Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Please Note: This policy is currently under review and is still fit for purpose.

Parenteral Nutrition Policy

This procedural document supersedes: PAT/T 66 v.1– Parenteral Nutrition Policy.

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive sponsor(s):	Director of Nursing, Midwifery & AHPs
Author/reviewer: (this version)	H.Stirland, M.Deakin, KL. Yee, M.Peck, J.Sayer
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Target audience:	Clinical Staff, Trust wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	6 March 2019	• Revised section 4 • Updated ward list and home PN section • Updated pabrinex prescribing (section 4.5) • Updated appendix 1 and 2 • Updated definitions	H.Stirland M.Deakin KL. Yee M.Peck J.Sayer
Version 1	12 April 2016	• This is a new procedural document, please read in full	J Sayer H Stirland C Nnamdi A Gregory

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1. INTRODUCTION

The aim of this policy is to ensure parenteral nutrition (PN) is delivered to appropriate inpatients safely and in line with NICE guidance (2006). PN is a specialised treatment which carries significant risks to patients, for this reason correct delivery and management of the PN is essential. This policy outlines the indications for PN, how to refer to the Nutrition Support Team (NST) and how to manage a patient receiving PN.

The NST is a multidisciplinary team which consists of a consultant gastroenterologist or GI surgeon, nutrition nurse specialist, pharmacist and dietitian. The team assess and monitor all patients receiving PN and provide support to ward nursing and medical staff in the safe delivery of PN.

2. PURPOSE

PN is a method of feeding patients intravenously when the patient is unable to absorb enough nutrients from the gut to meet their nutritional needs. It may be used as the sole form of nutrition or it may be combined with other forms of feeding (oral or enteral). It may be required to address specific nutritional deficiencies, for example patients with high output fistula or to meet all nutritional requirements.

PN is an expensive option. It also carries a significant risk of adverse events or complications from the delivery of nutrients via an unnatural route, some of which may be serious or even life threatening. Therefore it is important for patient safety and for effective treatment that this resource should be used only for those patients where the benefit outweighs the risk.

3. DUTIES AND RESPONSIBILITIES

3.1 Nutrition Support Team

The NST provides support for decision-making when considering starting a patient on PN. While the final decision regarding starting the PN rests with the consultant managing that patient, the NST will make recommendations regarding the most appropriate, safest and most cost effective way to meet the patient's nutritional requirements.

The NST will assess all adults on inpatient wards who have been referred for consideration of PN and will review all adult patients on home parenteral nutrition who are admitted to the Trust with other medical problems.

The NST will agree nutritional targets with the referring medical team and will advise how these nutritional targets can be achieved. For most referrals this will include a prescription of PN.

The NST will provide an initial assessment of the patient's nutritional needs and how these can be met. They will monitor on a daily basis (Monday to Friday) the impact of the nutritional treatment and will be responsible for the prescription of PN on a seven day/week basis.

Where it is necessary to prescribe other treatments in order to minimize harm from the PN (e.g. prescription of insulin for a patient with persistently raised blood glucose on PN), the NST will take responsibility for prescribing these medications, provided that there is no or low impact on the ongoing management of the patient's medical condition. If there is concern that the new treatment may impact on the patient's other medical problems, the NST will make a recommendation and it will be the responsibility of the medical team managing the patient to decide whether to prescribe the treatment.

3.2 Ward medical and nursing teams

The ward medical team will be responsible for ensuring that all baseline and monitoring blood tests have been obtained (see section 4.3), that the patient has appropriate vascular access for delivery of PN and that the patient understands the proposed treatment and the risks associated with it. Please refer to central venous access device (CVAD) policy.

The medical team also has a responsibility for reviewing and overseeing the fluid balance needs of the patient. If the patient just requires maintenance fluids, then the PN will often deliver an appropriate amount of fluids to meet the patient's needs. If this is the case then any additional fluid should be stopped. If the patient has a fluid deficit or on-going fluid losses, then additional fluids may be needed on top of the PN. The medical team has a responsibility for assessing the patient's fluid status and requirements on a daily basis and ensuring that these are met and not exceeded. The medical team will need to account for oral as well as all intravenous intake, including the volume of the parenteral nutrition and all losses.

The ward nursing team will be responsible for monitoring the patient and ensuring that all appropriate observations have been documented; including 4 hourly clinical observations, at least twice daily blood sugar, twice weekly weight, accurate fluid balance and food chart if applicable. They will also be responsible for daily monitoring of the CVC and for collecting specimens e.g. swabs from CVC entry sites.

