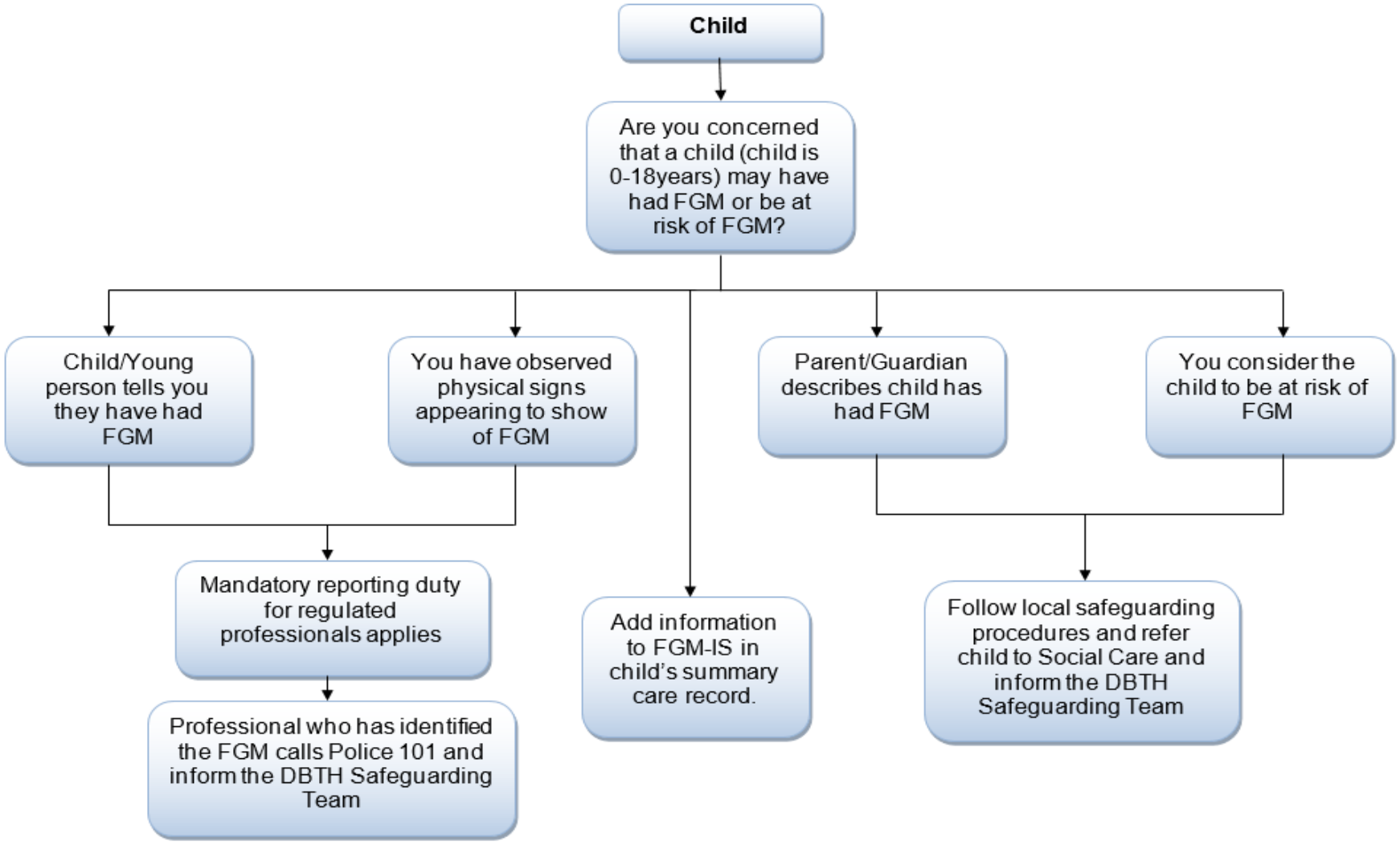
APPENDIX 1 – INFOGRAPHIC OF PREVELENCE



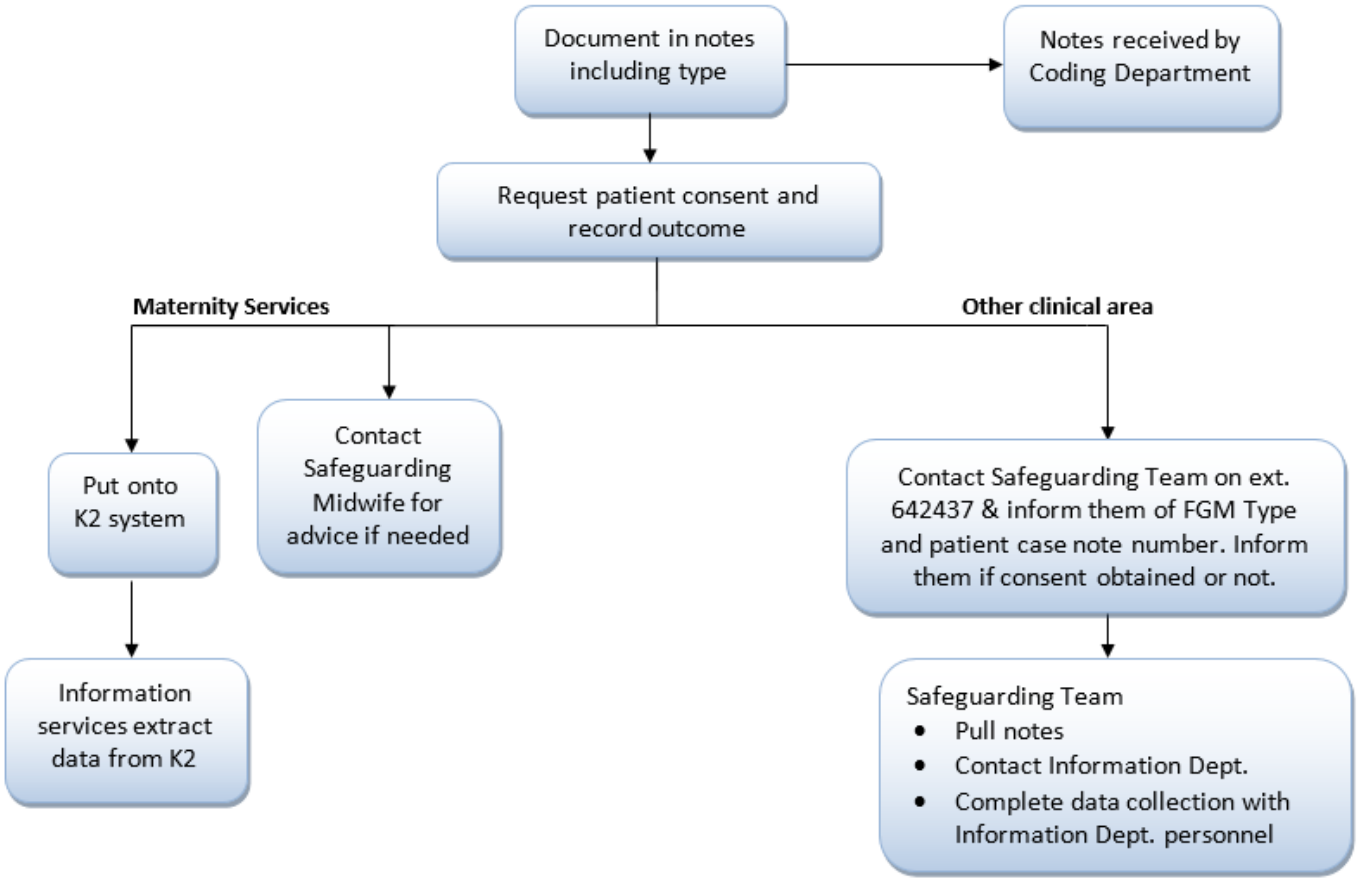
APPENDIX 1A – SAFEGUARDING PATHWAY - ADULT



APPENDIX 1B – SAFEGUARDING PATHWAY - CHILD



APPENDIX 2 – DATA COLLECTION FLOW CHART



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Female Genital Mutilation (FGM)	Safeguarding	Janine Grayson	Existing policy	August 2023

1) Who is responsible for this policy? Name of Division/Directorate: Safeguarding

2) Describe the purpose of the service / function / policy / project/ strategy? To enable identification and management of FGM

3) Are there any associated objectives? Legislation, targets national expectation, standards: National Information Collection Requirement

4) What factors contribute or detract from achieving intended outcomes? – Prompt recognition and adherence to policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] – The policy applies to females only

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] – Only women are affected by FGM, measure identified in policy

6) Is there any scope for new measures which would promote equality? [any actions to be taken] None

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	Yes	Policy only applied to females
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: **August 2026**

Checked by: **Denise Phillip** **Date:** **30 August 2023**