The Newcastle upon Tyne Hospitals NHS Foundation Trust

Homecare Medicines Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>1.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>30 March 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>30 March 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>4 November 2015</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Medicines Management Committee</td>
</tr>
</tbody>
</table>

1 Introduction

Homecare is defined as a service that regularly delivers medicine supplies and associated care, directly to a patient’s choice of location.

There are different levels of Homecare services from dispensing and delivery of oral medicines (low tech) to more complex injectable aseptic preparations and the inclusion of nurse administration (high tech).

Homecare does not:

- Reduce or alter Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) duty of care to patients.
- Include delivery to a hospital clinic or ward.
- Include services like Out-Patient Antimicrobial Therapy (OPAT)

There are many different reasons for implementing a medicine homecare services within a Trust which include improved patient choice, efficient use of resources, reduce workload in the dispensary and cost savings. The reason for cost savings is that there is no VAT charged on drugs delivered directly to the patient, which are administered or used at home. There are however, costs incurred for using a homecare provider. There may be charges for the delivery, consumables and nursing service.

2 Scope

The policy of Newcastle Upon Tyne Hospitals NHS Foundation Trust is to commission homecare services of high quality, to our patients, which are delivered correctly, safely, in a ready to use form, at the right time for the best value to improve patient care and choice for those with chronic stable conditions.

This document promotes compliance with national guidance relating to homecare medicine services. It is applicable to all staff involved with homecare services including homecare providers. All companies providing homecare medicine services must provide Newcastle Upon Tyne Hospitals NHS Foundation Trust with assurance that their medicines and services comply with this policy.
3 Aims

This policy aims to ensure that all activities connected with home delivery of medicines to Trust patients comply with national policy. It provides guidance to healthcare staff and homecare providers on their responsibilities and informs of the processes required to introduce and maintain homecare medicines to Trust patients.

4 Responsibilities

Newcastle Upon Tyne Hospitals NHS Foundation Trust and the patient’s clinical team will retain responsibility for the clinical aspects of a patient’s treatment. All homecare provision must be covered by an appropriate service level agreement (SLA) or specification. Areas of responsibility should be clearly defined for all parties within the agreement, in either the specification or the SLA for the service. The quality of the service must be given the highest priority which is reflected in the specification.

Homecare packages of care may not be suitable for all patients or therapies and the decision to opt for this course of treatment must be part of a multidisciplinary approach involving the patient, the responsible clinician, the pharmacy service and where appropriate service commissioners.

It is expected that all home care services will follow the normal medicines governance procedures within the Trust including Medicines Management Committee approval, medicines management policies and formulary control. Governance arrangements for homecare services including unlicensed medicines should reflect normal Trust procedures and practice.

4.1 Responsibilities of Trust Director of Pharmacy

The Director of Pharmacy is the designated Trust Accountable Officer for ensuring robust governance arrangements are in place locally for all medicine homecare services. This role has been delegated to the Assistant Director of Pharmacy, Medicines Management.

The Assistant Director of Pharmacy, Medicines Management will be the delegated responsible officer for all homecare medicine contracts.

4.2 Responsibilities of Trust Medicines Management Committee

Setting the strategy for homecare medicines delivery and services, to ensure the patient and the Trust are protected and receive the most cost effective and safe services available meeting their needs.

Approval of homecare service initiation for a particular drug in a patient population in terms of clinical and financial governance. A risk assessment will be undertaken by the Pharmacy Homecare Team and presented to the committee to allow for approval prior to commencing homecare services this will include:

- Patient risks – including medical and health and safety.
• Financial risks – including funding information, medicines contracts, national and local tariff impact.

• Homecare provider’s governance processes – including compliance with regulatory conditions, training and development of staff, reporting of incidents, service failures and patient satisfaction.

Ensuring that all homecare arrangements comply with the Department of Health recommendations on managing homecare services from a clinical, governance and financial perspective i.e.

