**Family Nursing & Home Care
Escalation Policy**

January 2023

Document Profile

Document Registration	Added following ratification
Type	Policy
Title	Escalation Policy and Procedure
Author	Tia Hall
Category clinical / corporate / education / Health & Safety / HR / Info Governance	Organisational
Description	Escalation Policy
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	1 February 2023
Review date	3 years from approval
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
07/10/20	1	New Policy and procedure	Clare Stewart
10/10/22	2	Reviewed to reflect service standard operating procedures	Tia Hall

CONTENTS

1.   INTRODUCTION

1.1   Rationale

This policy outlines the circumstances that determine the Escalation Status of Family Nursing & Home Care (FNHC), based on different levels of capacity pressures.

The JCC Standards for Home Care mandate that we have systems for identifying and managing escalating risks to support safe care delivery.

It reflects a commitment to collaborative working across FNHC, and recognises that any clinical area of FNHC may experience an escalation, which may impact upon other services.

The procedure presents the required actions and responses from all clinical services / teams across FNHC, according to the escalation status, to ensure continuity of a safe service.   This includes the processes that will be used to manage emergency pressures across the community and hospital facilities, so that a consistent and agreed response is applied as levels of capacity pressure change.

Capacity pressure, resulting in the risk of being unable to accept referrals and admissions into the services, will be due to a combination of:

- The number of admissions referred into FNHC services
- The number of clients actively on the District Nursing (DN) / Child and Family (C&F) / Out of Hospital (OOH) Services caseload/homecare service
- Workforce availability
- Continuing unplanned sick leave for longer than two weeks
- Maternity leave in a team already depleted of staff
- Annual leave of team members at a time when there are vacancies within the team
- Decreased availability of skill mix within localities
- Unavailability of bank or agency staff
- Daily RAG rating of caseload (acuity / dependency)
- Overall RAG rating of teams

The decision to escalate might be made by individual teams / areas, and must be communicated centrally in order for there to be awareness across FNHC and across the health and social care system. The specific tasks for each role are identified in the procedure.

1.2   Scope

This policy applies to nursing and care delivery services within FNHC, regardless of location and regardless of the age of the patient

1.3   Role and Responsibilities

Roles and Responsibilities – Policy Implementation

1.4   Chief Executive Officer

The CEO is responsible to the committee for ensuring FNHC works in an efficient, safe and healthy manner. The CEO is the accountable officer for FNHC and has overall responsibility for the appropriate management of escalation within the organisation and ensuring risk management and processes are in place to maintain safety and reputation.

1.5   Director of Governance and Care

The Director of Governance and Care is responsible to the committee for ensuring FNHC works in an efficient, safe and healthy manner. The Director of Governance and care is accountable for the implementation of this policy into practice within the organisation and taking appropriate action should any breach of this policy arise. In addition they are responsible for the co-ordination and activation of the escalation stages and to alert the CEO as appropriate.

They are also accountable for approving the procedures within their area of responsibility which support this policy.

1.6   Registered managers

All registered managers have a delegated responsibility for ensuring that this policy is known to all staff and that its requirements are followed by all staff within their division/ department.

Registered managers are responsible for informing the Director of Governance and Care and FNHC Safeguarding Lead for adults and children when there is potential for adults and children being at risk.

They are also responsible for holding Line Managers to account for the implementation of this policy and the associated procedures within their areas. In addition, they are responsible for taking appropriate action should any breach of this policy or procedure arise.

1.7.   Safeguarding Lead Nurse

The Safeguarding Lead Nurse for Adults and Children and Supervisors are responsible for offering Safeguarding Restorative Supervision to mitigate risks to patients /clients /children and young people.

1.8   Team Leaders

Team Leaders are responsible for bringing this policy to the attention of their staff and providing evidence that the document has been cascaded within their team or department. Team Leaders need to ensure that this document is effectively implemented and that staff have the knowledge and skills to implement the policy and provide training where gaps are identified.