4. PROCEDURE

All patients should have a current weight and BMI recorded before making a referral to the NST or Dietitian. An assessment by a Dietitian (requested within normal working hours) should always be obtained prior to commencement of PN.

The only exception to this is patients in a critical care bed (DCC/ITU) where the Consultant Intensivist may choose to initiate PN where deemed necessary out of hours of over a weekend prior to dietetic assessment.

Under normal circumstances it is not appropriate to start PN over a weekend (unless on critical care).

4.1 Indications for PN (PN)

PN is a treatment with a significant risk of complications. It should only be considered as a treatment for nutritional support after all oral and enteral options have been explored.

The main indications for PN are:

- Intestinal perforation which is being managed conservatively (non-operatively) and where feeding the patient orally may exacerbate sepsis
- Intestinal obstruction which is being managed conservatively (non-operatively)
- Intestinal dysmotility, including prolonged post- operative ileus and intestinal pseudo-obstruction leading to malabsorption
- Acute pancreatitis where oral, nasogastric or nasojejunal feeding is not tolerated
- High output stoma or high output fistula where the surgical consultant has recommended a trial period of Nil by mouth
- Short bowel syndrome/high output stoma where absorption is not sufficient to meet patient's nutritional targets

There may be other cases which would benefit from PN. These should be discussed on an individual case basis with the NST.

The decision to start PN needs to take account of the patient's co-morbidities, life expectancy and quality of life. For patients who are being considered for long term PN or home PN, the patient's social and psychological state should also be considered, as well as the patient's wishes.

4.2 Referral process

The decision to initiate a referral for PN must involve the consultant managing the patient and this must be documented in the medical notes.

The referral must then be completed by the medical team using the online system and by bleeping the NST on bleep 1812.

The NST can be contacted by bleep (Monday to Friday 8.00 to 16.00).

The following: should be documented in the medical notes at the time of referral:

- Medical condition leading to gut failure and leading to need for PN
- Purpose of the PN (to meet nutritional targets or to prevent further nutritional losses)
- Whether the PN will be sole form of feeding or combined with enteral or oral feeding
- Intended stopping point e.g. when patient is able to meet nutritional targets orally or enterally, or a time limited trial for example patient with high output stoma., to be nil by mouth for 2 weeks

If this information is not available the NST will see and assess the patient but the PN will not be ordered from the Pharmacy until the above criteria have been agreed between the NST and the team managing the patient.

4.3 Requirements for referral

The ward team should ensure that the following have been put in place:

- Up to date weight and height score
- Up to date baseline bloods. As a minimum these include:
    - U+E, calcium, phosphate, magnesium, glucose, LFT, FBC and clotting-
    - Further blood testing may then be requested by the NST.
- Central venous access (usually PICC line) requested on ICE

4.4 Capacity and best interest

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

4.5 Appropriate Route

The preferred route for short or medium term PN administration is via a dedicated peripherally inserted central catheter (PICC). Other central vein catheterisation via the subclavian or jugular veins may be used for patients on DCC where appropriate. For long term PN, a tunnelled central venous catheter is most appropriate. Peripheral access (including midline) may be used after due consideration by the NST if PN is considered for short term (<5 days). Only a limited number of PN bags are appropriate for peripheral administration and this would be documented on the prescription and on the product and by the NST in the medical notes.

4.6 Prescribing Pabrinex

Pabrinex is an Intravenous preparation of water soluble vitamins including high dose thiamine, used to reduce risk of thiamine deficiency syndromes e.g. Wernicke's for patients at risk of re-feeding syndrome. The patient's risk of developing refeeding syndrome is assessed by the medical team and the NST before commencing PN.

All patients at risk of refeeding syndrome who are starting PN should be prescribed Pabrinex to reduce the risk of neurological complications of re-feeding syndrome, such as Wernicke's encephalopathy.

Pabrinex should be prescribed using the *TPN plus pabrinex* (one pair daily for 10 days) option on JAC.
If the patient has been admitted with alcohol related problems they should always be prescribed a higher dose of IV pabrinex (two pairs TDS for 2 days then one pair OD for 8 days) even if the patient is starting parenteral nutrition

The NST will advise if pabrinex needs to be continued as part of their full assessment.