• ensure a shared governance framework which states clearly which aspects of care are the responsibility of the hospital, homecare supplier, general practitioner, patient and other healthcare professionals is in place.

• monitor the delivery of the homecare service in accordance with the agreed governance and operational arrangements.

• ensure provision of an effective resource to manage the homecare contract to fully deliver its contractual value.

• ensure financial and commercial controls are in place to support the provision of homecare medicines.

Reviewing and approving policies, procedures and educational material on behalf of the Trust which relate to homecare medicines.

Liaising with specialists and clinical commissioning groups to ensure compliance with guidelines for the safe, effective and economic use of medicines delivered via homecare.

Ensuring annual audits of the homecare services are carried out and reported to the Medicines Management Committee to include Internal NUTH monitoring:

• Homecare medicines strategy in place, ratified by the Medicines Management Committee.

• Annual programme for Homecare medicine programme produced.

• Homecare medicines are all issued via pharmacy.

Homecare companies:

• Homecare contract reviews completed every 6 months.

• Patient satisfaction with Homecare companies is measured and penalties are enforced as described within the Homecare contract(s).
Ensuring that all risks identified are discussed and escalated in line with Risk Management Strategy & Escalation Policy & Procedure.

4.3 Responsibilities of Homecare Pharmacy Team

Ensures that written procedures to cover all aspects of managing a homecare service are produced, authorised and reviewed.

Produce an annual report for the Medicines Management Committee.

Ensure that appropriate patient cohorts are identified and approved by the Trust for homecare treatment, and realistic demand projections are set.

Ensure that the pharmacy issue all appropriate homecare medicine prescriptions, to ensure effective operational control of procurement, ordering and invoicing into JAC pharmacy system.

Ensure effective resource is available to manage the homecare medicine contract to fully deliver its contract requirements.

Ensure that all invoices are correctly processed in line with Trust SFIs

Conduct audits to continually monitor, review and improve working practices within homecare to ensure compliance with best practice.

To ensure that all procurement in homecare is in accordance with local and national contracts.

Training and supporting relevant staff on homecare medicines management.

Reports incidents involving significant service delivery failure, without clinical impact, on Datix.

Escalate incidents as instructed in incident management procedure.

4.4 Responsibilities of the Prescriber and Non-medical prescriber

Before any new homecare service can be initiated a clinical lead will need to be identified. The clinical lead should be a Trust Consultant.

The relevant consultant will be responsible for the individual therapy plan and its execution, and the clinical team along with the homecare pharmacy team accountable for delivery of effective quality assurance mechanisms, and the monitoring of delivery of the service in accordance with the agreed governance and operational arrangements.

Ensure that all medicines proposed for homecare have been discussed with the homecare pharmacy team and endorsed by the Medicines Management Committee.

Responsible for the decision to use homecare services in any individual patient.
Ensuring that patients or their carers are competent to undertake homecare.

The regular supply of valid legal homecare prescriptions.

Inform the patient's GP when medicines via homecare services have been agreed.

Inform the homecare pharmacy team and homecare provider if a decision is made to stop or alter in any way the treatment of the individual patients

4.5 Responsibilities of the Specialist Nurse

Providing information for patients and working with clinicians and pharmacists in developing appropriate patient information leaflets.

Confirmation that the patient's home environment is suitable for home treatment if specified in the SLA i.e. for intravenous therapy.

To support the development of the homecare service specification and the review of existing services.

Ensuring that patients or their carers are competent to undertake homecare.

The consent and registration of a patient on to the homecare service

The completion of referral documentation for nurse administration to the third party homecare company.

Provides a copy of the Homecare information leaflet to all patients.

Reports incidents with clinical impact on Datix.

4.6 Responsibilities of Pharmacy

Assist the Pharmacy Homecare Team in implementing homecare services compliant with the requirements of current recommendations from the Department of Health framework for homecare medicines.

Work within their clinical directorate to identify, plan and develop new opportunities for homecare service.