They are also responsible for holding staff to account for the implementation of this policy and their local procedures, and taking appropriate action should any breach of this policy or procedure arise

1.9   Clinical and social care staff

All clinical and social care staff are responsible for adhering to this policy and their local procedures. They should ensure that any competencies required are maintained and co-operate with the development and implementation of policies and procedures as part of their normal duties and responsibilities.

2.   POLICY

2.1   Principles

The key principle of this policy is that 'all patients receive the right care, in the right place, at the right time, first time'. In order to achieve this, the escalation policy will assist in:

- Early identification of pressures and associated clinical and social risks at individual service levels
- Proactive management of identified risks at service level
- Early identification and mitigation of risks across the whole organisation
- Consistent and transparent reporting of overall organisation status and clarity regarding the roles of key personnel
- Measures to be taken in order to ensure de-escalation following a period of heightened activity or prolonged activity with increased demand

These principles should apply, irrespective of Escalation Status:

- Risk-based:
  - ➢ Staff / Patients /clients / and children and young people's safety is paramount
  - ➢ All patients/clients /children and young people will be kept safe from all forms of abuse and avoidable harm
  - ➢ vulnerable people and / or those at higher risk of poor outcomes will be prioritised where possible

- Well planned:
  - ➢ Early identification of Escalation Status
  - ➢ Timely planning of patient flow , transfers of care and continuum of need
  - ➢ Any pressure to make capacity available should not result in unplanned and uncoordinated transfers of care
  - ➢ Only in exceptional circumstances will clinically fit for discharge patients be waiting for a transfer of care
  - ➢ Planning must consider the impact on future days / weeks

- Multidisciplinary:
  - ➢ Joint working and sharing responsibility across individuals, teams and organisations, with effective communication between team members, HCS staff, CYPES, education and skills and community based staff – including the patient's GP

- With clear accountability:
  - ➢ Professionals and organisations aware of their responsibilities and are held accountable for their actions and activities

3.   PROCEDURE

3.1   Escalation Stages

There are 4 Escalation Stages reflecting increasing pressures on services. Each level has been colour coded:

- Green (Steady State)
- Amber (Moderate Pressure)
- Red (Severe Pressure)
- Black (Extreme Pressure – major incident)

Reaching the level of one trigger may not on its own necessarily mean the escalation to the next level. Black level can be implemented from a single incident not preceded a continuum.

The detailed actions and responsibilities for each Escalation Stage are presented in the 'procedures' section of this document.

3.2   Actions to manage risk

It is the responsibility of each team co-ordinator to:

- Each morning determine the RAG status for the teams. For DN service this includes using the Nursing Caseload Priority Categories Guideline (Appendix 1);
- Out of hours and Bank Holiday co-ordinator to inform on call manager of any escalation concern
- Where there is no escalation beyond Green status then this does not require recording on the RAG template

3.3   Team RAG Status

Steady state	Achieving service standard operating procedures (SOP)
Moderate pressure	Unable to achieve service SOP but patient contacts can safely be delayed
Severe pressure	Unable to achieve service SOP and patient contacts cannot safely be delayed
Extreme pressure	Major Incident –unable to deliver service

It is the responsibility of the registered manager to collate and inform the Director of Governance and Care

Green – Steady State

FNHC capacity is such that they are able to maintain patient flow and are able to meet anticipated demand within available resources, as commissioned.

Green – Steady State
Rapid Response and Reablement - Case load is showing no sign of pressure and acuity RAG status shows a low complexity level

- Assessment within 2hr response time for acute / crisis, 24 hour for reablement

District Nursing
- Appropriate and sufficient resources in place to meet service specific standard operating procedures (SOP)
- Assessment and nursing care needs met within 4 hour urgent, 24 hour non urgent, 72 hour routine and planned date of care

Child &Family
- Caseloads in all teams(HV,SN, CCNT, Baby Steps) are showing no signs of pressure and staff resource is sufficient for need
- Standard visits and / or programme delivery and / or assessments are achievable within agreed timeframes. Essential meetings attended.
- All services are meeting demand and aligned with key performance indicators
- Programmes are sustained at core delivery requirements (Baby Steps, MECSH, Palliative Care Pathway).

