Portsmouth Hospitals NHS
NHS Trust

Policy for the Use of Bedside Rails for Adult Patients

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Version	2
Name of responsible (ratifying) committee	Nursing and Midwifery Advisory Committee
Date ratified	
Document Manager (job title)	Clinical Nurse Specialist (Falls and Bone Health)
Date issued	
Review date	Dec 2012 (unless legislation changes)
Electronic location	Clinical Policies
Related Procedural Documents	Policy for the prevention and management of Adult In-Patients at risk of Falling or who have already Fallen. Consent to Examination or Treatment Policy Guidelines for the diagnosis and management of older people with delirium in a general hospital Reporting of injuries, diseases and dangerous occurrences RIDDOR
Key Words (to aid with searching)	Bedrails, cot sides, safety rails, side rails ,

CONTENTS

QUICK REFERENCE GUIDE

An individual patient risk assessment must be carried out and the result documented in the nursing notes with regard to the decision to use (or not use) bedrails prior to their use. This decision will be reviewed in line with changes in the patient's condition.

1. All patients will be assessed using the bedrail risk assessment tool (appendix A).
2. The decision to use or **not** to use bedrails will be documented on the bedrail risk assessment tool in the nursing notes. (Appendix A).
3. All patients will be assessed for the appropriateness of use of bedrails on admission and reviewed in response to the patient's condition wherever possible in consultation with the patient and/ or their carer and the patient information "**About Bedrails**" leaflet provided (Appendix B). Leaflets can be ordered via Medical Photography.
4. Whenever possible the decision to use or not use bedrails will be communicated to all staff / carers responsible for the care of the patient. This may be done during verbal handovers or by visual prompt such as the bedrail sign above the patient's bed (Appendix C). Signs can be obtained from the CNS (Falls and Bone Health).

Decisions about the use of bed rails must be made on an **individual needs led basis** but in general;	
Bedrails **SHOULD** be used	Bedrails **SHOULD NOT** be used:
If the patient is being transported on their bed or trolley or trolley bed between locations.	If the patient is agile enough, and confused enough, to climb over them
In areas where patients are recovering from anaesthetic or sedation and are under constant observation	If there is any risk that the patient's head/ neck/ limbs may become trapped between the rails.
If the benefits of using the bedrails seems to outweigh the risks	If the patient would be independent if the bedrails were not in place
	If the risks of using the bedrails seems to outweigh the benefits

1. INTRODUCTION

Bedrails may be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of bed. Bedrails used for this purpose are NOT a form of restraint. Bedrails will not prevent a patient from leaving their bed and falling elsewhere and should not be used for this purpose. Bedrails are not intended for use as a moving and handling aid.

Patients may be at risk of falling from bed for many reasons including poor mobility, dementia, confusion, delirium, visual impairment or the effects of their treatment or medication. These situations need to be assessed and managed in the first instance using the Trust policy for the prevention and management of adult in-patients at risk of falling or who have already fallen http://www.porthosp.nhs.uk/Clinical-Policies/Falls%20Policy.doc The decision around the use of bedrails for patients at risk of falls should form part of their overall falls assessment.

2. PURPOSE

The purpose of this policy is to:

- Reduce potential harm to patients caused by falling from beds or becoming trapped in bedrails.
- Support patients, carers and staff to make individual decisions around the risk of using and not using bedrails
- Ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice

3. SCOPE

This policy applies to all staff (all disciplines, job roles) caring for adult patients within Portsmouth Hospitals NHS Trust.

The decision to use bedside rails (or not) should be taken by the ward multidisciplinary team in consultation with the patient (if they have capacity) and carer whenever appropriate. When no other members of the team are present the registered nurse responsible for the patient should make the decision.

(Refer to the policy 'Consent to Examination or Treatment' http://www.porthosp.nhs.uk/Clinical-Policies/Consent%20to%20examination%20or%20treatment%20Policy.doc for guidance on capacity)

4. DEFINITIONS

Bedrails: are rails on the sides of beds, sometimes referred to as bedside rails, cot sides, side rails or safety rails. Bedrails are a safety device intended to reduce the risk of a person accidentally slipping, sliding, rolling or falling from bed. This policy refers to all attachable and integrated bed rails on beds, trolleys and trolley beds.

