

Infection Prevention and Control Arrangements Policy (N-014)

Version Number:	5.03
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Executive Lead (name & job title):	Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals
Name of approving body:	Quality and Safety Patient Committee
Date full policy approved:	November 2015 (V5.0)
Date Ratified at Trust Board:	November 2015
Next Full Review date:	April 2027

<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	QPaS – 4 April 2024
<i>Date EMT as approving body notified for information:</i>	April 2024

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

The prevention, reduction and appropriate management of any Healthcare Associated Infection (HCAI) is of paramount importance to the quality and safety of all patients, service users, visitors and staff who access or provide any services within Humber Teaching NHS Foundation Trust. It is therefore important that all staff take appropriate actions during the discharge of their duties to ensure that the potential risks of infection are appropriately assessed and managed to reduce these risks whenever possible.

Strong leadership, effective management and governance processes are seen as playing a crucial part in reducing the risk of acquiring HCAs during an episode of care. Effective IPC of HCAs must be embedded into everyday clinical practice and applied consistently by everyone (Department of Health and Social Care, 2022). The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (revised December 2022) describes the statutory responsibilities for all NHS organisations for the prevention and control of infections.

As an NHS registered provider, Humber Teaching NHS Foundation Trust is required to demonstrate compliance against the Code of Practice, and other monitoring/regulatory bodies including the CQC.

This document provides an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.

2. SCOPE

This policy applies to all staff employed by Humber Teaching NHS Foundation Trust (including contractors, agency / locum staff, students, and visiting/honorary consultant clinicians) that undertake or provide patient care, support and or assistance.

3. POLICY STATEMENT

The purpose of this policy is to confirm the Trusts commitment for the IPC services it provides and commissions. It provides an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.

4. DUTIES AND RESPONSIBILITIES

The effective prevention of HCAI requires the commitment and active involvement of all employees. It is therefore vital that the IPC process is communicated and embedded throughout the organisation.

As an employee of the Trust everyone has a responsibility for and a role to play in managing infection prevention and control. They all are responsible;

- For adhering to the policies, guidelines and procedures pertaining to the prevention and control of healthcare associated infection which provide a framework for safe and best practice.
- Reporting incidents in line with the Trust Incident Policy
- Maintaining competence, skills and knowledge in infection prevention and control by completing required training
- Having up-to-date occupational immunisations, health checks and clearance requirements as appropriate

Specific role responsibilities include;

Chief Executive

The Chief Executive has ultimate responsibility for ensuring effective IPC arrangements are in place across the Trust.

The Trust Board

On behalf of the organisation, the Trust Board of Directors have strategic accountability for

- Ensuring there are effective and adequately resourced arrangements for infection prevention and control within the organisation
- Identifying a Board level lead for infection prevention and control
- Ensuring that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2004b)
- Approving the infection prevention and control annual programme, receiving the DIPC's annual report and any other reports regarding the state of infection prevention and control within the organisation
- Ensuring that appropriate systems are in place for:
 - i) Reviewing reports and statistics on the incidence of alert organisms (e.g. MRSA, Clostridium difficile, E.Coli bacteraemia) and conditions,
 - ii) The management of outbreaks and Serious Untoward Incidents
- Ensuring that clinical responsibility for infection prevention and control is effectively devolved to all professional clinical groups in the Trust, Clinical Care Groups and Senior Clinical Managers where appropriate

The Director of Infection Prevention and Control (DIPC)

The Executive Director of Nursing, Allied Health and Social Care Professionals, is the designated director for infection prevention and control (DIPC) and has the executive responsibility for the implementation and delivery of the Trust infection prevention and control plan ensuring the goals are converted into deliverable actions. Delivery against the plan will be formally monitored through the Quality and Patient Safety Group. The DIPC will provide the Trust Board with an annual report, supplemented by exceptional reports on operational priorities as required.

The DIPC will:

- Oversee the production and implementation of local Infection prevention and Control Policies
- Report directly to the Chief Executive and the Board and not through any other officer.
- Have the authority to challenge inappropriate clinical practice, poor standards of hygiene and antibiotic prescribing decisions.
- Assess the impact of all existing and new policies and plans on IPC and make recommendations for change.
- Be an integral member of the Trust's clinical governance and patient safety teams and structures.
- Produce an annual report on the state of HCAI in the Trust and release it publicly.
- Have overall responsibility for creating a culture of safe and effective practice to reduce HCAI and to ensure that infection prevention and control is accepted as an individual and Trust-wide responsibility.