Homecare
- Appropriate and sufficient resources in place to meet service specific standard operating procedures (SOP)

Amber – Moderate Pressure

FNHC is starting to show signs of pressure or patient acuity/complexity not necessarily increased. Focused actions are required to mitigate further escalation. Enhanced co-ordination to alert the whole of the organisation to take action to return to green status as quickly as possible.

Amber – Moderate Pressure
Rapid Response and Reablement • Case load is starting to show signs of pressure and acuity RAG status shows an increasing complexity • Waiting time for assessment maintained within 2 hours crisis and acute, may be delays in non-urgent assessments e.g. 24 hour reablement **District Nursing** • Appropriate and sufficient resources in place to meet increasing needs • Service SOP being met but with Non urgent patient care being delayed /deferred without any detriment to the patients' health or wellbeing **Child and Family** This may differ across teams, impact may be explicit in one area of business and not another. Equally, there could be impact upon more than one areas of

business as the stretch to meet demand require service delivery from other areas. **Teams affected to be explicit within RAG spreadsheet on Central Filing. Working across teams and use of skill mix is utilized but delays still occurring. This is not tolerable even in the short term where safeguarding and acutely unwell or complex children are in receipt of service. This would become RED within 24 -48 hours.**
Safe delay of service outside of timeframes can be tolerated at this level within HV and SN and Baby Steps with a risk assessment in place.

- Delays in agreed timeframes may be affected including, standard visiting, programmes, nursing assessments and care delivery. Attendance at essential meetings compromised. Refer to team and service SOPs.
- Appropriate and sufficient resources in place to meet increasing needs
- Service SOP being met but with Non urgent client care being delayed /deferred without any detriment to the clients health or wellbeing

Homecare
- Appropriate and sufficient resources in place to meet increasing needs
- Service SOP being met but with Non urgent client care being delayed /deferred without any detriment to the clients ' health or wellbeing

Red – Severe Pressure

Actions taken in Amber have failed to return the system to Green, and pressure is worsening due to the complexity patients, domiciliary care limitations resulting in discharge delays and concerns for patient and staff safety. The organization is experiencing major pressures compromising patient flow. Flow urgent actions are required across the system by all staff.

Red – Severe Pressure

Rapid Response and Reablement
- pressure is worsening due to the complexity of care, domiciliary care limitations, staffing limitations, resulting in discharge delays and concerns for peoples and staff safety.
- Waiting time for assessments greater than 12 hours

District Nursing
- Pressure on staff due to numbers and complexity of care needs resulting in concerns for staff and peoples safety
- service SOP not being met and patient care needs cannot safely be delayed /deferred as this would have an adverse impact on patients health and wellbeing

Child & Family
- Capacity and resource of staff is impacted to the degree that staff and clients safety is of concern. This is primarily as a result of, complexity of need and the length of time this occurs over.
- Significant delays in agreed timeframes may be affected**.** Including, standard visiting for Healthy Child Programme, CLA health assessments, nursing assessments and care delivery. Essential meetings cannot be attended including safeguarding.
- This may differ across teams and disciplines. So impact may be explicit to one area of business and not another. Equally, there could be an impact on more than one area of business as the stretch to meet demand requires service delivery from other areas of the division that still is not adequate.

    Homecare
- Pressure on staff due to numbers and complexity of care needs resulting in concerns for staff and peoples safety
- service SOP not being met and client care needs cannot safely be delayed /deferred as this would have an adverse impact on the clients health and wellbeing

Black – Extreme Pressure

All actions have failed to contain service pressures and the organization is suddenly /persistently unable to deliver routine care as detailed in service SOP.   Decisive action must be taken to recover capacity.

