

ROLE DEVELOPMENT POLICY

		POLICY	
Reference	CPG-TW-RDP		
Approving Body	Documentation Group		
Date Approved	14 th February 2023		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
Issue Date	28 th February 2023		
Version	3.0		
Summary of Changes from Previous Version	• Inclusion of Maternity staff and areas • Inclusion of flowchart for Role Development development/review process (Appendix F) • Inclusion of the newly formed Practice Education and Development Team (PEDT) • Addition of APEL Documentation (Appendix H)		
Supersedes	v2.0, ref: CPG-TW-R/SRDP, Role Development Policy, Issued 17 th May 2019 to Review Date February 2023 (ext ²)		
Document Category	• Clinical		
Consultation Undertaken	• Ward/Department Leaders • Divisional Directors of Nursing and Midwifery • Matrons across all divisions • Resuscitation Team • Moving and Handling Team • Medical Equipment Lead Trainer		
Date of Completion of Equality Impact Assessment	30/12/2022		
Date of Environmental Impact Assessment (if applicable)	Not Applicable		
Legal and/or Accreditation Implications	To standardise practice and conform with regulatory bodies		
Target Audience	• Registered Nurses including Specialist Nurses • Registered Midwives • Registered Nursing Associates • Non-Registered Clinical Staff • Operating Department Practitioners • Emergency Care Support Workers • Allied Health Professionals • Advanced Clinical Practitioners		
Review Date	February 2023		
Sponsor (Position)	Chief Nurse		
Lead Author (Position & Name)	Joy Simpson, Practice Education Matron, Professional Education and Training Team		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Nursing / Professional Education and Training Team		

Position of Person able to provide Further Guidance/Information	Joy Simpson, Practice Education Matron, Professional Education and Training Team
Associated Documents/ Information	reviewed 30/12/2022
Appendices A, B, C, D, and H	All updated/ developed with review of this policy and published alongside it on the intranet so they are more easily accessible for downloading/ printing and use as needed but also linked back to policy.
Template control	February 2023

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1.0 INTRODUCTION

The Role Development Policy sets out the principles and processes which support role development and expansion of practice for Registered Nurses, Registered Midwives, Allied Health Professionals (AHP), Registered Nursing Associates and non-registered clinical staff at SFHFT. In order to respond to the changing and complex demands of healthcare these staff may require the development of additional specialist knowledge and skills. This policy defines the steps involved in developing and expanding professional practice and is underpinned by the principles outlined in:

- The Code: Professional Standards of Practice and Behaviour for nurses, midwives and nursing associates. (Nursing and Midwifery Council, 2018).
- The Standards of Conduct, Performance and Ethics (Health and Care Professions Council, 2016).
- The Code of Conduct for Healthcare Support Workers and Adult Social Care workers in England (Skills for Care and Skills for Health, 2013).
- The Multi-professional Framework for Advanced Clinical Practice in England (Health Education England, 2017).
- Implementing a scheme for Allied Health Professional with Special Interests (Department of Health, 2003).

This policy is also underpinned by the SFHFT CARE Values and the Nursing, Midwifery and Allied Health Strategy 2022- 2024 which have informed the review of this policy. This policy is issued and maintained by the Chief Nurse (the sponsor) on behalf of the Trust, the issue date is defined on the front sheet.

This is the third version of this policy.

This policy should be read and understood by:

- Practitioners developing and implementing new role development packages.
- Staff completing a role development package.
- Senior managers (this includes Ward/Department Leaders, Charge Nurses, Matrons, Divisional Directors of Nursing and AHP's) who manage staff undertaking a role development package.

2.0 POLICY STATEMENT

The Role Development policy aims to support and encourage the expansion and development of clinical practice by supporting staff to develop, expand and enhance their roles in a manner that is safe, effective, and patient-focused. The Trust will ensure that competence, accountability, and responsibility are central to the delivery of all role development and expanded practice learning and development activities.