Bedrail assessment: the risk assessment tool (Appendix A) contained in both the Nursing Assessment on Admission document and the Nursing Care Plan and Evaluation document.

Bed lever: a device used for rehabilitation purposes to aid mobility and which must not be used as a bedrail

Profile bed: an electronically operated bed that can be height and position adjusted.

Low profiling bed (Hi/Low bed): refers to an electronically operated bed that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level.

Trolley bed: refers to a bed for short term use such as those in the Emergency Department, Medical Assessment Unit or Day Surgery Unit

Trolley: refers to the equipment used to transfer a patient. For example between departments, to surgery or to x-ray and is not intended for a patient to sleep in.

5. DUTIES AND RESPONSIBILITIES

The Clinical Nurse Specialist (Falls and Bone Health)
The CNS (Falls) is responsible for:

- Ensuring all falls–based training contains instruction on the risk assessment and the use of bedrails.
- Overseeing, updating and monitoring the bedrail clinical policy.
- Informing induction and any other mandatory training content with regard to the bedrail policy within the organisational essential skills matrix
- Organizing and facilitating the delivery of staff education workshops as agreed by the Lead Nurse for Clinical Developments.
- Leading and coordinating an audit programme to monitor the effectiveness of the Bedrail Policy
- Providing day to day advice as required.

Managers
All managers are responsible for ensuring staff access training on the use of bed rails; appropriate to their job role. (See section 7: training requirements).

All Staff
All staff are responsible for ensuring they access training on the use of bed rails; appropriate to their job role. (See section 7: training requirements)

Falls Prevention Group
The Falls Prevention Group is accountable to the Governance and Quality Committee and Patient Safety Working Group and responsible to the District Falls Strategy Group.

The Falls Prevention Group links to Clinical Service Centre clinical governance groups and will lead, inform and monitor the falls prevention programme implementation agenda across the Trust, including the use of bedrails.

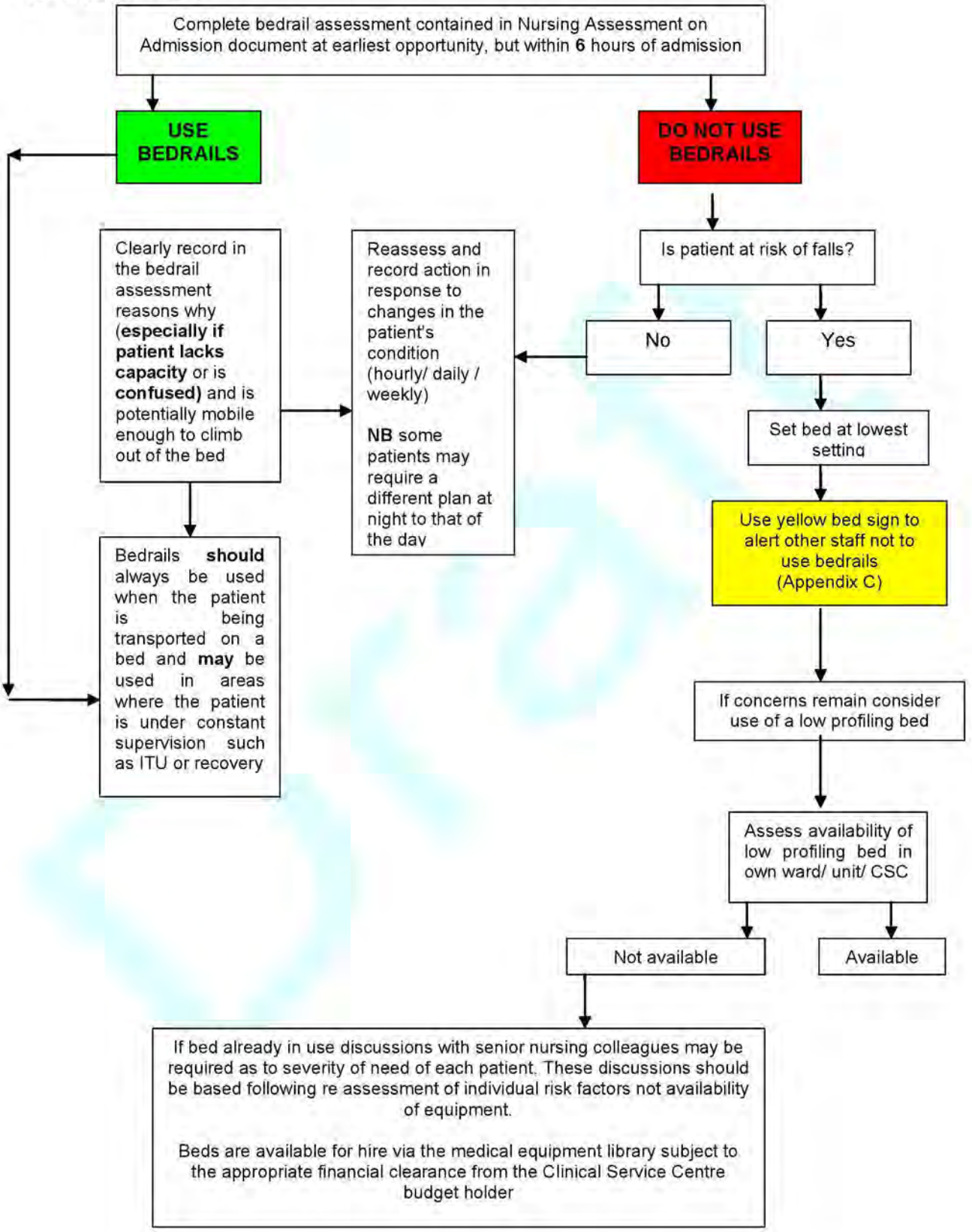
Governance and Quality Committee.
The Governance and Quality Committee is accountable to the Trust Board to ensure that there is continuous and measurable improvement in the quality of the services provided. The Governance and Quality Committee will receive a report from the Patient Safety Working Group twice a year, which will include information of the work of the Falls Prevention Group

