NHS
Lincolnshire Community Health Services
NHS Trust

Management of External Agency Visits, Inspections and Accreditations Policy

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Name of responsible committee/individual:	Audit Committee
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Target audience:	LCHS Staff
Distributed via:	Website

Chair: Elaine Baylis QPM
Chief Executive: Maz Fosh

MANAGEMENT OF EXTERNAL AGENCY VISITS, INSPECTIONS & ACCREDITATIONS POLICY

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	June 2010	Keith Rossington
2	All	New NHS Trust	February 2012	Bev Wormald
3	All	Complete Review	December 2012	Karen Stinson
4	All	Complete Review	January 2015	Corporate Assurance Manager
5	All	Complete Review	January 2017	Corporate Assurance Manager
6	All	Complete review	April 2019	Corporate Governance Team
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Management of External Agency Visits, Inspections and Accreditations Policy

Contents

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MANAGEMENT OF EXTERNAL AGENCY VISITS, INSPECTIONS & ACCREDITATIONS POLICY

Policy Statement

Background   This policy sets out the processes within Lincolnshire Community Health Services NHS Trust (LCHS) to ensure that all recommendations arising from external agency visits, inspections and accreditations are implemented within specified timescales. LCHS will ensure that there is a centrally held, internally audited, record of all external agency visits, inspections and accreditations together with their reports, which is kept up-to-date and monitored within specified timescales.

The policy applies to all managers and health professionals who are identified leads and contacts for the professional and regulatory bodies for both internal and external scrutiny.

Statement   This policy has been developed to ensure a process that provides good co-ordination and evaluation of the work of external agency visits, inspections and accreditations to bring increased benefits to both Lincolnshire Community Health Services NHS Trust and the review bodies. The policy will help to minimise the burden on the Organisation by reducing overlap and allow for potential gaps in assurance to be identified and addressed. This policy forms part of the Lincolnshire Community Health Service's internal control system and provides assurance to the Organisation's Board, who will, wherever possible, make use of the work of the many external reviewers and ensure the whole process is efficient.

Responsibilities   The Chief Executive has overall responsibility to ensure that all recommendations arising from external visits, inspections and accreditations are implemented across the organization. The Chief Nurse/Director of Operations, Medical Director, service managers, and Head of Corporate Governance, support the Chief Executive through their various roles to ensure that the policy is implemented.

All staff have a requirement to ensure they are compliant with external regulations in preparation for an external visit.

Training   All new members of staff will be introduced to the Organisation's procedures, during the Organisation Induction programme.

Dissemination   Website

1. Introduction

This policy has been developed to ensure a process within Lincolnshire Community Health Services (LCHS) NHS Trust that provides good co-ordination and evaluation of the work of external agency visits, inspections and accreditations to bring increased benefits to both the organisation and the review bodies. The policy will help to minimise the burden on the organisation by reducing overlap and allow for potential gaps in assurance to be identified and addressed. This policy forms part of LCHS's internal control system and provides assurance to the LCHS Trust Board, who will, wherever possible, make use of the work of the many external reviewers and ensure the whole process is efficient and meaningful to the organisation.

2. Purpose

This policy sets out the processes to ensure that all recommendations arising from external agency visits, inspections and accreditations are implemented within specified timescales. LCHS will ensure that there is a centrally held, internally audited, record of all external agency visits, inspections and accreditations together with their reports, which is kept up-to-date and monitored within specified timescales.

The policy applies to all managers and health professionals who are identified leads and contacts for the professional and regulatory bodies for both internal and external scrutiny.

3. Process for external reviews, inspection and accreditations and review process.

3.1   The Head of Corporate Governance will be responsible for ensuring that there is a centrally held, internally audited record of all external agency visits, inspections and accreditations together with their reports which is kept updated and monitored within specified timescales, including review dates.

3.2   Once a visit is announced the Chief Executive will identify an appropriate Senior Manager to oversee the visit and ensure that arrangements are in place and details of the visit are communicated as appropriate.