The policy provides the principles and framework for ensuring all related activities are focused on the individual's responsibility for learning, development and assessment of competence, including regular reviews of competency to practice.

All role development/ expansion learning and development activities and packages must:

- Be of benefit to patients.
- Not compromise existing patient care.
- Not involve the inappropriate delegation of care to others.
- Be based on current evidence and best practice.
- Be based on consultation, planning, education, and the assessment of competence.
- Be lawful and consistent with SFHFT employment policies and guideline.
- Have relevant and appropriate managerial authorisation.

Prior to beginning any related study and practice this policy should be read and understood by:

- Clinicians with responsibility for training and assessing the standards of practice and/or clinical competency of staff undertaking learning and development activities associated with role expansion/development.
- Managers who line manage staff undertaking any role development package.

For procedures with “normal practice” NICE guidance, the Directorate Clinical Director or Directorate Clinical Lead, taking advice from appropriate clinicians and Directorate and Specialty Management Teams, will grant approval of requests for role development/expansion.

In establishing any role expansions managers must satisfy themselves that local use of any specific procedure fulfils all the conditions stipulated by the National Institute for Health and Care Excellence (NICE).

SFHFT is committed to ensuring, as far as is reasonably practicable, that the way services are delivered to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups based on their ethnic origin, physical or mental abilities, gender, age, religious beliefs, or sexual orientation. The implementation of this policy is in line with this commitment.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust / SFHFT	Refers to Sherwood Forest Hospitals NHS Foundation Trust incorporating: Kings Mill, Newark, and Mansfield Community Hospitals
Staff	Refers to employees of the trust in the nursing, midwifery and allied health professional disciplines who will undertake any role development or expansion deemed appropriate to their individual role, job description and qualifications. The practice of these individuals will be covered by the trust indemnity arrangement.
Managers	Includes Ward/Department Sisters, Charge Nurses, Specialist Midwives, Matrons, Clinical Leads and Allied Health Profession Managers.
AHPs	Allied Health Professionals
APEL	Accreditation of Prior Experiential Learning
PEDT	Practice Education and Development Team (which comprises of PETT and PDM)
PETT	Professional Education and Training Team
PDM	Practice Development Matron
Assessor	A registered practitioner, who has completed training, been recorded on the Trust ESR database, and can demonstrate competency and on-going practice in the identified role/specialist role. This will not include persons either partially or not formally trained in the identified role themselves.
Role Development / Expansions to practice / Role expansion	Are terms which are descriptors of role development - these are supported by specialised training / competency packages/ supervised practice and should be subject to regular review in line with an individual's role i.e. at appraisal
ESR	Electronic Staff Record
OLM	Oracle Learning Management

4.0 ROLES AND RESPONSIBILITIES

4.1 Registered Practitioner/Non-Registered Nursing and AHP staff

- Before undertaking role development activities, staff must understand of the principles that underpin competence and conduct as set out by their relevant regulatory bodies such as by the Nursing and Midwifery Council (NMC, 2018), the Health and Care Professions Council (HCPC, 2016) and the Code of Conduct for Health care Support Workers and Adult Social Care workers in England (Skills for Care and Skills for Health, 2013).
- Staff must undertake appropriate training, assessment, and verification of competency to engage in role development/expansion activities.
- Staff completing role development/expansion learning and development packages must be able to demonstrate evidence of competence to undertake the role. This requires that staff can demonstrate that both the theoretical and supervised clinical practice components have been completed, assessed, and verified.
- Staff who are new to the Trust and who have completed training and assessment in role development and expansion activities elsewhere must provide evidence of previous training and competency. This will be reviewed by the author responsible for the specific training and if meets SFHFT standards an APEL document will be created. These individuals will be required to complete an assessment of practice by a Trust assessor before using expanded practice skills at SFHT. This assessment should be completed within 6 months of joining the Trust.