Care Divisions

Each Divisional Clinical Lead and General Manager have responsibility to demonstrate leadership in all infection prevention and control activity, ensuring a culture of continuous quality improvement and to minimise the risk to patients. They are responsible for ensuring that sufficient resources are available to secure the effective prevention and control of HCAs in line with an agreed set of performance indicators based on the infection prevention and control strategy and requirements of the Health and Social Care Act.

The Divisional Clinical Lead and General Manager are responsible for ensuring that the infection prevention and control strategy is implemented effectively across all services, which will include:

- Ensuring that IPC is incorporated into all service planning, performance management, project management, and other related processes.
- Establishing key IPC risk indicators which are monitored, reviewed, and reported as part of the Quality and Patient Safety Group agenda.
- Ensuring that IPC is included as a core item on all clinical network briefings/meetings.
- Ensuring that, where necessary, HCAI prevention and control risks are reported on the risk register.
- Identifying specific IPC issues that might not have been addressed explicitly within the strategy.
- Reporting on performance against agreed IPC objectives, ensuring that any investigations or enquiries into HCAIs or other IPC issues (including root cause analyses) are completed promptly, thoroughly and to agreed timescales.

Matrons

Matrons have the responsibility to contribute towards effective delivery of IPC within their designated areas and to work collaboratively with the IPC Team to identify areas of practice for improvement and to formulate implement and monitor actions plans.

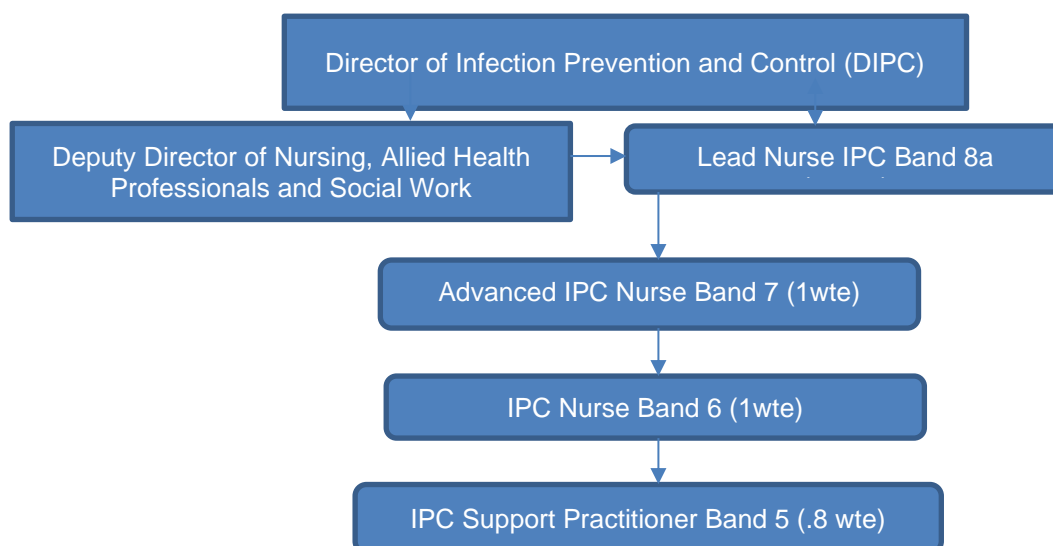
They are responsible for:

- Leading and driving a culture of cleanliness in all clinical areas.
- Ensuring implementation of Trust HCAI prevention and control policies and procedures.
- Ensuring that there is promotion of HCAI prevention and control awareness amongst employees, services users, contractors, and partners.
- Participation in root cause analysis where required to promote learning and practice improvement.

Infection Prevention and Control Team (IPCT)

A comprehensive infection prevention and control service is provided Trust-wide. Table 1 below depicts the structure of the IPC Nursing Team.

Table 1: The IPC Nursing Team Structure as of the 1.4.24



As part of their duties they:

- Provide a comprehensive IPC education programme incorporating induction training, refresher training and education tailored to the needs of the Trust.
- Deliver and review the IPC education programme to ensure it remains in line with the best practice and legislation.