Black – Extreme Pressure (Major Incident)

Rapid Response and Reablement
- the organisation is unable to deliver urgent care
- Waiting time for assessment greater than 24 hours

District Nursing
- Capacity and availability of appropriately qualified staff to meet demand for service and manage complexity of care needs is severely limited, which means risk to staff and people reaches an unacceptable level
- Service SOP is unable to be delivered

Child and Family
- Capacity and resource of staff is impacted to the degree that staff and clients safety are at an unacceptable risk level.
- Extreme delays or absent service delivery within agreed timeframes may be occurring**.** Including, standard visiting for Healthy Child Programme, CLA health assessments, nursing assessments and care delivery, MASH

> cover, and individual care package cover. Essential meetings cannot be attended including safeguarding.
> * This may differ across teams and disciplines. So impact may be explicit to one area of business and not another. Equally, there could be an impact on more than one area of business as the stretch to meet demand requires service delivery from other areas of the division leading to a depleted all service picture.
>
> **Homecare**
> * Capacity and availability of appropriately qualified staff to meet demand for service and manage complexity of care needs is severely limited, which means risk to staff and people reaches an unacceptable level
> * Service SOP is unable to be delivered

3.4   Monitoring and reporting of Escalation State

The Escalation State of FNHC will be monitored when Registered managers or their deputies believe the service to be under increasing pressure

This will be informed by the following processes:
* EMIS – live information regarding active caseload
* Care planner
* Daily board rounds
* Daily DN coordinator report of demand and capacity within DN service
* Daily Safety Huddles
* Daily capacity for RRRT on HCS dashboard
* Child and family allocation meetings
* Robin Ward Huddles
* CCNT caseload review
* Review of commitments on EMIS for affected period
* Review of commitments on care planner

3.5   Declaring an Escalation State

Escalation will be identified by capacity issues in the above areas of FNHC and the issues will be discussed with the Registered Managers to trigger actions if appropriate. Out of hours / Bank Holidays escalation to be discussed with On Call Manager.

3.6   Communicating an Escalation State

During normal working hours, FNHC Escalation will be communicated by the appropriate Registered Manager to external partners after a discussion and a planned response with the Director of Governance and Care and CEO. Out of hours, the communication will be led by the Manager On Call for FNHC.

FNHC stand-down from escalation will be confirmed also by the Registered Manager / On Call Manager

FNHC ESCALATION PROCEDURE

<table>
<tr><td style="background-color:green">ACTIONS GREEN – STEADY STATE, NO DEFERRED CONTACTS</td></tr>
</table>

- Monitor all capacity – maintain using EMIS, daily board round, handovers and safety huddles, RRRT RAG score Child and family allocation meetings, Robin Ward Huddles, CCNT caseload review, Review of commitments on EMIS and care planner for affected period
- Ensure resource for demand is adequate
- Multidisciplinary handover (where appropriate) to ensure safety and effectiveness
- Daily communication
- Timely transfers of care and allocation of visits
- Operational lead and out of hours manager on call to be informed if pressures are commencing / predicted to be imminent, monitored through management one to one meetings
- Monitor compliance with mandatory training , KPI's and supervision

<table>
<tr><td style="background-color:orange">ACTIONS AMBER – MODERATE PRESSURE, DEFER NON URGENT CONTACTS</td></tr>
</table>

- Monitor all capacity – maintain using EMIS, daily board round, handover and safety huddle, RRRT RAG score
- Team Leader informs Registered manager , at earliest convenience citing the reason for escalation
- registered manager to consider calling emergency escalation meeting of all registered managers if evidence of escalation within department
- Prioritise people at risk
- Identify people who could be safely discharged earlier or care needs could be rescheduled
- Review any other planned work and delegate or delay if possible and safe to do so
- Monitor compliance with mandatory training , KPIs and supervision

<table>
<tr><td style="background-color:red">ACTIONS RED – SEVERE PRESSURE, DEFER URGENT CONTACTS</td></tr>
</table>

