

# Infection Prevention Policy

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# Lincolnshire Community Health Services NHS TRUST

## Infection Prevention Policy

### Version Control Sheet

Version	Section/ para/appendix	Version/description of amendments	Date	Author/amended by
V1		New document		
V2	Whole document	Changed headers, footers and added NHS Trust Change HPA to PHE Removed Strategic Board and replaced with NHS England Changed Clinical Governance and Risk Committee to Quality and Risk Committee	Sept 13	L Roberts
	Front page and Page 5	Removed myMail	Sept 13	L Roberts
	Page 7	Update Health and Social Care Act 2012	Sept 13	L Roberts
	Page 9 Section 4.5	Removed infection control e-learning on induction	Sept 13	L Roberts
	Page 10 Section 5	Removed Clinical and non-clinical	Sept 13	L Roberts
	Page 13 References	Change details of Health and Social Care Act	Sep 13	C Day
	Page 28	TOR IPC Committee incorporated in Matrons Quality Days	Sep 13	L Roberts
V2.1	Whole document	Amended Clinical Governance to Quality and Risk, Infection Prevention and Control to Infection Prevention and amended business unit structure to the interim structure e.g. South and East Retitled Infection Prevention Policy	Feb 14	L Roberts
	Page 22	TOR membership – added Head of Estates Services and Lead Infection Prevention CCG	Feb 14	L Roberts
v.2.2		Extension agreed to allow committee approval	Sept 15	N Jackson
V 3	Whole document	Added “quality care” and “improving outcomes” throughout document. Changed Workforce Development to Education and Workforce Development Changed Business Units to Neighbourhood Teams Changed footers	Jan 16	L Roberts
	Section 12	Updated References	Jan 16	L Roberts
	Appendix A	Removed Team structure, as Team under review	Jan 16	L Roberts
	Appendix C	Replaced V 2.1 IPC Committee TOR with V3	Jan 16	L Roberts

V4	Whole document	Changed Infection Prevention and Control to Infection Prevention. Footers and headers.	October 2017	S Fixter
	Section 7	Monthly progress reports changed to Quarterly Quality Requirements Reports	October 2017	S Fixter

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**Lincolnshire Community Health Services NHS Trust**  
**Infection Prevention Policy**

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## **Policy Statement**

<b>Background</b>	The purpose of this policy is to implement a co-ordinated approach to infection prevention and control in line with current NHS Litigation Authority and Department of Health requirements
<b>Statement</b>	This policy is comprehensive, formally approved and ratified, and disseminated through approved channels. It will be implemented for Lincolnshire Community Health Services NHS Trust
<b>Responsibilities</b>	Compliance with the policy will be the responsibility of all staff
<b>Training</b>	The Infection Prevention Service will support/deliver any training associated with this policy
<b>Dissemination</b>	Via Website
<b>Resource implication</b>	This policy has been developed in line with the NHS Litigation Authority, Department of Health and best evidence guidelines to provide a framework for staff within NHS organisations to ensure the appropriate production, management and review of organisation-wide policies.

# Lincolnshire Community Health Services NHS Trust

## Infection Prevention policy

### 1. Background

Healthcare associated infections (HCAI's) are infections that are neither present nor incubating when a patient is admitted to hospital. They are well recognised to cause morbidity and mortality. Not all infections are preventable as in many cases the outcome of an infection is dependent upon patient susceptibility. Infection Prevention serves to reduce the risk of an infection spreading to a new host to an "irreducible minimum" and improve outcomes for patients.

Clinical care is now delivered within the governance framework that is itself firmly embedded in an environment of managed risk and quality care. The fundamental principle of 'Infection Prevention' is the creation and maintenance of a safe environment through the development and implementation of robust guidelines and policies. Annual work programmes form the basis of arrangements for preventing and controlling healthcare acquired infections that will effectively minimise, manage or eliminate cross infection risks within the working environment and reduce the risk of the spread of infection to both patients and staff and improving outcomes.

We have an open approach to infection prevention with all of our infection prevention documents being made publically available to staff and the public via the internet and other supporting written material such as patient leaflets. Reducing this risk has led to many initiatives which have been taken into account during the development of this policy and the associated guidelines.