4.2 Assessor

In assessing staff in role expansions to practice the assessor:

- Supervises and assesses the staff member undertaking the role development/expanded practice learning and development pack.
- Verifies that the staff member is competent to perform the expanded role and has required underpinning knowledge and understanding.
- Reviews the evidence of competence and verifies that these meet the requirements of professional codes of practice and are in line with the Trust's values.
- Works with the Practice Education and Development Team and external training providers to ensure that the knowledge and skills required to undertake the assessor role are appropriate and up to date.
- Must evidence their competence to undertake the role, ensuring this is recorded on the Trust OLM/ESR system. This should be discussed at appraisal, as a minimum at least three yearly or more frequently if appropriate, through using the competency framework contained within the package.

4.3 Role Development/Expanded Practice Author(s)

Authors of role development/expanded practice learning, and development activities and packs will:

- Develop the content in line with current evidence-based practice.
- Work in partnership with the PEDT to ensure the aims, learning outcomes and the teaching and assessment strategies are appropriate.
- Involve and consult with colleagues (and where appropriate from other professions/disciplines) in the construction and content of role of development/ expanded practice learning and development activities and packs.
- Ensure that draft role development/expanded practice learning, and development activities and packs are circulated for comment and revision within the appropriate speciality, division and Trust wide if required.
- Ensure that the role development/ expanded practice learning, and development activities and packs have been peer-reviewed before submission at Divisional Governance for agreement.
- Ensure that new/reviewed role development/ expanded practice learning, and development activities and packs are agreed at Divisional Governance, before submission for approval and final ratification at the Nursing, Midwifery and AHP Board,
- Attend the Nursing, Midwifery and AHP Board when the role development/ expanded practice learning, and development activities and packs are submitted for ratification.

4.4 Practice Education and Development Team

The Practice Education and Development Team will:

- Advise on the feasibility of the educational component of the new/reviewed role development/expanded practice learning and development activities and packs.
- Facilitate and support authors to write, review and consult on new/reviewed role development/expanded practice learning and development activities and packs.
- Monitor all role development and expanded practice learning and development activities and packs. A copy of each pack should be held centrally by these teams for reference.
- Maintain a record of all role development and expanded practice training on a database accessed through the Practice Education and Development Team.
- Record the details and progress (until completion) of all Registered Practitioners and non-registered Nursing and AHP staff undertaking role development/expansion competency training.

- On completion of training, including competency packs, record the role development/expanded practice on OLM and the individual's ESR training record.

4.5 Department/Ward Leader/Charge Nurse/ Clinical Educator

Department/Ward Leaders, Charge Nurses and Clinical Educators will:

- Ensure that staff can undertake role development/expanded practice activities and packages related to their role.
- Ensure that requests for role development/expanded practice activities are appropriate to the clinical area and the staff have opportunities to complete the supervised assessments of practical competency within the allocated time
- Ensure that any role development/expanded practice training and competencies are discussed and documented annually at appraisal as per the SFHT Appraisal and Incremental Pay Progression Policy.
- If required, document any extenuating circumstances discussed with the individual undertaking a role development/expanded practice package.

4.6 Matron/AHP Manager

Matrons/AHP Managers will:

- Provide advice regarding the feasibility of the proposed role development/expanded practice from a speciality or divisional perspective.
- Approve the initial proposal and be accountable for ensuring that the role development/expanded practice package is in line with agreed policies and procedures.
- Define whether the proposed role development/expanded practice learning and development packages are for registered or non-registered clinical staff or both.
- Ensure that a final draft is agreed at a local governance level and that the final proposal and package are submitted to the Nursing, Midwifery and AHP Board for ratification.

