Safeguarding Children for Midwives
Clinical Guideline V2.0

October 2018
1. **Aim/Purpose of this Guideline**

This is a Safeguarding Children Guideline for Midwives to give guidance to staff where there is a safeguarding concern for a child or unborn. It includes how to ensure that the response is appropriate and timely, so preventative interventions can be received and compliment the Cornwall and Isles of Scilly Safeguarding Children’s Partnership policies and procedures (New 2018).

2. **The Guidance**

2.1. **Introduction**

- Child protection is the responsibility of all staff working for the Royal Cornwall Hospital Trust. A child is defined as anyone who has not reached their 18th birthday including the unborn (Children Act 1989) (New 2018)

- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. (New 2018)

- Abuse can have a serious impact on all aspects of a child’s health development and emotional wellbeing. The impact can last throughout adulthood. We have a statutory responsibility within health to protect children from significant harm and actively promote their welfare. This requires effective joint working between agencies and professionals with various expertises. (New 2018)

- Children are at most risk of fatal or severe assaults in the first year of life, usually inflicted by their carers (Creighton, 1995). It is important to try to identify the most vulnerable infants before they are harmed. A small number of babies will not be safe in the care of their parents and may need to be removed at birth. A larger group will not require such active intervention, but will benefit from a protection plan or supportive service that is implemented as soon as they are born (New 2018)

- The Cornwall and Isles of Scilly Safeguarding Children’s Partnership is a statutory, inter-agency forum. It is a vehicle for agreeing how different services and professional groups should co-operate to safeguard children in that area and for making sure that arrangements work effectively to bring about good outcomes for children. It has a role in overseeing quality.

- The local inter-agency procedures are internet based, interactive and regularly updated therefore it is not advisable to print or download any section. They have been adopted by the South West Region and can be accessed at [www.safechildren-cios.co.uk](http://www.safechildren-cios.co.uk).

- Staff should familiarise themselves with HM Government document “Working Together to Safeguard Children” (2018); the Cornwall and Isles of Scilly Safeguarding Children’s Partnership Pre-birth Protocol and Safeguarding Supervision Policy found on the Intranet. (New 2018)

- Additional Midwifery Safeguarding guidance and templates can be found on the
TR11 shared drive (New 2018)

- It is considered good practice to discuss all issues of Safeguarding Children and cause for concern with your Team Leader or the Named Midwives for Safeguarding (New 2018).

2.2. **Professionals with responsibility for Safeguarding Children**

**Maternity Staff (New 2018)**

- Maternity staff are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. This relationship provides the opportunity to observe the attitudes towards the unborn and identify any potential problems. (New 2018)

- Training, recognition of concern and supervision are paramount in order to act upon and respond to the needs of the child. Early intervention is vital to avoid families escalating to the point of crisis (Laming 2009) (New 2018)

- At booking an assessment of the woman’s individual needs including a social history is obtained to ensure she receives appropriate care. Partner details must be obtained. Risk assess at all contacts, should concerns arise appropriate referrals should be made. (New 2018)

- Follow the Midwifery Safeguarding Pathway

- If a referral to Social Care is required share with the parents if appropriate. If you assess that informing the parent(s) is likely to place the unborn child/children at greater risk do not inform them.

- Liaise with GP and health visitor to share information when needed (New 2018)

- All professionals meetings invited to must be attended, if unable to attend to inform team leader for alternative representation. For case conferences, report template to be used and shared with the parents at least 48hrs prior to conference.

- All safeguarding paperwork templates can be found on the TR11 shared drive

2.2.1 **Community Team Leader (New 2018)**

- Provides an overview of the team
- Act as a point of contact in providing support, guidance and teaching
- Reviews all safeguarding paperwork and ensures concerns have been actioned and appropriate referrals are made. Updates TR11 shared drive with all safeguarding paperwork and referrals from their team.
- Provides safeguarding supervision to the woman’s named midwife
- Ensures a report is written and attendance from the woman’s named midwife, team representative or Named Midwives for Safeguarding at Child Protection conferences, Core Groups or any other safeguarding meetings invited to.
- Meets with the Named Midwife for Safeguarding for safeguarding supervision.
2.2.2 Acute Team Leaders (New 2018)

- Act as a point of contact in providing support, guidance and teaching
- Save safeguarding paperwork out of hours if urgent and copy in Named Midwives for Safeguarding
- To seek safeguarding supervision from Named Midwives for Safeguarding when required