Lincolnshire Community Health Services NHS Trust has a legal obligation to ensure that arrangements are in place to protect patients and staff from the risks of acquiring an HCAI during the provision of healthcare. The Trust is committed to the development of safe working practices and quality care relating to the prevention of infection and the spread of disease.

Staff will be provided with appropriate training to protect their health and safety when meeting the needs of the patients/clients they serve.

This overarching policy should be read in conjunction with the relevant Infection Prevention clinical guidelines, policies and leaflets which may be found on the website.

### 2. Purpose of this policy

The purpose of this policy is to confirm and outline the strategic arrangements for Infection Prevention which are to be implemented to protect both patients and staff from the avoidable risks of the spread of infection and ensure that the organisation is compliant with key documents such as the Health & Social Care Act 2015.

The policy details;

- Key roles and responsibilities
- Structure and reporting mechanisms

- Education arrangements
- The production and implementation of, and compliance with infection prevention policies and guidelines and other associated documents.

### **3. Scope of guidance**

The principles contained within the policy reflect best practices and applies to those members of staff who are directly employed by the Trust and for whom it has legal responsibility.

## **4. Responsibilities**

### **4.1 Chief Executive**

Overall responsibility for matters relating to Infection Prevention lies with the Chief Executive to the Trust. He/she is accountable for delivering reductions in HCAI's and has the overall responsibility for ensuring that there are effective arrangements in place for controlling and preventing infections and providing quality care and improved outcomes for patients

### **4.2 Board Lead**

The Director of Infection Prevention and Control (DIPC) has the board lead responsibility for the delivery of an effective infection prevention service for the Trust. He/she is responsible for providing assurance to the board, to commissioning care groups and to NHS England that patients are safe from avoidable HCAI through;

- Being an integral member of the quality, governance and safety structures for the Trust
- Providing professional leadership to the Trusts Infection Prevention Service
- Leading on and reviewing the Trusts compliance against the Health & Social Care Act, identifying required action to meet compliance
- Reporting to the Lincolnshire Community Health Services NHS Trust, NHS England Board and Commissioning Care Groups on issues pertaining to compliance and risk
- Influence the allocation of resources required to minimise the risk of avoidable infections
- Work with Senior teams to deliver the HCAI agenda
- Liaising with external agencies to include the Department of Health and the Care Quality Commission
- Overseeing the development, implementation of infection prevention and control policies and guidelines for the Trust
- Assessing the impact of new and existing policies on HCAI and making recommendations for change

- Producing an annual report
- Challenging inappropriate clinical practices and improving outcomes
- Challenging inappropriate antibiotic prescribing decisions

#### **4.3 Infection Prevention Service**

The Infection Prevention Service for the Trust has a primary responsibility for all aspects of surveillance, prevention and control of infection.

The service will:

- Facilitate structures to ensure that appropriate risk assessments and audits are undertaken
- Facilitate structures to ensure that education and training is provided for all grades of staff
- Produce and revise infection prevention policies and guidelines
- Produce the quarterly status update report detailing activities relating to infection prevention. The report will be approved by the Director of Infection Prevention and Control prior to its presentation to the Infection Prevention Committee, Quality and Risk Committee and Board for Lincolnshire Community Health Services NHS Trust
- Enable, facilitate and support the neighbourhood teams and the wider Trust on matters associated with infection prevention and control to improve quality care and improve outcomes
- Provide expert advice on all matters relating to infection prevention to include new builds/refurbishment programmes

#### **4.4 Managers**

Managers have the responsibility to:

- Ensure that infection prevention is incorporated into all job descriptions and discussed at appraisals and personal performance reviews
- Ensure that all staff are aware of this policy and have received relevant induction/training
- Ensure staff have access to infection prevention guidance, highlight staff training needs
- Ensure that infection prevention is embedded in all areas of their service delivery
- Identify areas for audit and risk assessment
- Ensure that infection prevention is incorporated into plans when services are being developed/redeveloped

- Ensure that local business plans includes objectives which make a contribution to achieving national targets associated with Health Care Associated Infections
- Ensure that there are adequate arrangements for infection prevention in their area of responsibility. That risks are assessed, actions monitored and improvements implemented

#### **4.5 Employees**

All employees have a responsibility to:

- Abide by this policy and any decisions arising from the implementation of it. Any decision to vary from this policy must be fully documented with the associated rationale stated
- Adhere to current guidelines for evidence based practice in the prevention and control of infection
- Seek appropriate guidance/advice if unsure of action to take
- Report any concerns/difficulties in relation to implementing this policy and associated guidelines to their line manager
- Employees have a responsibility to attend annual mandatory training/update training as identified within the organisation's Mandatory Training Matrix and detailed within this policy
- New employees must attend induction training which includes infection prevention and control prior to commencement of their post
- Staff who have direct patient contact are expected to attend a "clinical" infection prevention and control update annually
- Staff who do not have direct patient contact are expected to attend a "non clinical" infection prevention and control update annually

#### **4.6 Education and Workforce Development**

The Education and Workforce Development Team has a responsibility to ensure the coordination of the learning and development of staff, as identified within the Workforce Development Policy and training matrix.

### **5. Training**

#### **5.1 Training delivery**

Training requirements will be highlighted through the local training needs analysis.

The Infection Prevention Service will work in conjunction with the Education and Workforce Development Team to provide education, as appropriate to all staff on corporate mandatory induction and mandatory update sessions.

Further training needs may be identified through other management routes; including root cause analysis reviews following an incident/infection control outbreak (see incident

reporting and serious incident reporting policy). By agreement additional targeted training sessions will be provided by the Infection Prevention Service.

## **5.2 Process to Check Training is completed**

The statement of main NHS terms and conditions for employment for Lincolnshire Community Health Services NHS Trust under 'Agenda for Change' guidance identifies that all staff will be expected to undertake appropriate and relevant training and development to enhance their performance in their post.

Confirmation of staff completion of relevant training; commensurate with their job role (inclusive of mandatory training) will be achieved through:

- Corporate Induction Arrangements: Appointing managers will ensure that all employees are aware of the induction policy upon joining the organisation and ensure that the staff member is booked on the corporate mandatory induction.
- Local Induction Arrangements: Line managers will ensure that all new staff receives a comprehensive local induction, within two weeks of the staff member commencing in their post, guided by the local induction checklist. The local induction checklist records the date corporate mandatory induction is undertaken.
- Knowledge and Skills Framework (KSF): Line Managers are required to keep accurate records of staff training. Utilising this information, Line Managers review and discuss on an on-going basis, training needs of staff and training attended. In addition, the Line Manager will review staff training attended as part of the annual development review, knowledge and skills framework and Agenda for Change progression and behavioural based annual appraisal.

## **5.3 Follow-Up of Non Attendance**

Mandatory Training (Corporate Mandatory Induction; and Annual Mandatory Updates)

The Education and Workforce Development Team will maintain attendance records for all induction and mandatory training session delivered. Non attendees will be notified to the appropriate line manager for action.

## **6. Support for patients**

All policies and guidelines will be publically available on the website. These provide information regarding general principles pertaining to infection prevention and the systems in place to address these. Patients will receive verbal and or written information appropriate to their episode of care. Lincolnshire Community Health Services NHS Trust can provide additional support to clients via the Patient Advice and Liaison Service **(PALS)**.

Data relating to the numbers of alert organisms can be accessed on the Public Health England Website

## **7. Assurance Framework**

Lincolnshire Community Health Services NHS Trust will ensure that infection prevention is an integral part of governance and risk structures through:

- Regular presentations by the Director of Infection Prevention and Control to NHS England, CCG, TEG and LCHS Board and partner organisations.
- Reviewing and reporting on incidences associated with Health Care Associated Infections, to include incidence of alert organisms, outbreaks of infection, and serious untoward incidents together with actions taken
- Establish a programme of audit to demonstrate that policies have been implemented

### **7.1 Compliance & monitoring**

#### **7.1.1. Policies/guidelines/leaflets**

This document underpins all infection prevention documents ratified by Lincolnshire Community Health Services NHS Trust. This and other associated infection prevention and control documents will be approved by the Lincolnshire Community Health Services NHS Trust Infection Prevention Committee and are where appropriate ratified by the Lincolnshire Community Health Services NHS Trust Quality and Risk Committee/ Trust Board prior to their adoption by the staff and departments within Lincolnshire Community Health Services NHS Trust. Documents will be hosted on the website.