4.7 Staff group(s)

This policy will guide and support the practice of the following groups of staff:

- Registered Nurses including Specialist Nurses and Advanced Nurse Practitioners
- Registered Midwives
- Registered Nursing Associates
- Assistant Nurse Practitioners and Emergency Care Support Workers
- Health Care Assistants – where a skill is required in a specific job description
- Operating Department Practitioners
- Radiographers

- Physiotherapists
- Occupational Therapists
- Sonographers
- Clinical Physiologists

4.8 Clinical area(s)

This policy applies to:

- Clinical areas and departments across all SFHFT hospital sites

5.0 APPROVAL

Following consultation this policy has been approved by the Trust's Documentation Group and will be monitored by the Nursing, Midwifery and AHP Committee.

6.0 POLICY AND PROCEDURAL REQUIREMENTS FOR ROLE DEVELOPMENT AND EXPANSION

6.1 Overview

- Role development/expanded practice competency training must be demonstrably appropriate to the practice of the individual and the clinical area in which they work and be of benefit to the patient group.
- Before undertaking role development/expansion training, practitioners must understand the principles that underpin competence and conduct as set out by their relevant regulatory bodies such as by the Nursing and Midwifery Council (NMC, 2018), the Health and Care Professions Council (HCPC, 2016) and the Code of Conduct for Health care Support Workers and Adult Social Care workers in England (Skills for Care and Skills for Health, 2013).
- All staff must undertake appropriate training, assessment, and verification of competency to engage in role development/expansion activities.
- Staff completing role development/expansion training packs must be able to demonstrate evidence of competence to undertake the role. This requires they demonstrate that both the theoretical and supervised clinical practice components have been completed, assessed, and verified.
- Staff who are new to the Trust and who have completed training and assessment in role development and expansion activities elsewhere must provide evidence of previous training and competency to the specialist trainer/author of the role development pack as an assurance that the standard of theory has been achieved. These individuals will be required to complete assessments of practice by a Trust assessor before using expanded practice skills at SFHT. This assessment should be completed within 6 months of joining the Trust. Once assessment(s) have been completed, this evidence needs to

be submitted to the specialist trainer author(s) for verification and recording of the competence on OLM.

6.2 Development and Approval of Role Development and Expansion Training

- Author(s) should work in partnership with the Practice Education and Development Team to generate the learning outcomes, training materials and assessment strategies for role development/expanded practice training packs.
- Evidence based guidelines or protocols must be available to support role development/expanded practice training and assessment. In addition, they should draw upon the expertise of working groups, clinicians and professional bodies as appropriate.
- Any proposed speciality specific role development and/or competency packages will be developed in line with the process (see flowchart) and sent out for consultation within speciality. Consultation may also be sought from professionals/specialists outside of the speciality within the trust. Peer review outside of the organisation may be required for some role development packages. All consultation/review processes, including the names/designations of individuals who have contributed or supported in the review process should be highlighted within the role development package
- Specialty Specific/Divisional Clinical Governance Steering Group(s) must approve and ratify the role development/expanded practice training package (education and competency assessment processes) prior to submission at the Nursing, Midwifery and AHP Board for final approval.
- The final role development/expanded practice training package should be submitted to the Nursing, Midwifery and AHP Board for final approval and ratification on behalf of the Trust and will ratify the role development/expanded practice training including the education and competency assessment processes as safe and appropriate for use.
- Once approved an electronic version of the pack should be submitted to the Practice Education and Development Team (PEDT).

6.3 Assessor and Practice Contract

- Time limits for completion must be included in the packs and discussed with the assessor(s), identifying a timescale and plan for completion of the complete training package.
- Any limitations within an individual's practice should be acknowledged and discussed prior to any commencement of training and/or practice.
- The assessor(s) and practitioner will agree a programme for completion of practice-based observations and assessments of competency which will include regular meetings to review progress.
- Assessors of any role development/expanded practice skills must be recorded as competent with the skill on the Trust OLM / ESR database

- Failure to complete the programme of training and supervised practice and assessments in the timescales identified will result in the practitioner being unable to practice the role and consequently may affect pay/role progression. In the case of failure to complete, the line manager will need to review and assess the individual circumstance and determine the risk of and suitability for:
 - 1) Extending the completion period
 - 2) Recommencing the training at a later date
 - 3) Discontinuation of the training.
- Extenuating circumstances will be considered and an extended period to complete role development and expansion training packages will be considered on an individual basis ([Appendix C](#)).