3.3   The Senior Manager will identify a member of staff to manage all aspects of the visit (Project Manager) and support frontline staff. The Senior Manager will have overall responsibility for overseeing the project, setting a schedule of dates, coordinating information requirements and communicating to the organisation.

3.4   The project manager will ensure that any identified risks are included on the operational Risk Register together with the mitigating actions.

3.5   Following the visit, the Chief Executive will be responsible for receiving and responding to the report and evaluating the recommendations. The Chief Executive may, if appropriate, these tasks to a relevant Trust sub-committee. An action plan will be developed to ensure that all relevant and appropriate recommendations are implemented using the template at Appendix D.

3.6   The report will be received and the action plan approved by the relevant Committee which is then reported to the Trust Board.

3.7   The lead director will be responsible for identifying the relevant service areas and for

performance managing the implementation through the appropriate committee.

3.8   The Senior Manager will present regular progress reports to the Trust Leadership Team and to the Board as appropriate.

3.9   Progress reports will be provided to the Chief Executive and discussed at the weekly Trust Leadership Team meeting throughout the process.

3.10 A flowchart sets out the process in Appendix B.

4.   Definitions

This section provides definition of the terms used within the context of this document:

- **External Agency** – Authoritative organisations that have a legitimate interest in the organisation and with whom the organisation is expected to co-operate.

- **Visits, Inspections and Accreditations** – Within this policy, this term refers to those visits where there are likely to be organisational and strategic implications. Informal visits and those to review operational aspects of a service or department do not need to be managed by the process described in this policy.

- **Accreditation –** Independent assurance from a third party that the organisation has achieved a level of compliance with an agreed set of criteria or standards.

- **Inspection –** The role of statutory bodies with a remit specific to healthcare to assess and report on the organisation's level of performance.

- **Internal Control** – a process within an organisation designed to provide reasonable assurance regarding the achievement of primary objectives.

5.   Duties

5.1   The Trust Board

The LCHS Trust Board will receive a report and an action plan for implementing any recommendations that arise from any external agency visits, inspections and accreditations. Progress reports will also be provided, by the responsible sub-committee to give assurance that actions have been implemented and the system is working effectively.

5.2   Responsibility of the Chief Executive

The Chief Executive has responsibility for the process of managing and responding to external agency visits, inspections and accreditations to ensure that they are effectively and efficiently carried out. The Chief Executive also has overall responsibility for standards within the organisation and the process of external assessment of LCHS. It is usual for external bodies to write directly to the Chief Executive with notification of a planned external agency visit, inspection or review. Should notification come via another route for example an unannounced visit, it should be forwarded to the Chief Executive and Head of Corporate Governance immediately (or LCHS Manager on call in the out of hours period).

The Chief Executive will be responsible for the response returned to the external agency following the visit.

5.3 <u>Senior Managers with Responsibility for Specific External Agency Visits, Inspections and Accreditations</u>

The Chief Executive will identify and appoint a Senior Manager for specific external agency visits, inspections and accreditations.

The role of the Senior Manager will be to:

    Identify an appropriate lead for the review to coordinate the process.
-
- Reviews and evaluate the report and oversee the development of an action plan to address the recommendations.

- Report to the relevant committee(s).

5.4 <u>Appointed Lead for All External Agency Visits, Inspections and Accreditations</u>

The Head of Corporate Governance will be the Lead for all external agency visits, inspections and accreditations. The post holder will:

- Maintain a schedule of review dates (external agency visits, inspections and accreditations) and ensure that any electronic system holding relevant data is kept up to date;

- Maintain action plans to implement any recommendations made as a result of reviews;

- Ensure action plans are reviewed regularly and evaluated by the nominated committee/group;

- Liaise with the nominated/appointed lead for each specific external agency visit, inspection or accreditation;

- Ensure that the organisation wide Risk Register is populated with risks identified from external agency visits, inspections and accreditations

5.5 <u>Nominated Lead for Specific External Agency Visits, Inspections and Accreditations</u>

The senior manager or nominated lead will identify a project manager for specific visits, inspections and accreditations as appropriate. Examples of identified leads are shown in Appendix A.