Support the service review meetings for homecare services through the development and review of key performance indicators (KPIs).

Clinically checking homecare prescriptions within their speciality including assurance that prescriptions are compliant with NUTH medicines policies and relevant funding is in place.
4.7 Responsibilities of Trust Procurement Pharmacist

Support the development of new homecare services by providing advice to the Assistant Director of Pharmacy, Medicines Management.

The procurement process for homecare must be robust and comply with the Trust’s Standing Financial Instructions and be performance managed. All NHS tendered contracts should contain a detailed specification for services in line with the guidance from the National Medicines Homecare Committee. This will identify the individual stages of the home care service and the responsibilities of each party.

The specification should include a set of key performance indicators and management information reports including the submission by the provider of medicine usage to the Commercial Medicines Unit (CMU) at a national level.

4.8 Responsibilities of Homecare Provider - May change depending on specification, this will be written into the individual SLA.

Ensuring that all patient data is handled within appropriate NHS guidelines on Patient Confidentiality

Registering of a patient on their database.

The supply of written information for patients on the homecare service.

Communicating effectively with patients on arrangements for their delivery schedule for the products.

Inform the Trust if they have repeated difficulty communicating with the patient or have repeated problems with deliveries.

Ensure adequate systems are in place for patients and trust staff to communicate with the provider in a timely and cost effective manner.

Inform the Trust pharmacy homecare team of any problems or forecasted problems with service delivery.

Provide a prescription management service that gives prescribers sufficient notice to provide them with new prescriptions in time for the patient’s next delivery.

Assist Newcastle Upon Tyne Hospitals NHS Foundation Trust in monitoring and reducing drug wastage. Regular reporting back to Newcastle Upon Tyne Hospitals NHS Foundation Trust as required e.g. quarterly formal service review meetings.

Manage the collection and disposal of waste from a patient’s home if appropriate.

Production of relevant invoices for Newcastle Upon Tyne Hospitals NHS Foundation Trust.
Ensure that staff appointment to the care of the patient are appropriately qualified and suitably trained.

All relevant pre-employment checks are undertaken.

Staff are provided with relevant training on an ongoing basis.

4.9 Responsibilities of the Patient

A patient must fully understand the benefits and risks of a home care service before providing consent.

A patient must provide informed consent to use a homecare service arrangement. Depending on the service this may require completion and a signature on the patient registration form in addition to the usual treatment consent procedures.

Inform their homecare provider when doses of their medication are omitted e.g. on the advice of a healthcare professional prior to surgery or if feeling unwell.

Inform the trust clinical team if what was delivered was not what was expected.

Inform the homecare provider if there is a suspicion that any of the medicines provided are defective.

Inform the homecare provider if any medicines at home are likely to expire before use.

Safe disposal of sharps and ancillaries after use.

Agreed self-administration of homecare medicines and compliance with prescribed directions.

Accountable for the safe keeping and storage of their medicines supplied via homecare as per the product literature. This may also involve maintaining a record of their refrigerator temperature for medicines that require refrigeration.

Provide up to date information to their home care provider about stock levels when requested.

Assist Newcastle Upon Tyne Hospitals NHS Foundation Trust in monitoring and reducing drug wastage by maintaining a record of unused medicines supplies which have been disposed of using the disposal bin provided by the homecare provider.

Inform Newcastle Upon Tyne Hospitals NHS Foundation Trust if they have changed GP surgeries to allow the Trust to inform the relevant Commissioner.

5 Developing a New Homecare Service

There must be a robust managed entry process for new homecare services to ensure a full clinical economic and risk assessment has been undertaken.
An assessment of suitability for homecare must be undertaken which will vary depending on the specification. It may include an assessment of the home environment, availability of carers and impact of any homecare service on them, presence of disability and support, and medication concordance.

Funding should be obtained prior to proceeding with any home care service. Funding should take account of costs associated with both the external home care service provider and the additional internal administrative costs.