6.4 Training Compliance and Records

- The theoretical component of all role development/expanded practice training must be completed, verified and signed before the commencement of supervised practice on patients. This is an assurance that theoretical knowledge underpins any supervised clinical practice undertaken.
- Role development/expanded practice pre-course training packs will be issued from PEDT or through the on-line booking system following agreement from the line manager. Booking of associated study leave and training are always subject to approval by the individual's line manager.
- Following booking via the on-line booking system with agreement from the line manager, any pre-course training packs should be accessed via the Sherwood eAcademy or from the specialist trainer/author. Precourse workbooks will be issued by PETT for any courses booked through PETT
- Following the theoretical component of Role development/expanded practice training any competency packs will be issued by the specialist trainer/author/PETT for completion in practice with a competent assessor.
- Where training and a package require reviewing and/or updating PEDT will contact the author or their deputy/successor to allow the review process to take place in a timely manner, ideally 3-months before the expiry date of the existing resources.
- If any part of the training is from external providers, the evidence of study must be produced following completion and the associated Trust training and competency package will then be issued.
- Role development/expanded practice competency packs issued will be recorded centrally on a database administrated by PETT. Training managers will be required to notify PETT of all packages issued so that they can be recorded in a timely manner.
- On completion of role development/expanded practice competency assessments a copy of the fully signed document must be returned to the PDM/PETT/ specialist trainer/author

in order to verify that the programme of training and assessments have been satisfactorily completed and to enable recording this competency on OLM. This may be online via Sherwood eAcademy or in some cases via hard copy. The verified document will be returned to the practitioner for retention in their portfolio. It is the responsibility of the individual to safely retain and keep all documentation relating to role development/expanded practice training.

- An entry onto the ESR system will be made as a record of the individual's training and competency. This information will be made available to the individual's ward/department leader via ESR.
- Timescales for completion of individual packages and associated assessments will be identified within the package and relevant to the expansion of practice itself. Timescales for completion will be noted on the database. Staff undertaking the role development/expanded practice must not perform the task independently until the competency assessment document has been verified and recorded on the ESR system.
- It is the responsibility of the line manager to ensure compliance with any timescales for completion that are set. Failure to complete the package in totality in the specified time will result in the inability to practice and may mean that some or all of the training will need to be repeated.

6.5 Maintaining and Updating Competency

Role/specialist role developments used in practice must be reviewed at the individual's appraisal on an annual basis, as a minimum.

Individuals will be required to retain evidence of training, assessments and continued reflective practice to maintain their personal/professional development records. These records will be subject to review - ideally in an annual appraisal. ([Appendix B](#))

It is the responsibility of the line manager to identify any training needs with the individual in relation to maintaining their knowledge and skills.

Advice can be sought from the PEDT.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Issue of packages and competency documents (Appendix A, Appendix E and Appendix G) Timescales for completion Extensions for completion Content of Training Final sign off of competency	PEDT / Specialist Trainers / Authors	Using a centralised database OLM reports as required	Monthly report of outstanding competencies to Ward/Dept Leaders	Report to Corporate Head of Nursing People and Development Committee
Recording of training and competency sign-offs	ESR / OLM administrator / PETT	OLM reports	On request	All of the above

8.0 TRAINING AND IMPLEMENTATION

Managers will be required to familiarise themselves with the content of this policy and apply its content into practice when developing and implementing role development and expansion to practice training packages.