Patient Safety Working Group
The Patient Safety Working Group is accountable to the Governance and Quality Committee and is responsible for demonstrating improved patient safety levels within Portsmouth Hospitals NHS Trust, and will receive a report form the Falls Prevention Group twice a year.

Patient Handling and Mobility Devices Subgroup.
The subgroup is accountable to the Medical Devices Management Committee and will advise on the procurement / replacement and maintenance programmes for bedrails and beds with integral rails.

6. PROCESS

6.1 ASSESSMENT



6.2 PROCEDURE FOR OBTAINING SPECIALIST BEDS/ MATRESSES/ BEDRAILS.

6.2.1 Complete falls assessment

6.2.2 Identify and agree need for equipment with divisional senior nurse Clinical Services Clinical (CSC) Senior Nurse / bleep holder

6.2.3 If appropriate equipment not available within the Clinical Service Centre (CSC) then contact and order though the Medical Equipment Library (Tel 7700 6977. Opening hours 8 - 4.30 Mon - Thurs, 8 – 4 Fri)

6.3 PROCEDURE FOR OBTAINING SPECIALIST BEDS/ MATRESSES/ BEDRAILS OUT OF HOURS.

6.3.1 Identify and agree clinical need with the CSC senior nurse / bleep holder.

6.3.2 The senior nurse / bleep holder will then review current Hi / Low bed usage within the unit / CSC and identify if one can be released / transferred.

6.3.3 Beds may be hired direct from the supplier only when all internal routes have been exhausted and the necessary managerial permissions have been sought.

6.4 PROCEDURE FOR USING BEDRAILS.

Portsmouth Hospitals NHS Trust has an ongoing programme to replace all old style Kings Fund beds (with detachable bedrails) with electronic profiling beds with integral bedrails.

6.4.1 If using detachable bedrails:

- Make sure the rail is fitted to the bed correctly; get it checked by Clinical Engineering if unsure.
- The gap between the top end of the bedrail and the head and / or foot of the bed should be less than 6cm or more than 25cm; to avoid possible neck entrapment.
- The spaces between bed rails (bar spacing) should be less than 12cm so the patient cannot slip between them.
- The fittings should be in place and the attached rail should feel secure when raised.
- Rails should be fixed to both sides of the bed.