The Infection Prevention guidelines/policies will be reviewed and amended by the Infection Prevention Team, in conjunction with others within Lincolnshire Community Health Services NHS Trust as specified by the review date within the document. If new national guidance or evidence is published this will be taken into account and actioned where appropriate before the due review date and reissued via website to all staff.

#### **7.1.2. Infection Prevention Work Programme**

The Director of Infection Prevention and Control and the Infection Prevention and Infection Prevention Team will establish the level of compliance and identify any gaps for the organisation against national standards for infection control to include the Health and Social Care Act, Care Quality Commission standards and NHS England. A programme of work based upon the assessment with clearly defined outcomes will be established. The Infection Prevention Committee and the Quality and Risk Committee as a subcommittee of the Board will provide leadership and direction regarding its implementation, to ensure quality care and improved outcomes. Progress in relation to the work programme will be formally reported to the Trust Board quarterly via the Infection Prevention quarterly Quality Requirement Reports and associated meeting minutes.

#### **7.1. Quarterly Quality Requirement Report**

Quarterly Quality Requirements reports will be submitted to the Infection Prevention committee for scrutiny. The minutes of the committee will be submitted to the Quality and Risk Committee.

The frequency of report submission to the to the Quality and Risk Committee and the Trust Board for Lincolnshire Community Health Services NHS Trust is set as quarterly in line with national reporting requirements. The reports will detail progress against the work programme, rates of infection, outbreaks, environmental hygiene, compliance against key local and national initiatives and any other relevant infection prevention and control issues.

#### 7.1.4. 'DIPC' (Director of Infection and Prevention Control) Annual Report

The Infection Prevention Service will contribute to the Director of Infection Prevention and Control Annual Report which will detail infection prevention activities undertaken for Lincolnshire Community Health Services NHS Trust. The report will be formally received by the Board.

#### 7.1.5. Audit

The Infection Prevention Service will work with the Director of Infection and Prevention Control to ensure that a robust programme of audit for infection prevention and control is developed.

It is the responsibility of the general managers for the business units to ensure that an audit of key policies and guidelines is conducted in line with the annual audit programme. Reports and action plans will be reviewed at the Infection Prevention Committee.

The Infection Prevention Service will assist managers with the audit of compliance with the guidance as part of the Infection Prevention audit programme.

## **8. Identification, consultation and communication with stakeholders**

### 8.1 Identification

Stakeholders include all Lincolnshire Community Health Services NHS Trust employees. All staff are invited to comment on this policy when due for review.

### 8.2 Consultation and Communication

The Infection Prevention Committee (formerly known as the Infection Prevention and Control Forum) for Lincolnshire Community Health Services NHS Trust is the main forum for matters associated with infection prevention and control and has representative membership from all services.

The policy will be circulated to the Committee members for comment. A four week period is allowed for comment and any amendments made accordingly.

## **9. Document approval and ratification process**

Stage 1 The policy will be agreed by the Infection Prevention Committee for Lincolnshire Community Health Services NHS Trust

Stage 2 The policy will be presented to Quality and Risk Committee for approval

Stage 3 The policy will be presented to the Trust Board for ratification

## 10 Communication and dissemination

The approved document will be uploaded to the NHS Lincolnshire website and circulated to all staff via Website.

## 11 Responsibility for document development/revision

The responsibility to ensure that this document is developed and revised is assigned to the Director of Infection Prevention and Control for Lincolnshire Community Health Services NHS Trust