The project manager's role will be to:

- Support the process of the visit – liaison, briefings, programmes, evidence, collation, interim reports/briefings etc;

- Provide a summary briefing of the initial findings of the specific external agency visit to

the identified committee/group, highlighting any areas identified as being high risk or media interest;

- On receipt of the report following the specific external agency visit, inspection or accreditation ensure that all the information included in the report is accurate;

- Carry out risk assessments for activities identified in the report recommendations, and as appropriate enter on the Risk Register;

- Develop a report and an action plan to address any recommendations made – see Appendix C; this report is to be given to the appropriate committee who will determine the frequency of monitoring of progress with the action plan.

For regular inspections, the role of the management lead will be clearly defined within the individual's job description and appropriately reflected within their job description / supported by staff training / skill development.

Appendix A describes the nominated leads for specified assessments and the group to which they report to support progression of the assessment / inspection.

6. **The Audit Committee**

The Audit Committee has overall responsibility for the oversight of the management of external agency visits, inspections and accreditations. The duties include:

- Identify the accountable committee/group for specific visits, for example Quality and Risk Committee, safeguarding, health and safety.

- Keep the policy under review to ensure continuous development.

- Receive a summary report of all visits etc and approve the action plans to address the recommendations.

- Report through to the LCHS Trust Board in accordance with the reporting arrangements set out in the terms of reference.

- Ensure that communication at local management level is managed through the appropriate representative on the Committee.

- Ensure, through the Senior Manager, that any lessons to be learnt are identified and implemented through the relevant committees/forums/groups.

6.1 Accountable Committee / Group for Specific External Agency Visits, Inspections and Accreditations

The committee/groups are described in Appendix A. The committee / group will:

- Work with the nominated management lead to monitor progression of the assessment / inspection; review gap analysis; identify gaps (associated risks) and oversee action to strengthen a positive inspection outcome.

- Review summary reports and consider if identified action is appropriate to address recommendations.

- Provide reports where appropriate to the identified Senior Manager and Head of Corporate Governance and report to the relevant committee.

Oversight of the management of all external reviews, inspections and accreditations will be undertaken by the LCHS Trust Leadership Team.

7. The Visit

7.1 Research

It is important that Lincolnshire Community Health Services NHS Trust prepares for the visit to maximise its value and minimise any consequences. The Project Manager will determine what will be required by the external organisation through dialogue with the organisation, reading guidance provided by the organisation, understanding statutory requirements and from their own knowledge and expertise.

The Project Manager will ascertain:

- What the purpose of the visit is and how it will be conducted.

- Who the inspectors wish to meet and interview.

- What locations they wish to visit.

- What facilities the inspectors will require. This could be offices, meeting rooms, equipment, documentation etc.

7.2 Preparing Staff

The Project Manager will communicate with key staff, ensuring that they understand what is required of them. This may require briefing sessions, training, policy development, etc. Staff to be interviewed should be briefed and supported.

Lincolnshire Community Health Services has a policy of openness and all staff should be honest and truthful with inspections. Some inspectors will be enforcing officers and have powers similar to the police (HSE inspectors and CQC Assessors for example). They have a right to reasonable access to all areas and can interview staff under caution. In extreme cases they can bring individual prosecutions and close down services. It is essential that they are treated with respect and due deference.

Staff should be aware of these powers and will be supported by Lincolnshire Community Health Services in meeting their obligations.

7.3 Collection of Data and Evidence

Often Lincolnshire Community Health Services will be expected to produce evidence of compliance with standards or statutory requirements. This is usually in the form of documentation. The Project Manager will determine who will lead on the collection and presentation of this documentation. The external organisation may have preferences as to format.

7.4 Progress Reporting

The Project Manager will report to the nominated lead, who will notify Head of Corporate Governance and report to the appropriate committee on progress in preparing for the visit.

7.5   Managing the Visits and Inspections

Lincolnshire Community Health Services welcomes the feedback from inspections and visits, so will engage fully in the process. The Project Manager will manage the visit so that it is a positive experience for all involved.

The inspector, where appropriate, should be met by the nominated lead to show commitment.