Home care services should take into account the impact of a range of financial parameters e.g. NHS medicine contracts (local, regional and national), national tariffs (PBR status of medicine, activity tariff), local service costs to the provider and VAT.

When investigating the viability of a homecare service in a clinical area it should be assessed against the following criteria:

- Is there an improvement of patient care
- Are there potential cost savings for the clinical division, Trust or commissioners
- Is there a reduction in workload for the Trust to attain improved service provision e.g. improvements in patient flow

5.1 Procedure for Setting up a New Homecare Service

This will be undertaken by the pharmacy homecare team who will inform the Medicines Management Committee. The Newcastle Upon Tyne Hospitals NHS Foundation Trust homecare pharmacy team MUST be contacted if and when a new homecare service is being considered or if advice is needed about whether homecare is the correct method of medicines supply.

Please see submission form in the appendix which provides an outline of the type of information needed in making the assessment for any new homecare service.

For assistance completing this form please contact homecare pharmacy team on 0191 223 1021 (Freeman) / 0191 282 5952 (RVI).

5.2 Developing the Service Specification

The service specification defines the homecare service, and will also help Senior Managers identify elements of the service that will require resource to administrate, including:

- the proposed number of homecare patients and how this may change
- how patients are registered with the homecare company
- how prescriptions are transmitted from the Trust to the homecare company
• how orders are raised by Pharmacy for homecare medicines and services
• how invoices are to be raised by the homecare company and authorised for payment by pharmacy staff (including the checking of authorised delivery notes)
• how the homecare service is to be tendered then contracted for
• how the homecare service is going to be performance managed

5.3 Tender Process

Pharmacy Senior Managers must ensure they are following European Union law and Newcastle Upon Tyne Hospitals NHS Foundation Trust’s Standard Financial Instructions (SFIs) when developing homecare medicines services.

The tender process should define the financial aspects of the homecare service, such as the current costs of the medicines (if moving from outpatient to homecare service) and an assessment of current non-medicine costs (such as aseptic compounding, outpatient dispensary dispensing).

Follow a competitive tender process to maximise potential savings and/or decrease costs, whilst maintaining the standards of service expected by the Trust.

6 Performance Management of Homecare Service

Performance management is an essential part of providing a homecare medicines management service.

It ensures patients are provided with the service the Trust requires, including how incidents, errors and complaints are handled.

Key performance indicator (KPI) reports agreed with Newcastle Upon Tyne Hospitals NHS Foundation Trust will be provided by the homecare providers at initiation of the contract.

Homecare providers shall make the reports available at the end of each financial quarter.

KPIs will be analysed by the homecare pharmacy team and discussed with the appropriate clinical staff within Directorates as necessary.

Failure to perform and provide the service level specified will be discussed when required and at regular performance review meetings by both parties.

7 Patient Confidentiality

All staff involved with homecare and homecare provider must comply with data protection and patient confidentiality laws and guidance as contained within the NHS Confidentiality Code of Conduct (Nov 2003) and Trust standard contracting Terms and Conditions.
Within the homecare provider operations, patient data must be kept within a safe haven and secure network. Access to patient information is restricted to those employees who need to know that information to perform the services; those employees must understand their responsibility to maintain patient confidentiality and have signed a suitable confidentiality agreement.

7.1 Communicating patient Information

Correspondence between any homecare provider and Newcastle Upon Tyne Hospitals NHS Trust which contains patient identifiable or pseudonymous patient data may be exchanged via the following means:

- Fax to homecare provider safe haven:
- Fax to Newcastle upon Tyne Hospitals NHS Trust:
- Encrypted Attachment to an e-mail or pass word protected attachment. Encryption must be to a suitable level, e.g. AES256 using WinZip v9 or above.
- E-mail to/from NHS mail user sent to/from nhs.net email account
- Double enveloped Business Reply post to homecare provider

8 Procedure for Dealing with Incidents

The management of medicines recalls, incidents and complaints related to homecare services MUST comply with the Newcastle Upon Tyne Hospitals NHS Foundation Trust policy.