4.7 Ward inpatients requiring PN

Location of adult inpatients requiring PN

Wards managing adult patients with PN must be able to ensure:

1. Sufficient trained nursing staff with up to date certification for management of central venous catheters so that there will be at least 1 trained member of staff certified competent to manage the feeding line on for each shift, to set up and take down the PN
2. All nursing staff including healthcare assistants are familiar with the monitoring and documentation required for managing patients on PN. This monitoring is detailed in the PN Pathway of Care (see appendix 1).
3. Fridge with sufficient capacity to store PN bags
4. Means to weigh patients including access to hoist weighing scales
5. Daily medical review of patients by consultant or middle grade doctor including Saturday and Sunday.

The following wards/areas have been designated for managing adult patients who require PN:

DCC Doncaster
ITU Bassetlaw
Ward 18 Doncaster
Ward 20 Doncaster
Ward 21 Doncaster
Ward 24 Doncaster
Ward S11 Doncaster

If a patient who is not on one of these wards requires PN, the PN will not be ordered until the patient has been transferred to one of these wards. For patients with other complex medical needs, these will need to be discussed with either the NST or with one of the consultant intensivists (e.g. intra-dialysis PN). If due to complex needs it is not possible to transfer to one of these wards escalate to clinical lead /matron who will need to ensure appropriate support given to ward to allow safe administration.

Any adult patient who is on home PN who requires hospital admission must be admitted to one of the wards designated above. Please discuss with the site manager and NST to ensure the patient is admitted to the correct ward.

Prescribing the PN

Once the medical team managing the patient and the NST have agreed to start a patient on PN, the NST will usually be responsible for prescribing the PN. Only prescribers with experience in managing parenteral nutrition can sign prescriptions for parenteral nutrition (for example GI surgeon or gastroenterology consultant or middle grade), if the NST does not have a prescriber available.
All TPN prescriptions must be completed before 11am, referrals received after this time will be started the following working day.

Ongoing Monitoring

The NST will be responsible for:

- Review the patient daily (Monday to Friday)
- Discuss at the weekly nutrition support MDT meeting.
- Review the patient's fluid and electrolyte balance and blood glucose control and make recommendations to the team managing the patient. If appropriate the NST will prescribe fluids and other medications
- Updating the PN additions sheet in the nursing notes
- Collecting data for the purpose of auditing PN use
- Liaising with Intestinal Failure centre for home parenteral nutrition patients

The medical team managing the patient will be responsible for:

- Ensuring timely insertion of a central catheter for feeding
- Prescribing of additional intravenous fluids where appropriate
- Review the PN additions sheet prior to prescribing IV fluids or other medication
- Collection of bloods and other samples to monitor the patient for complications of the PN.
- Follow the guidance set out in the PN Pathway of Care (appendix 1).

The ward nursing team managing the patient will be responsible for:

- Monitoring the patient's observations including blood glucose and fluid balance, as set out in the PN Pathway of Care.
- Dressing the skin site of entry of the feeding line and watching for evidence of catheter related sepsis.
- Daily documentation on the central venous access care sheet
- Contacting the on call pharmacist via switchboard if the PN does not arrive on the ward after 20.00hrs

4.8 Patients on critical care requiring PN

Adult patients on DCC will be managed by the consultant intensivists, ward pharmacist and ward dietitian. Decisions to start and stop PN while the patient remains on DCC will not involve the NST but will involve the DCC dietitian.

A member of the NST will be made aware of all adult patients on the critical care unit who are requiring PN and will be responsible for ensuring that the NST review the patient on the next working day once they are transferred to a ward. Once the patient has been transferred off DCC, the NST will be responsible for prescribing and stopping PN.

If a patient on parenteral nutrition is transferred from DCC to a general ward at a weekend, the medical team will be responsible for monitoring the patient (according to PN guidelines) until the patient is reviewed by the NST on the next working day.
Patients transferred from DCC still receiving PN must be transferred to one of the designated PN wards.

If the patient is transferred to critical care from a ward, the DCC team will be responsible for prescribing, monitoring and stopping PN (according to PN guidelines).

4.9 Stopping PN

For patients who are not in a critical care bed, the NST and managing medical/surgical team will make a joint decision when to stop the PN. Once the patient has stopped PN, the ward nursing and medical team and the ward dietitian have responsibility for ensuring that the patient continues to meet their nutritional targets

4.10 Patients on home PN who require hospitalisation

Home PN patients must be admitted to one of the wards designated for PN (see section 4.6)

The NST **MUST** be informed if a home PN patient is admitted to Doncaster and Bassetlaw Hospitals. The team should be informed on the day of admission or on the next working day (bleep 1812). A member of the NST will contact the Intestinal Failure centre responsible for the nutritional care of the home PN patient to discuss their nutritional management while the patient is in hospital.