The Project Manager will escort the inspector and ensure Lincolnshire Community Health Services meets their needs. Hospitality arrangements will be arranged.

7.6 Feedback from Visits and Inspections

Following a visit Lincolnshire Community Health Services will receive feedback from the external organisation. Initially this may be verbal feedback given at the conclusion of the visit. Senior Managers will be available to receive this feedback. It will be recorded by the Project Manager who will produce a brief report on all aspects of the visit.

Lincolnshire Community Health Services may receive a written order from the external organisation that must be complied with immediately (a HSE inspector may issue an enforcement notice for example). These must be acted on by the Project Manager and the nominated lead immediately. The Executive Team and Board will need to be informed as soon as possible.

The external organisation will provide a written report shortly after the visit. This report will need to be presented to the relevant committee and the Trust Board.

7.7   Assessment of Recommendations

Some recommendations must be addressed quickly and completely (where Lincolnshire Community Health Services NHS Trust is found to be non compliant with statutory instruments, for example). Other recommendations may be advisory and Lincolnshire Community Health Services has some discretion on how it interprets the recommendation. In these cases the recommendation needs to be understood and assessed.

The Project Manager will produce a list of the recommendations and ensure, through dialogue with the inspector, that each recommendation is understood.

The recommendations will be developed into an action plan. For each recommendation the risk associated with not complying with the recommendation must be determined the priority and resources committed will be proportional to the risk.

All risks associated with the recommendations should be entered on the LCHS Risk Register.

For advisory recommendations the response can be a balance of the risk identified against the cost in terms of time and money. This analysis can be presented to the relevant committee and may result in Lincolnshire Community Health Services accepting the risk and not fully meeting the recommendation. The key Trust Committee to receive and monitor actions is the Audit Committee.

7.8 Development of an Action Plan

The Project Manager will produce a list of the recommendations and develop them into an action plan. The design of the action plan may vary but as a template, please see Appendix D. These action plans must include:

- The source of the recommendation (risk). This could be a reference to the visit or inspection.

- The service area responsible for meeting the recommendation (risk).

- A description of the recommendation (risk).

- The initial risk score. This is the risk if Lincolnshire Community Health Services NHS Trust did nothing.

- Gaps (what we have not got or done). The gaps will be replaced by clear actions as the plan is developed.

- Present control measures. This is what we have already achieved.

- Actions will migrate to the control measures list as they are completed.

- Each action must have an individual identified as the lead for its completion.

- Each action must have a target completion date.

- There must be a current risk rating where appropriate. This is the risk score with new control measures in place. There must also be an indication as to whether the residual risk is acceptable. If a risk is accepted this must be agreed by the appropriate committee. All unmitigated risks should be placed on Lincolnshire Community Health Services Risk Register. This should be completed by the manager of the department that owns the risk who also will be the individual identified as the lead for recommendation; completion. For example HSE and CQC improvement notices are placed on the Risk Register.

7.9 Monitoring the Action Plan and Board Assurance

The action plan will be presented to the appropriate committee by the Project Manager.

The committee will monitor the plan, ensure its completion and make reports through the Trust Leadership Team to the Board. If an action cannot be completed due to lack of resource the risk can be passed to Board level for either the sources to be identified or the risk accepted.

8.   Consultation and Communication with Stakeholders

The senior manager will:

- Identify the relevant stakeholders for each specific visit, inspection, accreditation.

- Ensure that appropriate stakeholders are given advance notice of any planned visits, inspections and accreditations as appropriate.

- Consider stakeholder involvement in the visit/process.

9. **Process for ensuring that recommendations are acted upon within the organisation**

It is extremely important that key recommendations following a review are fed back into the organisation and that action plans are successfully implemented to strengthen any perceived weaknesses.

The outcome of an organisation review will be presented to the relevant board committee responsible for the review, the Audit Committee will in turn, have oversight of all actions and will seek assurance from the nominated committee that appropriate action has been taken. This action will be reported to the LCHS Trust Board within the monthly performance report to strengthen accountability at the highest level within Lincolnshire Community Health Services. The risks will be entered onto the LCHS Risk Register.