6.4.2 For all types of bedrail:

- Check for signs of damage, faults or cracks on the rail before use. If faulty, label clearly and remove / report for repair
- Consider if the patient is an unusual body size and check for any bedrail gaps that may allow head, body or neck to become entrapped
- Ensure that the rails are fitted to both sides of the bed.
- Whatever type of bed, trolley or trolley bed it should be left in its lowest position with the brakes employed.

6.4.3 Possible exceptions

- If the patient is under constant uninterrupted 1:1 observation.
- If the patient is independently mobile and requires the bed to be height adjusted to enable this (brakes must always be employed).

6.5 PROCEDURE FOR USING SPECIALIST MATRESSES WITH BEDRAILS

If using mattress overlays (for management of compromised tissue viability) or a bariatric bed with a compatible size mattress, check for any potential entrapment gaps and ensure if possible that extra height bedrails are used as the increased overall height of the mattress plus overlay may then render standard bedrails too low to be effective.

6.6 PROCEDURE FOR USING SPECIALIST LOW PROFILING (HI / LOW) BEDS

These beds are able to be lowered to a height of below 30cm (top of mattress to floor) and can be a viable alternative if the patient is at very high risk of attempting to leave their bed and fall. These patients would most likely be very confused and mobile and have high falls and fracture risks. They should be used in conjunction with impact ("crash") mats.

Such "ultralow" beds must not be seen as a panacea to falls prevention but as a potential useful piece of equipment for carefully assessed patients. Considerations to their appropriate use should include:

- A risk assessment for potential injuries to the patient from floor level furniture or fittings (radiators, lockers etc)
- The bed placed too close to a wall but not flush with it, creating potential for asphyxial entrapment if the patient slides between the bed and the wall
- The bed left at working height in error
- Crash mats causing a trip hazard to staff, patients and others

7. TRAINING REQUIREMENTS

Education about the assessment process and use of bedrails is included in the Trust's falls prevention training programme. Details of the programme are contained in the Essential Skills training matrix found on the Learning and Development intranet site.
http://phtlearningzone.org.uk/index.php?mact=RadioRoster,cntnt01,showdetail,0&cntnt01show_id=315&cntnt01returnid=146

All Registered Nurses, HCSWs and Allied Health Professionals
Patient Safety Day (core competency) - two yearly update

Nursing Staff
Registered Nurse induction
Falls Prevention Workshop (competency level 3) for all staff in frequent contact with inpatients age 65 and over.

Health Care Support Workers
HCSW induction
Falls Prevention Workshop (competency level 2) for all staff in frequent contact with inpatients age 65 and over.

Falls Link Champions

Falls Link Forum (competency level 4) x 4 updates provided annually.

In addition, there will be general awareness raising of the use of bedrails and any new initiatives through:

- Workshops and events guided and/ or undertaken by the Trust Falls Prevention group
- Articles in the Trust Magazine
- Displays and information bulletins using the Trust Intranet.

8. REFERENCES AND ASSOCIATED DOCUMENTATION

Internal

- Clinical policy and associated guideline for the assessment, prevention and management of adult in-patients at risk of falling or who have already fallen
  http://www.porthosp.nhs.uk/Clinical-Policies/Falls%20Policy.doc
- Consent to examination or treatment.
  http://www.porthosp.nhs.uk/Clinical-Policies/Consent%20to%20examination%20or%20treatment%20Policy.doc
- Guidelines for the diagnosis and management of older people with delirium in a general hospital
  http://www.porthosp.nhs.uk/Multi-Professional-Guidelines/Delirium%20diagnosis%20and%20management%20in%20Older%20People%20in%20a%20general%20hospital%20setting.doc

- Reporting of injuries, diseases and dangerous occurrences RIDDOR
  http://www.porthosp.nhs.uk/Health-and-Safety Policies/Reportable%20injuries%20Dangerous%20Occurrences%20and%20Diseases%20Policy.doc

External

- Healey F, Oliver D, Milne A. Bedrails – Reviewing the evidence; a systematic literature review. 2007. www.npsa.nhs.uk

- Healey F, Oliver D. Preventing falls and injury in hospitals: where are efforts best directed? *Healthcare Risk Report*.2006; June: pp15-17