Unless advised otherwise by the Intestinal Failure centre, the patient will be managed according to the Trust PN Pathway of Care.

The patient will be reviewed on a daily basis by the NST (Monday to Friday) and will be discussed at the Nutrition team MDT meeting.

The patients are required to bring their home PN bags on admission and the NST will transcribe their prescription onto the Trust PN prescription forms during working hours. If the patients are admitted out-of- hours or over the weekend, the on-call doctor covering the respective ward should complete the transcription. Transcription involves getting the home PN bag for the day and copying out the name, constituents, electrolytes and trace elements as indicated on the label and then adding the batch number and expiry dates. See specimen in appendix 2.

The PN prescription forms are stocked on the appropriate wards including ward 20, 21, 24, DCC and ITU.

The NST will be responsible for contacting the Intestinal Failure Unit to inform them of the patient’s discharge from hospital, within 24 hours of discharge.

5. TRAINING/SUPPORT

The members of the NST have a responsibility to provide education and training to the medical, nursing and allied health professionals caring for the patient regarding nutritional issues and in particular with reference to safe delivery and monitoring of PN.

All nurses delivering PN via a central line must complete the central venous access device (CVAD) package and training provided by clinical skills.

Revalidation of these skills will also be provided by clinical skills and nurses must be updated at least every three years.

5.1 Pharmaceutical Stability

A ready to use bag of PN (with additives) has got a minimum 7-day shelf life if stored between 2-8 ^{0}C.

Once allowed to reach room temperature on the wards and in medicine preparation areas, the expiry is reduced to 24hours.

Once PN is hung for administration any left-over product should be discarded after 24hours. If the patient has got additional IV fluids or medication, they should be given via a separate lumen or peripheral cannula as admixtures of PN and certain medication could result in instability of the formulation.

Ward nursing teams must ensure that all PN bags are transferred to the fridge as soon as they arrive on the ward, including home PN brought in by patients or carers. If the patient is transferred to another ward or another unit (such as Intestinal Failure Centre) the nursing team must ensure that the PN bags are transferred with the patient.

5.2 The Prescription

Prescriptions will be completed by the NST after patient review on a daily basis and will be based upon a comprehensive patient assessment. The prescription will detail the type of bag, any additives, rate of infusion and the route of administration.

5.3 Management of PN

All adult patients receiving PN within the Trust will be managed according to the guidance in the PN Pathway of Care

The NST will be responsible for reviewing the pathway of care on an annual basis and ensuring that this recommends best practice and follows national and local guidance. They will consult with other interested parties such as consultant intensivists so that the guidance will be applicable for all adult patients.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
The procedural document will be reviewed in the following circumstances:	Nutrition Support Team	Every three years routinely, unless: • New national or international guidance are received. • Newly published evidence demonstrates need for change to current practice. • Action required from Root Cause Analysis Serious Incident Investigation report	Nutrition steering committee
Audits on the usage of PN	Nutrition Support Team	Annual	Clinical leads, trust governance

7. DEFINITIONS

BD – Twice daily
BMI – Body mass index
CVAD- Central venous access device
CVC - central venous catheter
DCC – Department of critical care
FBC – Full blood count
ITU - Intensive care unit
JAC – Electronic prescribing system
LFT – Liver function test
MDT- Multi disciplinary team
NST - Nutrition Support Team
OD – once daily
PICC – peripherally inserted central catheter
PN - Parenteral nutrition
TDS – three times daily
TPN – Total parenteral nutrition
U+E – Urea and electrolyte

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 3).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Central Venous Access Device (CVADs) Care and Management Policy - PAT/T 23
Equality Analysis Policy CORP/EMP 27
Fair Treatment For All Policy CORP/EMP 4
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
Privacy and Dignity Policy - PAT/PA 28