## 12. References

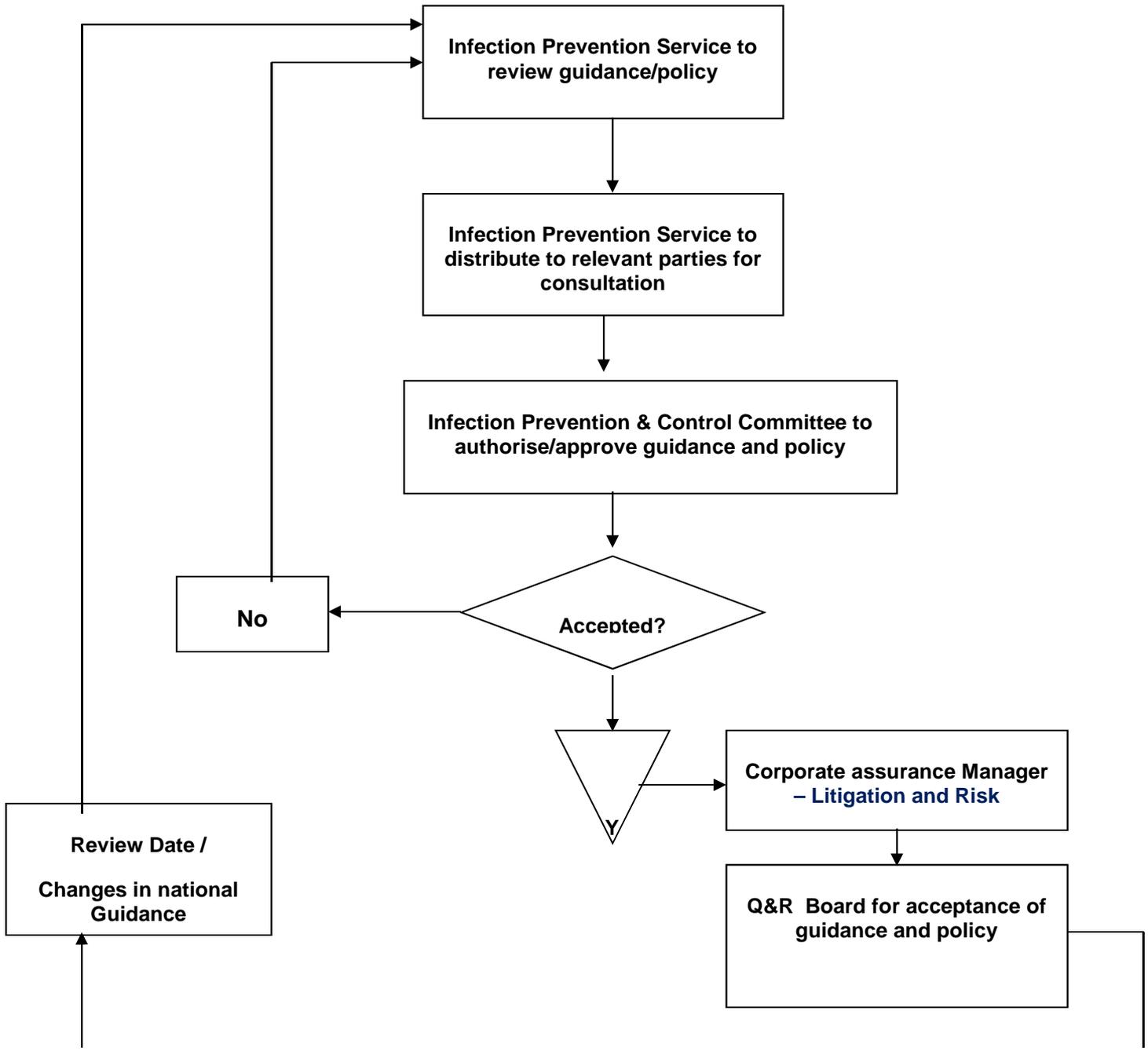
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### 13. Appendices

#### Appendix A System for guidance and policy review

### Infection Prevention and Control

The flowchart below represents the system used by the Infection Prevention and Control Team for guidance and policy review.



## **Appendix C Terms of Reference**

### **TERMS OF REFERENCE**

#### **Infection Prevention Committee v 2**

##### **AUTHORITY**

The Infection Prevention (IP) Committee is a sub-committee of Lincolnshire Community Health Service NHS Trust (LCHS NHS Trust) Safeguarding and Patient Safety Committee that reports to the Board via the Quality & Risk Committee. The Committee's main function is assurance and through its function is the main source of advice to the Board on infectious disease and infection prevention, management and control

##### **PURPOSE/ROLE**

Its purpose is to ensure that LCHS NHS Trust fulfils its statutory, and other, responsibilities, as provider of health services, in achieving and maintaining the standards required by the Care Quality Commission and other National, Regional or professional bodies. To prevent infections and improve outcomes for patients.