10. **Approval of the Organisation-wide Policy for the Management of External Agency Visits, Inspections and Accreditation**

This policy will be ratified according to the Lincolnshire Community Health Services 'Policy for the Development and Management of Policies. The policy will be approved and ratified by the Trust Leadership Team and Audit Committee.

11. **Equality Analysis**

Lincolnshire Community Health Services NHS Trust has undertaken the equality analysis checklist required to consider the needs and assess the impact of this policy in accordance with the organisation-wide policy for the development and management of policies. (Attached as Appendix E).

12. **Review and Revision Arrangements including Version Control**

12.1 Process for Review

The policy will be reviewed every two years.

12.2 Version Control

Lincolnshire Community Health Services will manage version control of this policy in accordance with the organisation-wide policy for the development and management of policies.

13. **Dissemination and Implementation**

This policy will be disseminated in accordance with the Trust's Policy for the management and development of policy documents.

The training needs of Lincolnshire Community Health Services staff in relation to this policy will be identified through training needs analysis / facilitated through annual staff appraisal. Appropriate training will be provided to staff identified as requiring it, from within the organisation or where necessary sourced from external sources.

14. **Monitoring Compliance with and the Effectiveness of this Policy**

The Head of Corporate Governance will review and evaluate the process following each visit to monitor compliances and effectiveness.

The evaluation will be fed back to the Senior Manager and reported to the Trust Leadership Team to identify "Lessons Learnt"

The dates for review will be recorded in centrally held files and review dates noted to the Executive Leadership Team as appropriate. Senior Managers will be reminded of review dates in advance.

The process for each visit will be evaluated against the following criteria:

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
Senior Manager identified Stakeholders notified and consulted Project manager is appointed Action plan produced Risk Register populated Actions implemented	Review of Project documents and documentation.	Head of Corporate Governance Trust Leadership Team	Following each visit.	Chief Executive Chief Nurse Senior Manager Head of Corporate Governance	Senior Manager and Committee for the relevant area	Senior Manager for the relevant area. Trust Leadership Team.

15. **Key Performance Indicators**

The outcome of external agency visits, inspections and accreditations and the associated recommendations made, will be monitored by the Trust Leadership Team.

16. **References**

The evidence base for the policy for the management of external agency visits, inspections and accreditations include:

- Monitor - Compliance Framework 2014/15
- CQC– Guidance about Compliance – Judgement Framework
- Department of Health Building on Assurance Framework
- Department of Health Board Governance Assurance Framework for Aspirant Trusts
- PH/HFMA– NHS Audit Committee Handbook
- Professional Standards Authority – Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England
- Council for Healthcare Regulatory Excellence (CHRE) – Ethical Standards for NHS Board Members in England: Interim Report

17. **Associate Documentation**

Documentation linked to this policy are as follows:

Policy for the Development and Management of Policies and Procedural Documents (P_CoG_04).

Appendix A

Organisation-wide Policy for the Management of External Agency Visits, Inspections and Accreditations

Nominated Committee and Lead Individuals

External Agency	Executive Committee	Nominated Lead
NHSR	Trust Leadership Team	Head of Corporate Governance
KPMG	Audit Committee	Chief Executive/Director of Finance and Business Intelligence
PEAT / PLACE	Infection Control Committee	Medical Director
HSE	Health and Safety Committee	Director of Workforce and Transformation
Royal Colleges	Quality and Risk Committee	Clinical Lead for Speciality
Care Quality Commission	Quality and Risk Committee	Head of Corporate Governance

Appendix B

Process Flowchart

Before Visit

CEO notified of impending external visit.
Head of Corporate Governance informed
Senior Manager nominated to lead to identify Project Manager for visit
Timetable, plans and effective communication arrangements are put in place

During Visit

Project Manager co-ordinates the visit with communication, as agreed with the Senior manager.
Evidence is collated and presented in the format required

After Visit

Report and recommendations go to Trust Leadership Team to receive and to nominate accountable committee
Nominated committee to performance manage the implementation of the Action Plan
Action Plan to Trust Leadership Team for approval.
Senior Manager retains overall responsibility for implementation of the plan and providing assurance to the Trust Board.