- Ensure all policies and guidelines relating to infection prevention and control are in line with best practice and legislation.
- Contribute to the production of the Annual IPC Report and IPC 5 Year Plan.
- Collate and report key performance data, i.e., MRSA Bacteraemia and Clostridioides Difficile Infection (CDI) data to the Trust Board in accordance with national and local requirements.

The Trust currently has a service contract with Closer Healthcare Limited to provide medic support. The infection prevention and control doctor is contracted to provide support for 1 session per week. Attendance at key infection related meetings is expected as outlined within the agreed contract.

Infection Prevention and Control Link Practitioners

The IPC link practitioner network consists of registered and non-registered nursing staff working in both inpatient and community clinical teams. They are a key resource, acting as first contact for team colleagues when IPC issues arise, disseminating information, providing education, challenging practice and facilitating change.

The link practitioner will:

- Attend IPC link meetings and feedback the information gained to colleagues.
- Act as a resource to staff in their own area of work.
- Participate in standard setting, monitoring and audit.
- Act as a role model and visible advocate for IPC.
- Enable individuals and their teams to learn and develop their infection prevention practice.

5. PROCEDURES

5.1. Key Forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety (QPAS) Group

The Quality and Patient Safety Group is accountable to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety and clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

Healthcare Associated Infection Group (HAIG)

The Healthcare Associated Infection Group will provide an interactive forum which receives, reviews and implements national and local policy relating to patient care, including infection control practice. This forum enables the process of communication, debate, sharing of knowledge and opportunity.

The Drugs and Therapeutics Committee

The committee monitors and advise on the optimal and cost- effective prescribing of antimicrobial agents and facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility.

Clinical Environmental Risk Group (CERG)

The Clinical Environmental Risk Group is an action focused working group that has developed close working relationships between clinical staff and estates, ensuring that risks within the clinical environments are reviewed and appropriate advisory actions/scoping takes place to ensure the Trust understands those risks within the context of the care delivery system.

IPC Link Practitioner Network

The IPC link practitioner programme continues to be a successful cascade system and is served by link practitioners from a variety of clinical services/teams. The membership is made up a variety of grades and professions reflecting the diversity of services across the organisation. The network is designed to promote communication, education and shared practice on all activities relating to infection prevention and control. Staff feedback is actively encouraged.

Water Safety Management Group (WSMG)

The focus of the WSMG is to ensure the safe delivery of water for patients, staff and others, together with full compliance with all relevant laws and legislation. Any risks associated with the water system should be identified and managed so they are kept to the absolute minimum.

5.2. Key Performance Indicators

Full compliance with the duties outlined in the Health and Social Care Act will remain one of the principal key performance objectives of the Trust and these are outlined in the infection prevention and control 5 Year Plan and incorporated into the annual/business plan. The Quality and Patient Safety Group monitors the progress made against the annual IPC work plan reporting any significant infection prevention and control incidents through the committee structure, submission of six month and annual IPC performance reports.

5.3. Monitoring Compliance and Effectiveness

Activities to demonstrate that infection prevention and control is an integral part of clinical and corporate governance will include:

- Regular presentations from the Director of Infection Prevention and Control (DIPC) and/or the IPC Team to the Board of Directors, e.g., the presentation of the DIPC's annual infection prevention and control report Infection Control Policy
- The review of statistics on incidence of alert organisms (e.g., MRSA/MSSA/E.Coli Bacteraemia via monthly performance scorecard reporting.
- An audit programme to ensure that compliance with policies has been met.

The IPCT will continue to endeavour to make the audit cycle an inclusive, positive and supportive process for clinical managers and their teams, generating action plans which are realistic and achievable, designed to improve patient safety and enhance their experience. Scrutinising and challenging observed and reported practice and behaviours to drive forward improvements is a fundamental part of audit in the patient environments but is a more successful strategy when done well, with reference to the underlying guidance or evidence.

Any infection prevention and control audits or surveillance findings are reported at Divisional Governance Meetings and are used to inform any performance review and business planning agenda. In the event of an infection control risk being identified following an assessment, audit or inspection, Divisional Clinical Leads and General Managers are responsible for ensuring remedial action is taken, if required, to minimise risk and to ensure that any lessons learnt as a result of any investigations, complaints etc., is embedded into practice to improve care delivered. They also are required to provide information on the risk and actions taken in line with the Trust Risk Management Strategy.