2.2.3 Named Midwives for Safeguarding (New 2018)

- The focus of the named midwives for safeguarding is to safeguard vulnerable women and the child/unborn baby and to promote good professional practice.
- Provide advice, expertise and support to all staff.
- Deliver Safeguarding Children’s’ training within the maternity unit, across the hospital and to other agencies.
- Provide Safeguarding Supervision within maternity services
- Work with managers to identify the resources needed by staff to enable them to carry out their roles in relation to child protection and safeguarding children.
- Hold a strategic and leadership role in relation to women with mental health, learning disabilities, drugs and alcohol abuse, domestic abuse, young parents and any other adults that are deemed to be at risk.
- Supervision for Named Midwives for Safeguarding is through the Designated Nurse for Safeguarding
- Reports serious Safeguarding cases to the Head of Midwifery

2.2.4 Head of Midwifery and Nurse Consultant for Safeguarding (New 2018)

- Provides support to the Named Midwives for Safeguarding and ensures the maternity service is responsive to the needs of vulnerable women and children.
- To ensure the service delivers appropriate plans of care to enable Maternity Staff to fulfil their responsibilities.

2.3 Risks to be considered when working with a pregnant woman, which may require Additional Support or a MARU Referral (This is not an exhaustive list) (2018)

2.3.1 Unborn Baby
- Unwanted/concealed pregnancy
- Perceptions different/abnormal/lack of awareness
- No preparation for unborn/Inability to prioritize baby’s needs
- Unattached to unborn baby
- Recurrent DNA’S/non engagement with maternity services
- Booking after 24 weeks of pregnancy
- Unrealistic expectations

2.3.2 Parenting Capacity
- Adverse childhood experiences (FGM must be considered)
- Under 18 at conception/immaturity
• Abuse in childhood, denial of past abuse, multiple carers
• Mental health disorders or illness
• Learning difficulties/disability
• Physical disabilities/ill health including children in the home
• Substance misuse
• Inability to work with professionals
• Domestic abuse/Sexual abuse
• Postnatal depression impacting on daily living
• Abuse/neglect of previous child(ren)
• Previous care proceedings/involvement with Social Services
• Care leaver
• Frequent attender

2.3.3 Family/Household/Environmental
• Domestic abuse
• Relationship disharmony/instability/ multiple relationships
• Violence or criminality
• Limited support network
• Frequent moves of house / poor living conditions
• Homeless
• Asylum seeker / refugee / modern slavery
• Poor engagement with professional services

2.3.4 When there are safeguarding concerns regarding the parents ie significant DA or Learning Disability, consider a safeguarding adult referral.

2.3.5 Circumstances when a referral must always be made (New 2018)

1) There is a perinatal mental illness that presents a risk to the unborn baby,
2) There has been a previous unexpected or unexplained death of a child whilst in the care of either parent;
3) A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, violence, substance/alcohol abuse, mental health or learning difficulties.
4) Children in the household / family currently subject to a child protection plan or previous child protection concerns;
5) A sibling (or child in the household of either parent) has previously been removed from the household temporarily by court order;
6) Where there are serious concerns about parental ability to care for the unborn baby or other children;
7) Where there are maternal risk factors e.g. denial of pregnancy, concealed pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby
8) Any other concern exists that indicate the baby may be at risk of significant harm
**Midwifery Safeguarding Pathway (New 2018)**

**Social Assessment with Midwife at Booking**

- **NO SAFEGUARDING CONCERNS**
  - For universal services as per NICE guidelines

- **CAUSE FOR CONCERN**
  - Additional support required by single agency
  - Early Help Hub/Consider Section 17 (Children’s Act 1989) Child in Need. Referrals require parental consent. Refer to Health Visitor Family Plus Team

- **CHILD PROTECTION CONCERNS**
  - Section 17 or 47 (Children Act 1989)
  - Unborn who is likely to suffer significant harm
  - MARU referral; best practice is to inform the woman. Pre-birth assessment required. Refer to Health Visitor Family Plus Team

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Complete RCHT Maternity Safeguarding Paperwork (found on TR11/maternity safeguarding shared drive)

All records to be sent electronically to Team Leaders and Named Midwives for Safeguarding (rcht.maternitysafeguarding@nhs.net)

Team leaders to save own team paperwork to TR11 and E3, Named Midwives to save for the acute staff