Appendix C

Approval, Implementation and Assurance Process

Progress reports will be available throughout the process to all lead individuals and committees

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┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Notification of Visit   │──────────▶ │ CEO                             │
│                         │            │ Chief Nurse                    │
└───────────┬─────────────┘            │ Head of Corporate Governance   │
            │                          └─────────────────────────────────┘
            ▼
┌─────────────────────────┐
│ Senior Manager          │
│ appointed as nominated  │
│ lead                    │
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐
│ Project Lead appointed  │
│                         │
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Plan of visit agreed    │──────────▶ │ Trust Leadership Team informed │
│                         │            │ and notified of plan           │
└───────────┬─────────────┘            └─────────────────────────────────┘
            │
            ▼
┌─────────────────────────┐
│ Visit occurs            │
│                         │
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Feedback and            │──────────▶ │ Trust Leadership Team informed │
│ recommendations         │            │                                 │
│ reported                │            └─────────────────────────────────┘
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Action Plan developed   │──────────▶ │ Nominated Committee monitors    │
│ Risks identified &      │            │ progress against action plan    │
│ noted to the LCHS       │            │                                 │
│ Risk Register           │            └─────────────────────────────────┘
└───────────┬─────────────┘
            │
            ▼
┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Action Plan monitored   │──────────▶ │ Trust Leadership Team monitors  │
│                         │            │ action plan and mitigation of risks│
└───────────┬─────────────┘            └─────────────────────────────────┘
            │
            ▼
┌─────────────────────────┐            ┌─────────────────────────────────┐
│ Actions completed and   │──────────▶ │ Trust Leadership Team and Trust │
│ closed                  │            │ Board informed                  │
└─────────────────────────┘            └─────────────────────────────────┘
```

Appendix D

Report Template following External Agency Visits, Inspections or Accreditations (Example)

Recommendation *(detail all recommendations from the report)*	Compliance (Yes/No/Partial)	Action Required	Responsibility and Timescales	Monitoring Arrangements	Date Action Completed

Appendix E

Equality Analysis

<table>
<tr><td>

Name of Policy/Procedure/Function*

P_CoG_07 – Management of External Agency Visits, Inspections and Accreditations Policy

Equality Analysis Carried out by: **Karen Stinson**
Date: **3rd May 2019**
Equality & Human rights Lead: **Rachel Higgins**

Director\General Manager: **David Walsh**

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</table>

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<tr><td>

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

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Section 1 – to be completed for all policies

<table>
<tr><td>A.</td><td>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</td><td colspan="3">This Policy sets out the process within LCHS to ensure that all recommendations from external agency visits, inspections and accreditations are implemented within specified timescales and that a centrally held record of visits and their reports is maintained and monitored.</td></tr>
<tr><td>B.</td><td>Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details</td><td colspan="3">This policy applies to all managers and health professionals who are identified leads for the professional and regulatory bodies for both internal and external scrutiny.</td></tr>
<tr><td>C.</td><td>Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details</td><td colspan="3">No</td></tr>
<tr><td>D.</td><td>Will/Does the implementation of the policy\service result in different impacts for protected?</td><td colspan="3"></td></tr>
<tr><td></td><td></td><td>Yes</td><td>No</td><td></td></tr>
<tr><td></td><td>Disability</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Sexual Orientation</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Sex</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Gender Reassignment</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Race</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Marriage/Civil Partnership</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Maternity/Pregnancy</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Age</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Religion or Belief</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td>Carers</td><td></td><td>X</td><td></td></tr>
<tr><td></td><td colspan="4">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</td></tr>
<tr><td colspan="5">The above named policy has been considered and does not require a full equality analysis</td></tr>
<tr><td colspan="2">Equality Analysis Carried out by:</td><td colspan="3">Karen Stinson</td></tr>
<tr><td colspan="2">Date:</td><td colspan="3">3rd May 2019</td></tr>
</table>