The main role of the Committee is to coordinate infection prevention and control and to ensure that there are systems in place to reduce the risk of infection in hospital and other care environments, to manage appropriately those

##### **MEMBERSHIP**

Chair – Director of Nursing and Operations and Director of Infection Prevention and Control

Deputy Chair – Head of Medical Devices and Technology

Infection Prevention Representatives

Head of Clinical Services (Quality) for Neighbourhood teams and Urgent Care/Flow

Governance Manager

Medicines Management Representative

Estates and Facilities Department Representative

Resuscitation Lead

Continence Team Representative

Optional attendees/Invited to attend as requested

Public Health England Representative

TB Specialist

Microbiologist

Occupational Health Representative

##### **ATTENDANCE**

Chair/deputy chair

Representation from each of the Neighbourhood teams and Urgent Care/Flow is required at every meeting.

(Should the main representative not be able to attend, a designated deputy/representative is to attend).

Plus two other core representatives

Secretarial support to the meeting will be provided by a member of the LCHS Beech House Administrative Team.

### **FREQUENCY OF MEETINGS**

The committee will meet quarterly to align with the reporting cycle of Safeguarding and Patient Safety Committee and Quality and Risk Committee i.e. the 1<sup>st</sup> month of each quarter.

### **DUTIES/RESPONSIBILITIES**

- Assist in the development, provide advice on, agree, oversee the development of, and, subsequently, endorse and review, policy, strategy, procedures and guidance in relation to the prevention and management of infectious disease and infection prevention and control for LCHS NHS Trust
- To learn from best practice
- To oversee the dissemination and monitor the implementation of policies, strategy, procedures and guidance in relation to the prevention and management of infectious disease
- To advise and monitor the prevention of infections, maximise an infection free environment and improve outcomes of patients.
- The monitoring of key indicators regarding the prevention and management of infectious disease and infection control.
- To identify and inform the Board of risks in relation to the prevention, management and control of infection across all the areas of its responsibility of The Trust
- To formally review infection prevention associated risks and to make recommendations/approve proposed risk reducing measures.
- To communicate key issues to other relevant Committees/Groups, to include the sharing of minutes to CCG Leads as appropriate.
- To contribute to the production of the Director of Infection Prevention and Control (DIPC) Annual Report and agree/monitor the IP&C work and audit programme(s).
- To receive and consider reports from Infection Prevention team, the Services for LCHS NHS Trust, commissioned services, allied healthcare professionals and independent contractors and where applicable to monitor progress and identify problems and risks associated with infection prevention and control.
- To provide a forum for discussion for infection prevention and control related activity. To ensure that best practice is the norm and that poor practice is challenged (for example as identified from clinical incident review), act upon and hold services/individuals to account on all issues where this is related to infection prevention and control.
- To ensure infection prevention and control principles are incorporated into all clinical and non-clinical activities of the trust e.g. bed management, new purchases and buildings

- To provide advice and input to commissioning and procurement processes for LCHS NHS Trust.
- To review anti-microbial prescribing and resistance data and provide appropriate advice.
- To advise and support the Provider organisations' Infection Prevention 'Team(s)', assess the impact of existing and new policies and plans on reducing infections and make recommendations for action.
- To provide reports to Quality and Risk Committee

## **REPORTING**

The Group reports to the Safeguarding and Patient Safety Committee (see appendix A).

## **REVIEW**

The Terms of Reference are to be reviewed annually.

## **FREQUENCY OF ATTENDANCE BY MEMBERS**

Members should attend at least 3 of the meetings each financial year but should aim to attend all.

## **FALSE OR MISLEADING INFORMATION STATEMENT (Compulsory paragraph to be included in all TORs)**

Under the False or Misleading Information Regulations the Trust has a responsibility to ensure that all information which is reported and published is accurate and is not presented in any way that could be considered to be misleading. All Committees must be satisfied that information which is agreed is accurate and represents a true and clear account of the facts.

## **APPENDIX A**



LCHS Organisational  
Chart V66.doc

Version Control  
V2 Final

## Appendix D: Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Compliance with Health and Social Care Act	Audit	I C Committee	Annually	I C Committee	I C Committee	I C Committee

## Appendix E: Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The purpose of this policy is to implement a co-ordinated approach to infection prevention and control in line with current NHS Litigation Authority and Department of Health requirements		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	All patients, staff, careers and visitors and the wider community that we have links with.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>	None		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
	<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>			
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>		Lynne Roberts		
<b>Date:</b>		23rd Oct 2017		