It is the responsibility of the Procurement Pharmacist to ensure that incidents involving homecare medicines are reported, investigated and documented in accordance with Trust policy.

It is the responsibility of the Clinical Governance lead for the homecare provider to ensure their procedures for reporting and investigating homecare medicine incidents support and interface with Trust procedures.

It is the responsibility of the Homecare provider to regularly update the Trust on progress with root cause analysis and any corrective and preventive action planned or taken.

8.1 Incidents Discovered by the Trust and Reported to the Homecare Provider

Incidents are communicated by Trust staff to the pharmacy homecare manager. The complaint or incident is then formalised, risk assessed and passed on to the homecare provider.

Where the incident needs to be handled urgently Trust staff may communicate the incident directly to the homecare provider and send a copy of what was reported to the pharmacy homecare team as soon as possible. The homecare provider is given as much information as possible on the same working day if it is not possible to send a complete report within this timeframe.
Incidents are to be submitted in writing by e-mail containing the patient’s initials, date of birth and/or hospital number and a synopsis of events. This may be supported by a telephone call if the incident is complex, needs clarification or requires immediate remedial action from the provider.

Homecare providers will where possible have a single point of contact to which incidents are reported.

Upon receipt of the incident, the homecare provider will acknowledge receipt of the incident back to the sender and all clinical team contacts for that therapy area.

The homecare provider will assist the clinical team with any remedial action that may be required this may include emergency deliveries/uplift of medicines/liaison with the patient/carer.

Datix will be used to report incidents based on a risk assessment carried out by the Procurement pharmacist.

The Trust will be responsible for agreeing closure of the incident.

8.2 Incidents discovered by the Homecare Provider and Reported to the Trust

Upon discovery of an incident by the homecare provider, the homecare provider will ensure that the incident is documented in their quality assurance framework.

The appropriate clinical team and, the pharmacy homecare manager will be sent a copy of the incident within 24 hours of occurrence with details of any remedial action undertaken. The report will not contain any patient identifiable data and will only refer to the patient by initials, date of birth and hospital number.

If a patient has been delivered, administered or taken a medicine in error or missed a dose as a result of a homecare medicines incident, the Procurement Pharmacist must be informed on the same day. If the Procurement Pharmacist is not available, a pharmacist in the dispensary should be contacted on 0191 223 1036 (Freeman) / 0191 282 4488 (RVI). Suspected or known confidentiality breaches, medicine defects or loss, drug alerts, serious adverse reactions, contra-indications, side effects, non-compliance or deterioration in a patient’s health are reported in the same way.

Complaints due to early or late deliveries need not be reported unless a delivery is not made on the scheduled delivery date or is made at unsocial hours. Complaints about the conduct of the homecare provider’s employees need not be reported unless and until the homecare provider finds that serious misconduct has occurred. These complaints and incidents will be reviewed collectively at KPI review meetings.

If this occurs outside of normal working hours* the homecare provider will notify the Trust by contacting the on call pharmacist via the main Hospital switchboard on number 0191 233 6161.
Where an incident has been reported out of hours, the homecare provider will also follow the process described above for incidents to ensure that the clinical team and other nominated Trust contacts have been notified of the incident as soon as possible.

The homecare provider will undertake the necessary level of investigation requested by the Trust. This will usually involve a report including immediate remedial action, root cause analysis and corrective and preventive action taken.

The Trust will be responsible for agreeing closure of the incident and for prior authorisation and approval of any written correspondence the homecare provider intends to send the patient in response to the complaint or incident.

The homecare provider will retain all incidents by therapy area and make these available upon request; The Trust may request that a monthly summary of all incidents by therapy area is made regularly available to a nominated person or persons.

Incidents will be used by the Trust for quality assurance purposes and will be referenced in service review meetings. The Trust will log all incidents on their own local incident database which may be accessible nationally for patient safety and shared learning.