- The National Patient Safety Agency. Slips, trips and falls in hospitals: the third report from the Patient Safety Observatory.2007. www.npsa.nhs.uk

- The National Patient Safety Agency. Safer practice notice 17 'Using bedrails safely and effectively. 2007. www.npsa.nhs.uk

- Medicines and Healthcare Products Regulatory Agency. The safe use of bedrails and MHRA Device Alert 2007 / 9. Beds, rails and grab handles. www.mhra.gov.uk

- Medicines and Healthcare products Regulatory Agency. Device Bulletin DB 2006 (05) Managing Medical Devices. www.mhra.gov.uk

- Medicines and Healthcare products Regulatory Agency. Device Bulletin DB 2006 (06) Safe use of Bed Rails. www.mhra.gov.uk

9. MONITORING COMPLIANCE.

All relevant Clinical Service Centres. The lead Nurse for each clinical area will ensure that annual monitoring of compliance with the requirements of this policy is undertaken through the

use of the standardized Trust bedrail audit tool and register such audits with the Trust' Clinical Audit Department. The audit tool is available from the Clinical Audit Department. The results and action plan will be shared with the Falls Prevention Group which will provide any required support and advice on implementation.

Trust wide. The CNS (Falls and Bone Health) will organize random audits of compliance with this policy every 2 years and the results reported to the Falls Prevention Group. Required actions will be undertaken by the appropriate Clinical Service Centre.

Action plans may also be developed after undertaking spot checks of documentation and practice. These spot checks will be undertaken by each Clinical Service Centre at least once a year by the relevant Falls Champion and the result will be fed back to the Falls Prevention Group. The Falls Prevention Group will ensure objectives outlined in action plans are achieved.

APPENDIX A

BEDRAIL RISK ASSESSMENT TOOL

The risk of not using bedrails	The risk of using bedrails
How likely is it that the patient will fall out of bed? Patients may be more likely to slip, roll, slide out of bed if they have mobility, balance or eyesight problems, or are confused or drowsy or sedated. **How likely is it that the patient will be injured from a fall from a bed?** Injury from falls from bed may be more likely, and more serious, for patients who are elderly, have osteoporosis, are on anticoagulants or are very ill. **Will not using bedrails cause the patient anxiety?** Some patients may be fearful even though the actual risk of falling out of bed is very low.	**Would the bedrails stop the patient from being independent?** **Might the patient climb over the bedrails?** The severity of the injury can be increased if the patient climbs over the bedrail (or out the bottom of the bed) and falls from a greater height. **Could the patient injure themselves on the bedrails?** Bedrails can cause injury if the patient knocks themselves on them or traps their legs or arms between them. There is also a very rare risk of postural asphyxiation **Could the bedrails cause the patient distress?** Bedrails may cause distress to some patients who feel trapped by them.
Bedrail use is recommended if the risks above are greater than the risks on the right	**Bedrail use is not recommended if the risks above are greater than the risks on the left**
Bedrail use risk assessment	
Bedrails not to be used **Code:** A. Patient with capacity refuses B. Risk of climbing over and falling from a greater height. Would the use of a High/ Low bed be a better option?	**Bedrails to be used** **Code:** 1. Patient with capacity requests 2. Risk of injury falling from bed outweighs the risks of using bedrails

C. Patient is independent D. Risk of entrapment in bedrails outweighs risks of falling E. Other – record below	3. Other please state

Assessment to be completed on admission and reviewed in response to a change in patient condition

Date	Time	Code (A,B,C,D or other)	Code (1,2 or other)	Name/sign/designation

APPENDIX B

Consent - What does this mean?
Before any doctor, nurse or therapist examines or treats you they must have your consent or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation. It is important before giving permission that you understand what you are agreeing to. If you do not understand, ask. More detailed information is available on request.

Information about you - The Data Protection Act 1998 (Caldicott Audit)
Confidential records are kept about your health and the care you receive from the NHS. These records are important, helping to make sure you receive the best possible care from us. The information may also be used to plan NHS services and assist in the teaching and training of health professionals. To make sure that patient confidentiality is maintained a policy has been written informing all staff of their responsibilities.