- Initial Maternity Safeguarding
- Any referrals to other agencies, including MARU/EHH/REACH/MARAC/PMHT/SPS/WILD/Addaction, ensure saved to TR11/E3
- Add Alert to E3
- Chronologies to be kept updated of significant concerns by own named midwife and on final discharge to health visiting
- Meeting report template to be used for any safeguarding meeting attended by maternity staff (case conference/security/discharge planning)
- Case conference report written on template using Signs of Safety model and post conference details
- Any other correspondences from multi-agencies including perinatal birth plans or reports from special parenting
- Midwife to ensure health visitor is updated with any new concerns
- Named Midwives for Safeguarding to ensure all babies subject to Child Protection will have safeguarding paperwork in their notes
- Social workers to be informed of delivery and on discharge if appropriate
- Regular Supervision to be offered by Team Leader or Named Midwives for Safeguarding and recorded on shared database.
- A note to be added to the woman’s E3 record by her named midwife, to say supervision accessed.
2.4 Making a referral to Children’s Services (New 2018)

- Referrals should be made within 48 hours of risk being identified.
- Any member of staff can make a referral in respect of an unborn baby.
- Wherever possible, parents should be informed of the decision to make a referral to Children’s Services, if they have not been informed ensure MARU are made aware.
- Referrals should be made using the Multi-Agency Referral Unit Form (MARU) found on the TR11 shared drive and Cornwall and Isles of Scilly Safeguarding Children’s Partnership website.
- The MARU should be copied to the Named Midwives for Safeguarding / Team Leader.

If you are not sure if it is appropriate to make a referral you should:

- Refer to the risk factors and consider Signs of Safety model below, consider Early Help Hub instead.
- Discuss with the Team Leader or Named Midwives for Safeguarding.
- MARU can be contacted by telephone for information sharing to support possible referral but not to be used for advice.
- Consider contacting other professionals involved with the family, i.e. health visitor / GP

- If you decide not to refer, reassess your decision the next time you see the woman.

2.5 Signs of Safety Model (New 2018)

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is working well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm/Risks</td>
<td>Existing Strengths</td>
<td>Referrals needed?</td>
</tr>
<tr>
<td>Danger Statement (what is the worst that can happen)</td>
<td>Support Networks</td>
<td>Safety Plans</td>
</tr>
<tr>
<td>Complicating Factors</td>
<td>Existing Safety</td>
<td>Next Steps</td>
</tr>
</tbody>
</table>

Using the above model is a good way to assess the need for a referral and should be used when making one for MARU and at attendance of multi-agency meetings.

2.6 Supervision

- Is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.

- The Community Team Leaders and Named Midwives for Safeguarding have
undertaken supervision training and will support midwives who are working with complex challenging families. Records of supervision will be as per RCHT Safeguarding Supervision Policy (New 2018)

- The Community Team Leaders are responsible to ensure that accurate records are maintained, and are expected to discuss individual safeguarding cases at least every 6 weeks during team meetings and on a one to one as required.

- The supervision will be recorded by the Team Leader on the safeguarding template. The midwife will also record on the woman’s E3 records by adding a note to say supervision accessed with date and time. (New 2018)

- Named Midwives for Safeguarding can be contacted for supervision, support and advice via the Safeguarding Team – 01872 254551, or via email rcht.maternitysafeguarding@nhs.net (New 2018)

- If unavailable advice can be sought from the Head of Midwifery or the Named Nurse for Safeguarding Children or Nurse Consultant for Safeguarding via the Safeguarding Team.(New 2018)

2.7 Information Sharing

1) “There is nothing within the Caldicott report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children” (Carlisle Review, 2002) (New 2018)

2) Disclosure should be justifiable in each case, according to the particular facts and legal advice should be sought in cases of doubt. (New 2018)

3) If a woman moves within Cornwall the named midwife is responsible for informing the relevant midwife and for transferring the safeguarding paperwork to the receiving midwife

4) If a woman transfers out of Cornwall the named midwife is responsible for contacting the receiving area midwife informing them of the concerns and any plan. Safeguarding paperwork may be sent by secure email. (New 2018)

5) National Alerts are received by the Named Midwives for Safeguarding and are placed in the alert folders on Delivery Suite and Wheal Rose. (New 2018)

6) If there is a concern that a woman with safeguarding concerns has moved out of the area without informing services, Named Midwives for Safeguarding to be informed to generate a Regional or National Alert (New 2018)