The office of the Homecare pharmacy team is open 0830-12.00 (Monday – Friday) under review.
The pharmacy dispensary is open 0830 to 1730 (Monday – Friday), 9-12 (Saturday).

8.3 Incidents Discovered by the Patient

If the patient reports the incident to a trust staff member follow the directions in section 6.1

If the patient reports the incident to the homecare provider follow the directions in section 6.2

9 Training

Staff engaged within the structure outlined in this policy should be familiar with this policy.

10 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.
11 Monitoring Compliance

On an annual basis, the Director of Pharmacy will ensure that each committee/group described in this policy is continuing to practice in accordance with their terms of reference.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>An audit of homecare pharmacy practice in relation to the requirements of the Department of Health is reviewed regularly and an annual report is submitted to the Medicines Management Committee who has responsibility for ensuring the completion of any actions.</td>
<td>Each month’s KPIs and complaints and incidents from each homecare provider are provided every quarter and reviewed at quarterly service review meetings</td>
</tr>
<tr>
<td></td>
<td>Ian Campbell</td>
</tr>
<tr>
<td></td>
<td>Medicines Management Committee</td>
</tr>
<tr>
<td></td>
<td>Annually</td>
</tr>
</tbody>
</table>

12 Consultation and Review

This Policy was developed in conjunction with the Trust Medicines Management Committee. Further consultation has been undertaken directly with the following: The Policy will be reviewed and approved by the Medicines Management Committee and ratified by the Clinical Policy Group. It is intended that review of this document will begin in October 2017, with a view to reissue in November 2017.

13 Implementation (including raising awareness)

The policy has been circulated to all members of the Medicines Management Committee and cascaded to all sub groups. In addition, the revised policy will be announced in the Trust Policy Newsletter.

14 References

Mark Hackett Nov 2011: Best practice guidance for homecare medicines ‘towards a vision for the future’.

Ian Campbell/Michael McBeth Nov 2015
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 27th October 2015

2. **Name of policy / strategy / service:**
   - Homecare Medicines Policy Trust-wide

3. **Name and designation of Author:**
   - Ian Campbell Assistant Director Pharmacy

4. **Names & designations of those involved in the impact analysis screening process:**
   - Ian Campbell Assistant Director Pharmacy

5. **Is this a:**
   - Policy [x]
   - Strategy [ ]
   - Service [ ]

   **Is this:**
   - New [ ]
   - Revised [x]

   **Who is affected**
   - Employees [x]
   - Service Users [x]
   - Wider Community [x]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   - This Policy promotes compliance with national guidance relating to homecare medicine services. It is applicable to all staff involved with homecare services including homecare providers.

7. **Does this policy, strategy, or service have any equality implications?**
   - Yes [ ]
   - No [x]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   - This policy promotes compliance with national guidance relating to homecare medicine services. It is applicable to all staff involved with homecare services including homecare providers. All companies providing homecare medicine services must provide Newcastle Upon Tyne Hospitals NHS Foundation Trust with assurance that their medicines and services comply with this policy.
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups relating to this policy</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
</table>
| Race / Ethnic origin (including gypsies and travellers)                                     | All staff undertake mandatory equality and diversity training  
All homecare providers make a statement of compliance with Trust equality and diversity policy with contracts or service level agreements | Some groups of people with protected characteristics may require different homecare services; this is taken into account in the registration of the individual patient with the homecare company. This is part of the Service level Agreement with the homecare provider | No                                                                                                                                               |
| Sex (male/ female)                                                                         | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Religion and Belief                                                                         | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Sexual orientation including lesbian, gay and bisexual people                               | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Age                                                                                         | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Gender Re-assignment                                                                        | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Marriage and Civil Partnership                                                             | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |
| Maternity / Pregnancy                                                                        | As above                                                                                                                      | As above                                                                                                                                               | No                                                                                                                                               |

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any
significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes  No  x

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to life, right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Ian Campbell

Date of completion: 5th November 2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)