How to comment on your treatment
We aim to provide the best possible service and staff will be happy to answer any questions that you have. However, if you have any concerns you can also contact the Patient Advice & Liaison Service (PALS) on 0800 917 6039 or email PALS@porthosp.nhs.uk, who will be happy to talk to you.

Portsmouth Hospitals NHS
NHS Trust

About Bedrails

Information for Patients

Portsmouth Hospitals NHS Trust takes issues of patient safety very seriously; bedrails are commonly used to help prevent some patients accidentally falling out of bed

How bedrails are used
Bedrails are attached to the sides of hospital beds to reduce the risk of rolling, slipping, sliding or falling out of bed. They should NOT be used to stop patients getting out of bed, even if they might be at risk of falling when they walk.

Who decides when to use bedrails?
If patients are well enough, they can decide for themselves. If they are too ill to decide for themselves, the nurses, doctors and therapy staff will decide after first talking to relatives or carers whenever possible. Bedrails are sometimes used when the benefits are judged to be greater than the risks.

The benefits
Some patients can fall out of bed because their illness affects their balance or their treatment makes them very drowsy. Some patients need special air-filled mattresses to reduce the risk of pressure sores, which can be easy to roll off accidentally.

Some patients may be used to sleeping in a double bed and feel happier with the bedrails raised for their own peace of mind.

Some patients have electric beds with controls they use to move from lying down to sitting up. These beds can be very comfortable, but patients can be at risk of falling when they use the controls to change their position.

Most patients who fall out of bed fortunately receive only bumps or bruises, but some patients can be seriously injured. The use of bedrails may reduce such accidents for some patients.

The risks
Some illnesses can make patients so confused that they might try to climb over the bedrails and injure themselves. If it seems likely that a patient may try to climb over bed rails it is generally safer not to use them.

If patients are restless in bed they can knock their legs on a bedrail or get arms or legs stuck between the bars. Padded covers can reduce this risk.

Alternatives to bedrails
There are many ways to reduce the risk of falling. If you have any questions about bedrails or preventing falls please ask the ward staff.

If you are worried about falling you can contact your local Falls Clinic for advice.

Portsmouth City
Mon - Fri, 9.00 - 5.00 (023) 9286 6501

Fareham and Gosport
Mon - Fri, 9.00 - 5.00 (023) 9260 3206

East Hampshire
Mon - Fri, 9.00 - 5.00 (023) 9286 6352

There is also lots of falls prevention information available on the internet.

Age UK
Tel: 0800 169 2939
www.ageuk.org.uk

For information on how to keep your bones healthy try the National Osteoporosis Society **(www.nos.org.uk)**
Tel: 0845 450 0230.

APPENDIX C

DO NOT USE BEDRAIL

Name of patient ----------

Date ----------

Checklist for the Review and Ratification of Procedural Documents and Consultation and Proposed Implementation Plan

To be completed by the author of the document and attached when the document is submitted for ratification: a blank template can be found on the Trust Intranet. Home page -> Policies -> Templates

CHECKLIST FOR REVIEW AND RATIFICATION			
TITLE OF DOCUMENT BEING REVIEWED:		YES/NO N/A	COMMENTS
1	**Title**		
	Is the title clear and unambiguous?	Yes	
	Will it enable easy searching/access/retrieval??	Yes	
	Is it clear whether the document is a policy, guideline, procedure, protocol or ICP?	Yes	
2	**Introduction**		
	Are reasons for the development of the document clearly stated?	Yes	
3	**Content**		
	Is there a standard front cover?	Yes	
	Is the document in the correct format?	Yes	
	Is the purpose of the document clear?	Yes	
	Is the scope clearly stated?	Yes	
	Does the scope include the paragraph relating to ability to comply, in the event of a infection outbreak, flu pandemic or any major incident?	N/A	
	Are the definitions clearly explained?	Yes	
	Are the roles and responsibilities clearly explained?	Yes	

	Does it fulfill the requirements of the relevant Risk Management Standard? (see attached compliance statement)	Yes	
	Is it written in clear, unambiguous language?	Yes	
4	**Evidence Base**		
	Is the type of evidence to support the document explicitly identified?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are associated documents referenced?	Yes	
5	**Approval Route**		
	Does the document identify which committee/group will approve it?	Yes	
6	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with the effectiveness of the document?	Yes	
7	**Review Date**		
	Is the review date identified?	Yes	
6	**Dissemination and Implementation**		
	Is a completed proposed implementation plan attached?	Yes	
7	**Equality and Diversity**		
	Is a completed Equality Impact Assessment attached?	Yes	

APPENDIX A
cont.....