7) Close communication between the Named Midwives for Safeguarding and other trusts within the Southwest Region is vital to ensure cross boundary working. (New 2018)
2.8 Security Issues

In cases where a risk is posed to the newborn of abduction or of violence towards the staff from either the mother, partner or family member a security meeting will be held. This is the responsibility of the named Social Worker to arrange with the Named Midwife for Safeguarding. Security will be invited to attend and recorded on the meeting report template. (New 2018)

2.9 Training (New 2018)

- Yearly Safeguarding Children Level 3 Training is mandatory for maternity staff (Intercollegiate Document, 2015) The Safeguarding Children Training brochure contains all dates and requirements. Internal training can be booked on ESR, external training links are found within the brochure. Advice can be sought from the Named Midwives for Safeguarding.
- Newly appointed staff to the Trust will have to complete external training within 3 months of commencing employment.
- Staff to keep individual records on their training passport. Multi-agency training is required every 3rd year.

2.10 Professional Differences

If inter professional differences are unable to be resolved discuss initially with Community Team Leader and/or Named Midwife for Safeguarding and utilise the Escalation Policy
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Guideline for Safeguarding Children for Midwives</th>
</tr>
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<tbody>
<tr>
<td>Lead</td>
<td>Named Midwives for Safeguarding</td>
</tr>
<tr>
<td>Tool</td>
<td>Monthly updates from team leaders of all safeguarding concerns. Regular review of all midwifery safeguarding documentation to ensure appropriate action has been taken.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Ongoing</td>
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<tr>
<td>Reporting arrangements</td>
<td>Safeguarding Children’s Operational Group (SCOG), Maternity Governance Group and Patient Safety Forum and Team Leader Meetings</td>
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<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>All strategic changes and recommendations will be actioned through Safeguarding Children’s Operational Group (SCOG), Maternity Governance Group and Patient Safety Forum. At the Team Leaders meetings an action plan will be agreed and responsibility allocated to the appropriate Team Leader. Actions will then be reviewed at subsequent meetings.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Any changes will be communicated via the monthly Midwives update days, Maternity Forum, Safeguarding Newsletter and by email</td>
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4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Safeguarding Children for Midwives Clinical Guideline V2.0</th>
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<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; August 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; October 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; October 2021</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Suzie Williams &amp; Bernie Dolan Named Midwives for Safeguarding Obstetrics &amp; Gynaecology Directorate</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254551</td>
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### Brief summary of contents
This Safeguarding Children Guideline for Midwives is designed to give guidance on child protection/safeguarding for children up to the age of 18 years old and compliment Cornwall and Isles of Scilly local Safeguarding Children policies and procedures.

### Suggested Keywords:
Safeguarding, children, neglect, child protection, concerns, abuse, FGM, domestic, violence, special, social, signs of safety, unborn

### Target Audience
<table>
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<tr>
<th>RCHT</th>
<th>CPFT</th>
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### Executive Director responsible for Policy:
Medical Director

### Date revised:
1<sup>st</sup> August 2018

### This document replaces (exact title of previous version):
Safeguarding Children – Clinical Guideline for Midwives V1.3

### Approval route (names of committees)/consultation:
Maternity Guideline Group
Obs and Gynae Directorate for noting
Divisional Board
Safeguarding Children Operational Group (SCOG)
Policy Review Group

### Divisional Manager confirming approval processes
Tunde Adewopo

### Name and Post Title of additional signatories
Not Required
### Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings

<table>
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<tr>
<td>Name: Caroline Amukusana</td>
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### Signature of Executive Director giving approval

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### Publication Location (refer to Policy on Policies – Approvals and Ratification):

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### Document Library Folder/Sub Folder

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### Links to key external standards

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<th>CQC &amp; Ofsted</th>
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### Related Documents:

- SW Child Protection procedures
- RCHT Safeguarding Supervision Policy 2016 (New 2018)
- RCHT FGM guideline (2018)

### Training Need Identified?

Yes. Refer to section 2.8.