This policy also provides guidance for the process of undertaking role development activities to expand an individual's practice along with actions to support timely completion and adherence.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix G](#).
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED DOCUMENTS

This policy has been developed using a combination of local and national guidance, and from national recognised bodies such as the Nursing and Midwifery Council, Royal College of Nursing and Health Care Professions Council.

- Accountability and delegation- A guide for the nursing team (2017) Royal College of Nursing
- Equity and Excellence: Liberating the NHS. Department of Health (2010) London: HMSO.
- Health and Care Professions Council: HCPC (2016) Standards of conduct, performance and ethics: London
- Health Education England (HEE) (2017) Multi-professional framework for advanced clinical practice in England: HEE
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Nursing and Midwifery Council (2018) London

Related Documents: All current versions on the intranet

- Appraisal Policy for Agenda for Change Staff
- Clinical Audit Policy
- Mandatory Training Policy
- NICE Guidance Implementation Policy
- Nursing Midwifery and Allied Health Strategy (2022-2024)
- Medical Equipment User Training Policy
- Risk Management Policy

11.0 KEYWORDS

Expansion; expansions; expand; expanded; expanding; developing; practice; professional; package; develop; clinical; competent; competency; assessment; roles, developments

12.0 APPENDICES

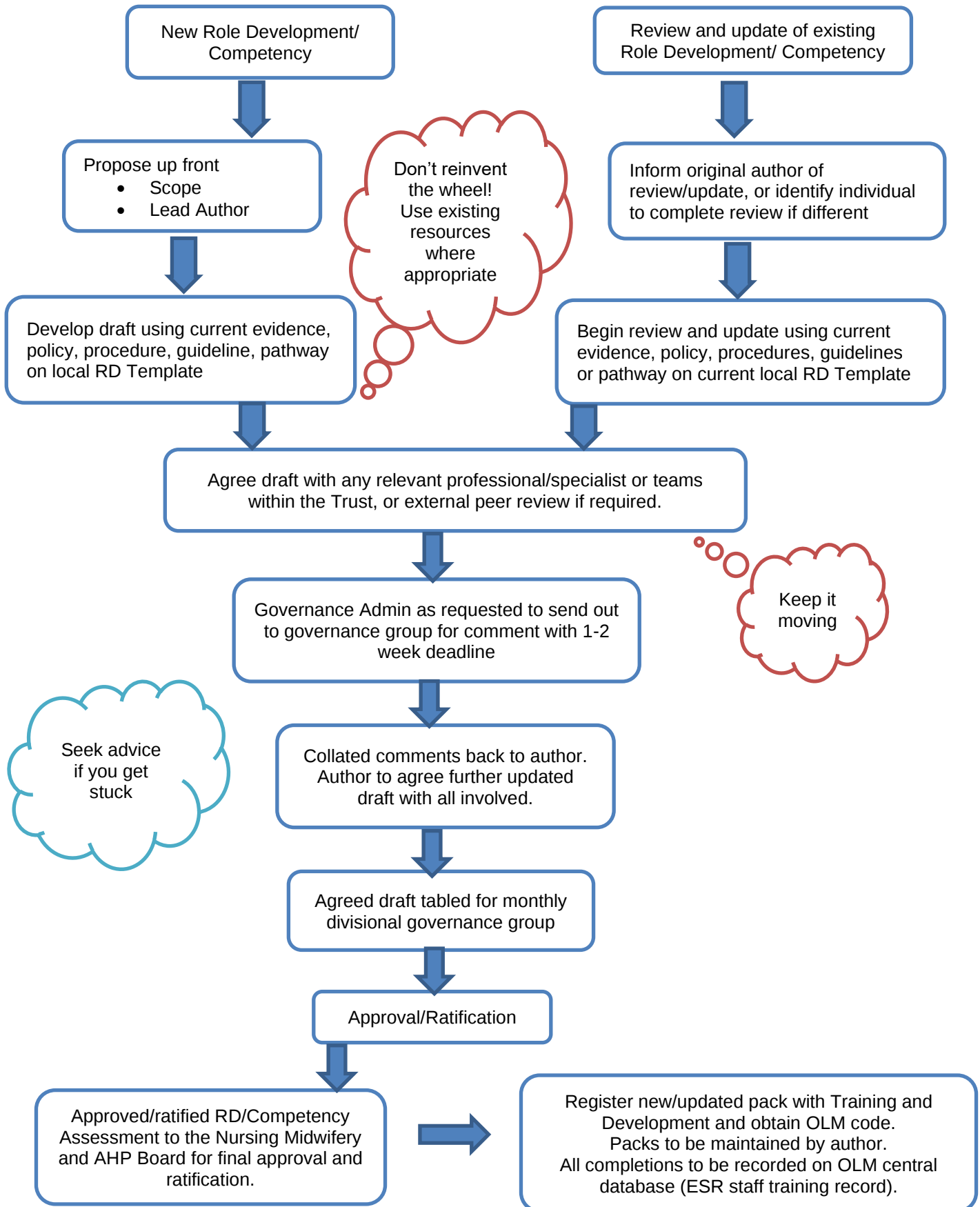
Appendix A	Assessment Document Template for paper based Role Developments (<i>linked to intranet</i>)
Appendix B	Reflective Practice Template for Role Developments (<i>linked to intranet</i>)
Appendix C	Exceptional Extenuating Circumstances Form for Role Developments (<i>linked to intranet</i>)
Appendix D	<u>Online</u> Competencies Process and <u>Online</u> Role Development Programme Templates (<i>linked to intranet</i>)
Appendix E	Women and Children's (W&C) New or Revised Nursing/Allied Staff Role Development (RD) and Competency Assessment
Appendix F	Role Development Process
Appendix G	Equality Impact Assessment
Appendix H	APEL Document for Role Development (<i>linked to intranet</i>)