Checklist for the Review and Ratification of Procedural Documents and Consultation and Proposed Implementation Plan

CONSULTATION AND PROPOSED IMPLEMENTATION PLAN	
Date to ratification committee	13th Jan 2011
Groups /committees / individuals involved in the development and consultation process	Head of Risk Management Portsmouth Hospitals Falls Prevention Group District Falls Reference Group Falls Champions Forum
Is training required to support implementation?	Already in existing falls training programme
If yes, outline plan to deliver training	N/A
Outline any additional activities to support implementation	Article in "The Link" to announce policy update in Febrary 2011

Individual Approval			
If, as the author, you are happy that the document complies with Trust policy, please sign below and send the document, with this paper, the Equality Impact Assessment and NHSLA checklist (if required) to the chair of the committee/group where it will be ratified. To aid distribution all documentation should be sent electronically wherever possible.			
Name		**Date**	
Signature			
Committee / Group Approval			
If the committee/group is happy to ratify this document, would the chair please sign below and send the policy together with this document, the Equality Impact Assessment, and NHSLA checklist (if required) and the relevant section of the minutes to the Trust Policies Officer. To aid distribution all documentation should be sent electronically wherever possible.			
Name		**Date**	
Signature			

If answers to any of the above questions is 'no', then please do not send it for ratification.

APPENDIX B

EQUALITY IMPACT ASSESSMENT

To be completed by the author of the document and attached when the document is submitted for ratification: a blank template can be found on the Trust Intranet. Home page -> Policies -> Templates

Equality Impact Screening Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Stage 1 - Screening and Scoping

Date of assessment	
Department	
Name and Job title of person responsible for assessment	
Policy / Function	
Aims and objectives of policy/function	
Who is involved in the assessment?	
Who should benefit from the policy/function provided?	

	The following questions should be considered during the screening process.	Yes/ No	Explain
1	What evidence is there already held on the impact on different groups? Complaints, surveys, reports, summarise the main points		
2	What evidence is there to show the policy/function is meeting people's requirements		
3	Can this assessment be linked to an existing or planned function/policy review		
4	Assess how the policy/function meets different needs. (e.g age, gender, race, disability, sexual orientation, religion/belief		
5	Does the policy/function contribute to equality, diversity and human rights? If yes – identify how If no – could it?		
6	Are there any obvious barriers to different groups accessing the aims of the policy/function? (e.g. age, gender, race,		

	disability, religion)		
7	If you have identified potential discrimination, are the exceptions valid, legal and/or justified?		
8	What could be changed to reduce /remove the barriers		
9	Is there any other information, which could influence making improvements to the policy/function? e.g. from partner organisations		
	Does the policy/function affect one group less or more favourably than another on the basis of		
10	• Race		
	• Ethnic origin (including gypsies and travellers)		
	• Gender		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems ,e.g dementia Does this policy/function affect individual human rights?		
	If the answer to any of the above questions is yes, a full impact assessment is required, go on to stage 2. If no, the EIA is completed,		
	Stage 2		
11	Consult formally on the policy/function procedure and any options with relevant stakeholders (using a range of accessible and appropriate methods and venues.) This could involve a survey, focus groups or the use of consultants, depending on the level of impact.		
12	Publish results of assessments. Develop actions / improvements and set as objectives (action plan form)		
13	Include objectives in the service equality action plan and report to the Equality and Diversity Committee and Divisional Review		
14	Once the final option is chosen, the outcomes must be monitored regularly to check for unexpected adverse impacts		

If the answers to any of the above questions is 'yes' you will need to complete a full Equality Impact Assessment (available from the Equality and Diversity website) or amend the policy such that only an disadvantage than can be justified is included. If you require any general advice please contact staff in the Equality and Diversity Department on 02392 288511