5.4. Surveillance

HCAIs have long been recognised as major problems affecting the overall quality of health care surveillance, however, has been identified as an important way to provide quality outcome indicators and identify key measures in order to reduce the burden of HCAIs.

Surveillance is a routine part of the infection prevention and control programme within Humber Teaching NHS Foundation Trust. It helps to identify any potential risks of infection and provides

ways to identify and clarify quality issues, understand their causes and subsequently identify actions to bring about improvements.

The surveillance of CDI and Blood Stream Infection (BSI) remains mandatory, and the UK Health Security Agency (UKHSA) continues to expect NHS acute Trusts to report all eligible cases. Mandatory surveillance data is collected by the Trust on MRSA, MSSA, E. coli bacteraemia and Clostridioides difficile infection. All data collected on any alert organism is included in the Trust monthly Quality Dashboard (IPQT).

5.5. Training

Humber Teaching NHS Foundation Trust is committed to ensuring that infection prevention and control training is provided, accessed, recorded and evaluated to achieve and maintain compliance with the standards required by legislation (statutory) and internal policies, procedures, national guidelines and best practice (mandatory).

To comply with the NHS Infection Prevention and Control Educational Framework and the Trust Statutory and Mandatory Training Policy requires the IPCT to deliver an evidence based infection prevention and control education programme. This continues to be delivered in accordance with the Trusts Mandatory Training Needs Analysis (TNA) and has been updated in accordance with changes to national policies and guidance, requirements of the services and local need. The level of training required is dependent on the nature of the role an individual undertakes within the Trust and is outlined in the Trust training needs analysis policy. This document also contains the process for monitoring those who have attended training and the follow-up process for non-attendees.

Each individual working within the Trust will be expected to include infection prevention and control within their annual appraisal.

5.6. Information Available to Service Users and the Public

Information relating to the Trust's general processes and arrangements for preventing and controlling infection can be found on the Trust's Patient and Carer website. The website contains links to the Trust's Infection Prevention and Control Annual Report, and a variety of information leaflets, for patients and visitors containing practical advice about infection prevention and control issues or concerns. These are reviewed regularly or in light of significant changes in national/local practice and/or legislation.

5.7. Core Policies

Humber Teaching NHS Foundation Trust is committed to embedding the use of the National Infection Prevention and Control Manual throughout the organisation. Supportive core policies and standard operating procedures remain in place to support the organisation in its commitment to success in preventing and controlling infection and to comply with requirements of the Health and Social Care Act 2008 Code of Practice.

The Infection Prevention and Control Team continues to work in collaboration to provide a suite of relevant materials and documents to support both staff education in everyday practice. All policies can be accessed via the Trust intranet site within the policies and procedures section.

5.8. Process for Monitoring and Investigating Infection Incidents

All untoward incidents relating to infection prevention and control will be reported and monitored via the Serious Incidents and Significant Events Policy and Procedure N-031.

Should any of these incidents be assessed as medium or high risk then they are considered for inclusion on the Trust Corporate Risk Register.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA. A low score has been attained.

7. IMPLEMENTATION

This policy to be shared via:

- Infection Prevention and Control Link Practitioner Network
- Matrons Forum
- Clinical Networks

This policy will be disseminated by being placed on the Trust Intranet Policies section and the Infection Prevention and Control section. It will also be shared in the weekly Global.

The implementation of this policy requires no additional financial resource.

8. MONITORING AND AUDIT

The annual IPC programme will be monitored quarterly through the HAIG.

The National IPC Board Assurance Framework (BAF) published by NHS England will be adopted as the assurance mechanism in which IPC standards will be monitored.

Progress and monitoring and will be achieved by the production of a six monthly IPC performance report, by the Lead Nurse for Infection Prevention and Control. The report will be presented to the Quality and Patient Safety Group and the Divisional Governance meetings. Any deficiencies identified will require the formation of an action plan to be reviewed by HAIG and monitored through the Quality and Patient Safety Group.