Appendix E

W&C New or Revised Nursing/Allied Staff Role Development (RD) and Competency Assessment

- Any proposed neonatal/paediatric role development and/or competency packages will be developed in line with the process (see flowchart) and sent out for consultation within speciality. Consultation may also be sought from professionals/specialists outside of the paediatric/neonatal speciality within the trust. Peer review outside of the organisation may be required for some role development packages. All consultation/review processes, including the names/designations of individuals whom have contributed or supported in the review process should be highlighted within the role development package.
- Whilst the review and consultation process occurs within paediatric/neonatal speciality, following agreement and progression through paediatric governance, any RDPs' and competency assessment packages should be forwarded to Nursing, Midwifery and AHP board for information and awareness.
- Most Paediatric/Neonatal role development/ competencies are held and distributed locally. The distribution of, and completion of these should be overseen by the relevant PDM for the area. On completion the relevant department should be contacted to ensure a record of completion is made on the OLM.
- The speciality PDMs will maintain a database regarding role development packages and competencies distributed locally (ie within paediatrics/neonates)
- Staff employed within paediatrics/neonates will be required to complete generic trust role development packages and a record of distribution/completion of these resources should be held by the PETT, with appropriate OLM updating as necessary.

Appendix F – Role Development/Review Process



APPENDIX G – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Role Development Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 30/12/2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None identified	None identified	None identified
Gender	None identified	None identified	None identified
Age	None identified	None identified	None identified
Religion	None identified	None identified	None identified
Disability	None identified	None identified	None identified
Sexuality	None identified	None identified	None identified
Pregnancy and Maternity	None identified	None identified	None identified
Gender Reassignment	None identified	None identified	None identified
Marriage and Civil Partnership	None identified	None identified	None identified
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None identified	None identified	None identified

What consultation with protected characteristic groups including patient groups have you carried out? • Not applicable
What data or information did you use in support of this EqIA? • Not applicable
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? • None identified
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact <i>(Delete as appropriate)</i> For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Joy Simpson
Signature:
Date: 30/12/2022