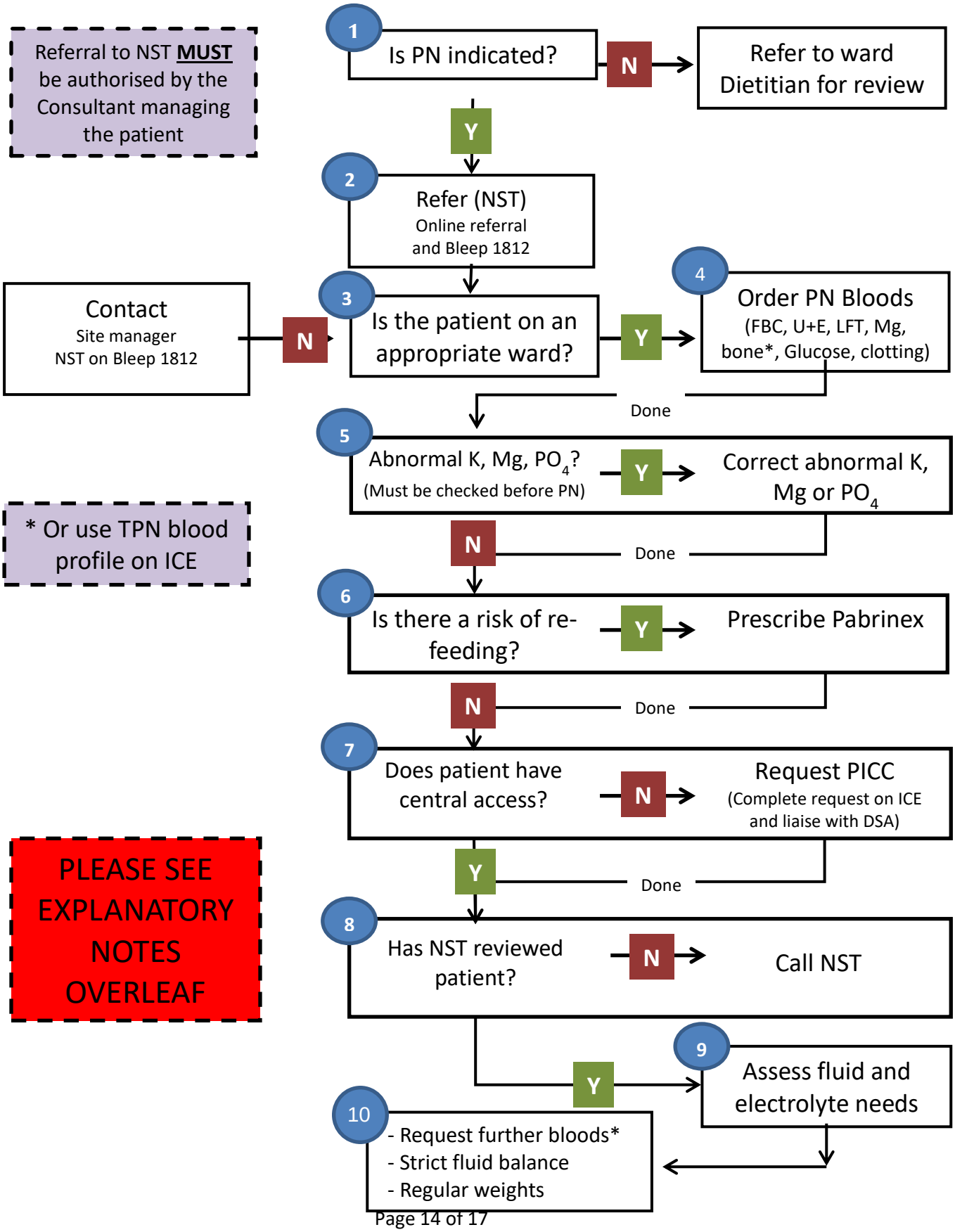
10. REFERENCES

Nutrition support in adults: oral nutrition support, enteral tube feeding and PN (2006) NICE clinical guideline 32.

Department of Constitutional Affairs
Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 – PN PATHWAY OF CARE

Parenteral nutrition pathway of care



Indication for Parenteral Nutrition:

Parenteral nutrition is a treatment with a high risk of complications. It should only be considered as a treatment for nutritional support after all oral and enteral options have been explored.

The main indications for parenteral nutrition are:

- Intestinal perforation
- Intestinal obstruction
- Intestinal dysmotility, including prolonged post- operative ileus and intestinal pseudo-obstruction leading to malabsorption
- Acute pancreatitis where nasojejunal feeding is not tolerated
- High output stoma or high output fistula where the surgical consultant has recommended a trial period of Nil by mouth
- Short bowel syndrome where absorption is not sufficient to meet patient's nutritional targets

There may be other cases who would benefit from parenteral nutrition. These should be discussed on an individual case basis with the nutrition support team.