Annually the Trust Annual Report will contain a formal statement of IPC activity during the previous year as part of the assurance framework. To support further development, the Trust will continue to benchmark performance against national best practice.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- Department of Health and Social Care (2022). [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/111212/Health_and_Social_Care_Act_2008_code_of_practice_on_the_prevention_and_control_of_infections.pdf)
- Loveday, H.P., Wilson, J.A., Pratt, R.J., Golsorkhi, M., Tingle, A., Bak, A., Browne, J., Prieto, J., Wilcox, M., (2013) *epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England*. Journal of Hospital Infection 86S1 (2014).
- NHS England (2023) National infection prevention and control board assurance framework (BAF) access [NHS England » National infection prevention and control](#)
- NHS England (2023) National infection prevention and control manual (NIPCM) for England access [NHS England » National infection prevention and control](#)
- National Institute for Health and Care Excellence (NICE) (2017) Prevention and control of healthcare-associated infections in primary and community care. Clinical guideline [CG139]. Access [Overview | Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE](#)
- NICE (2014) Infection prevention and control. Quality standard [QS61]. Access [Overview | Infection prevention and control | Quality standards | NICE](#)
- NICE (2016) Healthcare Associated Infections. Quality standard [QS113]. Access [Overview | Healthcare-associated infections | Quality standards | NICE](#)
- NICE (2021) [Clostridioides difficile infection: antimicrobial prescribing. NICE guideline \[NG199\]](#). Access [Overview | Clostridioides difficile infection: antimicrobial prescribing | Guidance | NICE](#)

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Infection Prevention and Control Arrangements		
Document Purpose	The purpose of this policy is to confirm the Trust's commitment for the infection prevention and control services it provides and commissions. It provides an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.		
Consultation/ Peer Review:	Date:	Group / Individual	
	January 2024	Physical Health and Deteriorating Patient Group members.	
Approving Committee:	Quality and Patient Safety Group	Date of Approval:	4 April 2024
Ratified at:	N/A (minor amends)		
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	No additional training requirements	Financial Resource Impact	No additional financial resources
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> All elements of this policy are already in place Updated policy will be disseminated via the weekly global email 		
Monitoring and Compliance:	<p>The annual infection prevention and control programme will be monitored quarterly through the Healthcare Associated Infection Group (HAIG)</p> <p>Monitoring will be achieved by the production of a six- monthly performance report, by the Lead Nurse Infection Prevention and Control Nurse. Results will be presented to the HAIG and the Care Group Governance structures. Any deficiencies identified will require the formation of an action plan to be reviewed by HAIG and monitored through the Quality and Patient Safety Group.</p> <p>The Trust Annual Report will contain a formal statement of IPC activity during the previous year as part of the Assurance Framework. To support further development, the Trust will continue to benchmark performance against national best practice.</p>		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.00	New document		
2.00	Review	1/2/10	Adopted from HNH when changed to HFT
2.01	Review	9/10	Change of Trust logo
2.02	Review	12/10	Reviewed minor changes
3.00	Review	14/1/11	Reviewed
3.01	Review	1/8/11	Removed obsolete hyper links
4.00	Review	8/4/13	Reviewed
5.00	Review	20/11/15	Update to reflect the Trust organisational structure and amended governance arrangements.

5.01	Review	20/10/18	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements.
5.02	Review	January 2022	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements for infection control.
5.03	Review	April 2024	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements for infection control. The reference section updated to ensure all current national guidance is included. Approved at QPaS (4 April 2024).

Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Infection Prevention and Control Arrangements Policy
2. EIA Reviewer (name, job title, base and contact details): Deborah Davies, Lead Nurse, Infection Prevention and Control, Mary Seacole, Willerby Hill, Beverley Road, Willerby, East Riding of Yorkshire, HU10 6ED
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Key Issues in the Report

The purpose of this policy is to provide an outline of the management structure and the systems that are in place ensuring that infection prevention and control practice and management is effective and efficient within the Trust.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma.

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	No adverse impact identified.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	No adverse impact identified.
Sex	Men/Male Women/Female	Low	No adverse impact identified.
Marriage/Civil Partnership		Low	No adverse impact identified.
Pregnancy/Maternity		Low	No adverse impact identified.
Race	Colour Nationality Ethnic/national origins	Low	No adverse impact identified.
Religion or belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	No adverse impact identified.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual orientation	Lesbian Gay men Bisexual	Low	No adverse impact identified.
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No adverse impact identified.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
None of the equality strands have been identified in the initial impact assessment	
EIA Reviewer: Deborah Davies	
Date completed: 20 January 2024	Signature: D Davies