- Monitor all capacity – maintain using EMIS, board round, handover, safety huddle, RRRT RAG and communication with senior clinicians (Including all C&F partners, Adult service partners)
- Team Leader informs registered manager
- registered manager calls emergency escalation meeting with other registered manager and Director of governance and care and CEO
- Hold Capacity/safety huddle (frequency to be determined by Registered manager)
- Consider cancellations of routine reviews and reschedule; inform GPs and patients
- Consider and prepare for calling for FNHC special incident/major incident
- Prioritise people at risk
- Identify people who could be discharged early
- Inform Jersey care commission / HCS / Community and Primary Care Services / CYPES

- Monitor compliance with mandatory training, KPIs and supervision.

ACTIONS BLACK -   EXTREME PRESSURE, MAJOR INCIDENT ALL CONTACTS COMPROMISED

- Monitor all capacity – maintain using EMIS, board rounds, handover and safety huddles, RRRT RAG
- Registered manager   informs CEO and Director of Governance and care and out of hours manager on call
- Hold operational emergency capacity meetings at regular times throughout day
- CEO to attend capacity escalation meetings
- Consider and prepare for declaring FNHC major incident
- Prioritise people at risk
- Identify people who could be transferred /care could be delegated
- Inform all relevant stakeholders and commissioners
- Inform Jersey care commission

Irrespective of the Escalation Status, Director of Governance and Care will alert the CEO if there is any significant risk that capacity pressures are creating the possibility that:

- Patient safety is compromised
- Staff safety is compromised
- Organisational reputation
- KPI's are consistently not being met across 1 quarter
- Attendance at mandatory training is consistently not being met
- Attendance at supervision is consistently not being met

GREEN – STEADY STATE Required Actions	
Director of Governance and Care	• Support Registered Managers
Registered Manager	• Ensure that daily board rounds, handovers, safety huddles are conducted • Support team /s – review staffing levels/skill mix and manage nurse/carer staffing • Monitor capacity across the system • Escalate as appropriate to Director of Governance and care

Safeguarding Lead Nurse	• Offer Safeguarding Restorative Supervision to mitigate risks to patients /clients /children and young people.
Team Leaders	• continue to deliver service in line with agreed SOP's

AMBER – MODERATE PRESSURE

Actions

Required action from each person contacted **AMBER – MODERATE PRESSURE**	
Director of Governance and Care	As for Green, plus: • Liaise with Registered Managers
Registered Manager	• As for Green, plus: • Instigate increase board rounds/ clinical handover / safety huddles where appropriate • Work with Team Leaders to minimise patient rescheduling cancellations • Ensure teams have sufficient staffing, rotate if required, use bank staff if available • Consider postponing non urgent meetings
Safeguarding Lead Nurse	• Offer Safeguarding Restorative Supervision to mitigate risks to patients /clients /children and young people.
Team Leaders	• As for Green, plus: • Reschedule non urgent visits and update EMIS, Care planner • Work with other services to support safe discharge • Work with other services to avoid duplication • Establish list of potential referrals to other services • Liaise with other internal and external services

RED – SEVERE PRESSURE

- All non-patient/client based meetings and training must be reviewed and cancelled if possible, to prioritise care provision
- Daily Escalation meetings /safety huddle will be held, including CEO
- The current status, actions and risks are communicated to stakeholders at regular intervals where appropriate

Required action from each person contacted SEVERE PRESSURE	
CEO	• Attend meetings /safety huddle
Director of Governance and Care	As for Amber, plus: • Support registered managers • Chair escalation meetings • Coordinate responses
Registered Manager	As for Amber, plus: • Attend escalation meetings • Review all the teams to ensure clinical safety of people is being maintained • Ensure teams have sufficient staffing, rotate if required • Ensure staff / skill mix maximised • Cancel any non-urgent patient meetings, management days and all non-mandatory training • Maintain regular review with Team Leader • Identify all nursing/Care staff within the service who have the clinical competency to deliver direct patient care • Arrange contact to be made with all external agencies if appropriate • Ensure all clinical staff are working to the escalation plan • Inform Jersey Care Commission • Inform relevant services and HCS / CYPES commissioners
Safeguarding lead	• Offer Safeguarding Restorative Supervision to mitigate risks to patients /clients /children and young people.
Team Leaders	As for Amber , plus:

	• Reschedule and plan care to prioritise urgent care nursing and care visits within available resources and update EMIS, Care planner • Work with other services to support safe discharge • Work with other services to avoid duplication • Establish list of potential referrals to other services where appropriate • Liaise with other internal and external services

Black

- All non-patient based meetings and training must be reviewed and cancelled to prioritise care provision
- Additional capacity meetings /safety huddle will take place as determined by the Director of Governance and Care
- The current status, actions and risks are communicated to stakeholders at regular intervals throughout the day where appropriate

Required action from each person contacted	
CEO	As for Red, plus: • Initiate FNHC business continuity plan
Director of Governance and Care	• Liaise with Registered managers to prioritise their workload in supporting extra visits and reviews and decision making
Registered Manager	As for Red, plus: • Support team leaders to manage risk within teams • Identify /redeploy additional staff • Ensure teams have sufficient staffing, rotate if required • Identify all nursing/care staff within the service who have the clinical competency to deliver direct patient/client care • Following discussion and agreement with Director of Governance and Care and CEO, , liaise with relevant stakeholders • Ensure all clinical staff are working to the escalation plan

	• Inform Jersey care commission
Safeguarding Lead Nurse	• Offer Safeguarding Restorative Supervision to mitigate risks to patients /clients /children and young people.
Team Leaders	As for Red, plus: • identify patients/clients that could be rescheduled • Review all escalated teams and patient groups

3.7   Major Incident Response / Business Continuity

Standard definition:

Any occurrence that represents a serious threat to the health of the community, disruption to the service and causes (or is likely to cause) such numbers or type of causalities as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.

(Special arrangements means that management and staff may be called upon to respond, outside of their normal routine service arrangements to a major incident involving casualties standby to receive causalities or implement business continuity plan procedures to restore service delivery after a disruption e.g. loss of electricity or staff

4.   CONSULTATION PROCESS

4.1 CONSULTATION SCHEDULE

Name	Title	Date
Claire White	Director of Governance and Care	November 2022
Tia Hall	Registered manager	October 2022
Michelle Cumming	Registered manager	October 2022
Clare Stewart	Registered manager	October 2022
Teri O'Connor	Registered manager	October 2022
Justine bell	Head of Education and development	October 2022

Elspeth Snowie	Head of Quality and Safety	October 2022
Claire Whelan	Head of Information Governance & Systems	October 2022
Jenny Querns	Safeguarding lead	October 2022

5.   IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Education administrator	Within two weeks following ratification
Policy to be placed on FNHC Central Files	Education administrator	Within two weeks following ratification
Staff to review policy on virtual college	Head of Education and development	Within two weeks following ratification

6.   MONITORING COMPLIANCE

FNHC will monitor the effectiveness of this policy and its procedures during meetings such as those that take place as part of the escalation procedures.
The effectiveness of measures implemented to alleviate pressures will be monitored through a range of measures appropriate to the situation e.g. number of referrals accepted

7.   EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display.   The organisation is committed to promoting a culture founded on these values.

Always:
- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8.   GLOSSARY OF TERMS

9.   REFERENCES

Jersey Care Commission (2022) Standards for Home Care;
https://carecommission.je/wp-content/uploads/2022/08/JCC-Care-Standards-Home-Care-Services-2022.pdf

10. APPENDIX

Appendix 1 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Escalation policy and procedure			
Date of Assessment	28/11/22	Responsible Department	
Name of person completing assessment	Tia Hall	Job Title	Registered Manager Adult services

Does the policy/function affect one group less or more favourably than another on the basis of :		
	Yes /No	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level