The following wards have been designated for managing adult patients who require parenteral nutrition:

DCC Doncaster	Ward 18 Doncaster
Ward 20 Doncaster	Ward 24 Doncaster
Ward 21 Doncaster	Ward S11 Doncaster
ITU Bassetlaw	

High risk of re-feeding problems if:

One or more of the following:

- ❑ BMI less than 16 kg/m2
- ❑ Unintentional weight loss >15% within last 3-6 months
- ❑ Little or no nutritional intake for more than 10 days
- ❑ Low levels of potassium, phosphate or magnesium prior to feeding

Two or more of the following:

- ❑ BMI less than 18.5 kg/m2
- ❑ Unintentional weight loss >10% within the last 3-6 months
- ❑ Little or no nutritional intake for more than 5 days
- ❑ A history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics

Pabrinex Information

All patients who are starting parenteral nutrition should be prescribed Pabrinex to reduce the risk of neurological complications of re-feeding syndrome, such as Wernicke's encephalopathy

Prescribe on JAC using the *TPN plus Pabrinex* option (one pair daily for ten days) or if admitted with alcohol related issues (Two pairs TDS for 2days then one pair OD for 8 days)

Unless the patient has been admitted with alcohol related issues in which case prescribe the alcohol regimen of Pabrinex on JAC.

Nursing care for all PN patients:

Accurate fluid balance	Blood sugar monitoring at least twice daily
CVAD care sheet	Twice weekly weight

APPENDIX 2 – SPECIMEN HOME PN TRANSCRIPTION

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

ADULT PARENTERAL NUTRITION PRESCRIPTION

AFFIX LABEL HERE IF AVAILABLE

NHS Number:
District Number: D1234567
Surname: NUTRITION
Forename(s): T.P.
Address: ANYWHERE
D.o.B.: ANY DATE

Ward: 20 Consultant: ABC

Date 01 / 01 / 2019	Day of the week TUESDAY			
	Specify the Total Daily Requirements			
Route of Intravenous Infusion Delete as appropriate	CENTRAL	PERIPHERAL	EITHER	

Instructions: Specify the base bag. Complete the electrolyte requirement. 10ml Additrace, Vitlipid N Adult and 1 vial of Solivito N will be added unless otherwise specified (delete as required). Specify over how long the bag or part of the bag should be administered. No bag may be used for longer than 24 hours.

Base Bag (Specify)	FKCN60001	
Approximate volume (mls)	As delivered by the base bag	2000ml
Nitrogen (g)	As delivered by the base bag	14 g
Glucose (g)	As delivered by the base bag	1000 kcal
Fat (g) (Inclusive of Vitlipid N Adult)	As delivered by the base bag	600 kcal
Approximate non-protein calories (kcal)	As delivered by the base bag	
Sodium (mmol)	180	
Potassium (mmol)	60	
Calcium (mmol)	7	
Magnesium (mmol)	12	
Phosphate (mmol) (Inclusive of lipid phosphate)	10	
Additrace (10mls)	10ml	
Solivito N (vials)	1 vial	
Vitlipid N Adult (10mls)	10ml	
Additional requirements (e.g minimal chloride)	Trace elements as per bag	

Administration rate (delete and complete) See below for the actual rate in ml per hour	~~1 Bag over 24 hours~~	~~Half the bag over 24 hours~~	1 Bag over 12 hours	ONE bag over TWELVE hours
Prescribed by: Dr. DBTH			Bleep / Extn	1234
Pharmacist Clinical Check:			Bleep / Extn	

Hospital Pharmacy Use Only	Batch number	19L01TH01234 (Expiry 14/19)	Rate
	Final Volume	2000ml	166.7
	Release check		ml / hour
	Order number		
	External Courier delivery point		

Seal this prescription with the PN bag supplied

Administration Record	Given by	Start Time
	Checked by	End Time

TPN must be given by a dedicated IV line / Lumen. You must put a blue swan lock needle-free adapter on the TPN lumen. All TPN must be discarded after a maximum of 24 hours.

WPR36795
June 2017
GREY

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Parenteral Nutrition Policy	Trust wide	Hannah Stirland	Existing	24/01/2019

1) Who is responsible for this policy? Nutrition Support Team

2) Describe the purpose of the service / function / policy / project/ strategy? Patients receiving PN and staff administering PN

3) Are there any associated objectives? NICE guidance (2006)

4) What factors contribute or detract from achieving intended outcomes? – N/A

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	no	
b) Disability	no	
c) Gender	no	
d) Gender Reassignment	no	
e) Marriage/Civil Partnership	no	
f) Maternity/Pregnancy	no	
g) Race	no	
h) Religion/Belief	no	
i) Sexual Orientation	no	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

Date for next review: February 2022

Checked by: Mary Peck **Date:** **19/02/2019**