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### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>14 Sep 12</td>
<td>V1.0</td>
<td>New Guideline</td>
<td>Judith Parsons – Designated Nurse for Child Protection/Teresa Phillips – Midwifery Matron</td>
</tr>
<tr>
<td>11 Sep 12</td>
<td>V1.1</td>
<td>Updated contact details of organisations and individuals. Expanded ‘Supervision’ section.</td>
<td>Bernie Dolan, Safeguarding Midwife/Specialist Midwife</td>
</tr>
<tr>
<td>Date</td>
<td>Version</td>
<td>Changes</td>
<td>Author(s)</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>17th July 2015</td>
<td>V1.2</td>
<td>MARU referral included&lt;br&gt;Added LSCB threshold&lt;br&gt;Children on a Child Protection plan team leader will make a chronology to be filed in the baby's notes following birth&lt;br&gt;Supervision paperwork included&lt;br&gt;Advice upon use of yellow sticker</td>
<td>Teresa Phillips, Community Midwifery Matron &amp; Outpatient Services/Named Midwife for Safeguarding</td>
</tr>
<tr>
<td>20th January 2015</td>
<td>V1.3</td>
<td>Locality Team Leaders to evidence Midwives attendance at Professional/Core Group meetings and Case Conferences and submission of reports. The midwife will liaise with the Health Visiting Team to arrange a joint antenatal visit after 28 weeks gestation when safeguarding has been identified.</td>
<td>Teresa Phillips, Community Midwifery Matron &amp; Outpatient Services/Named Midwife for Safeguarding</td>
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<tr>
<td>10th August 2018</td>
<td>V2.0</td>
<td>There have been many changes to this guideline in order to update and bring in to line with the Safeguarding Children's Partnership guidelines for safeguarding children. Professionals' responsibilities and roles have been identified and expanded in relation to safeguarding children and their families. The risks that need to be considered and when to make a referral to MARU has been added. The Midwifery Safeguarding Pathway has been completely revised. All the safeguarding paperwork appendices have been removed. All now electronic.</td>
<td>Suzie Williams and Bernie Dolan Named Midwives for Safeguarding</td>
</tr>
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All or part of this document can be released under the Freedom of Information Act 2000

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
### Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Safeguarding Children for Midwives Clinical Guideline V2.0</th>
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<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Is this a new or existing Policy?</strong></td>
</tr>
<tr>
<td>Obs and Gynae Directorate</td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>Bernie Dolan/Suzie Williams</td>
<td>01872 254551</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - Who is the strategy / policy / proposal / service function aimed at?
   - This Safeguarding Children Guideline for Midwives is designed to give guidance on child protection/safeguarding for children up to the age of 18 yrs. old and compliment Cornwall and Isles of Scilly local Safeguarding Children policies and procedures.

2. **Policy Objectives***
   - To ensure all midwives are able to risk assess, recognise and act upon signs of abuse and potential abuse on children and unborn babies at risk of abuse.

3. **Policy – intended Outcomes***
   - Compliance with agreed overarching child protection procedures for Cornwall & IOS and SW Peninsula.

4. **How will you measure the outcome?**
   - Compliance Monitoring Tool

5. **Who is intended to benefit from the policy?**
   - Unborn babies, children and their families

6a. Who did you consult with
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - X

b). Please identify the groups who have been consulted about this procedure.

- Maternity Guideline Group
- Obs and Gynae Directorate
- Divisional Board
- SCOG
- Named Nurse for Safeguarding RCHT
- Community Team Leaders for Midwifery
- Head of Midwifery
- Nurse Consultant for Safeguarding
- Matron for Community Midwifery & Outpatients Services.

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What was the outcome of the consultation?  
Guideline agreed

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7. The Impact
Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<td>Age</td>
<td>X</td>
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<td></td>
<td>All pregnant women and their babies</td>
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<td>Sex (male, female, trans-gender / gender reassignment)</td>
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<td>All pregnant women and their babies</td>
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<td>Race / Ethnic communities /groups</td>
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<td>All pregnant women and their babies</td>
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<td>Disability -</td>
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<tr>
<td>Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
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<td>All pregnant women and their babies</td>
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<td>Religion / other beliefs</td>
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<td>All pregnant women and their babies</td>
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<td>Marriage and Civil partnership</td>
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<td>Pregnancy and maternity</td>
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<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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<td>All pregnant women and their babies</td>
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You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any **policies** which have
been identified as not requiring consultation. or

- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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9. If you are not recommending a Full Impact assessment please explain why.

No areas indicated

Signature of policy developer / lead manager / director

Suzie Williams & Bernie Dolan

Date of completion and submission

1st August 2018

Names and signatures of members carrying out the Screening Assessment

1. Suzie Williams & Bernie Dolan
2. Human Rights, Equality & Inclusion Lead

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Sarah-Jane Pedler

Date 10/08/2018