



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

# Kitchen Hygiene and Refrigerator Monitoring Policy For Wards and Clinical Areas

This procedural document supersedes: PAT/IC 22 v.5 – Kitchen Hygiene and Refrigerator Monitoring Policy for Wards and Clinical Areas.



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## 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 6	19 August 2024	<ul style="list-style-type: none"> <li>• Added new first paragraph Section 2 – Purpose.</li> <li>• Removed 4.2. Refrigerator Contents Monitoring.</li> <li>• Revised 4.4 section-Food Safety/Hygiene Monitoring.</li> <li>• Added 4.5 section-Ambient Food Storage - Patient &amp; Staff.</li> <li>• Added 4.6 section-Food Product Date Codes</li> <li>• Revised responsibilities to 4.7 Refrigerator Cleaning.</li> <li>• Added the requirement to complete '272 Food Allergy and Food Hygiene Awareness' – ESR E-learning Training to Section 5.</li> <li>• Revised monitoring compliance to Section 6.</li> <li>• Revised Appendix 1- Information for Ward Based Food Handlers.</li> </ul>	J Allison
Version 5	30 May 2021	<ul style="list-style-type: none"> <li>• Policy revised with new APD Trust format.</li> <li>• Updated information relating to Training/Support</li> </ul>	J Allison
Version 4	30 May 2018	<ul style="list-style-type: none"> <li>• Revised Duties and Responsibilities (Facilities Lead BDGH or Nominated Deputy) to reflect the change in provision of patient Catering Services</li> <li>• Replace Catering Management Team/Catering Department with Facilities Lead BDGH or Nominated Deputy</li> <li>• Updated contact details for above</li> </ul>	J Allison

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## 1. INTRODUCTION

This policy has been formulated to ensure the Trust meets the requirements of The Food Safety and Hygiene (England) Regulations 2013 and The Food Safety (Temperature Control) Regulations 1995.

## 2. PURPOSE

Managers need to be aware that regulations relating to food safety legislation apply to all NHS premises and sites where food services are provided. They apply to all areas where food or drinks are supplied by the healthcare facility for consumption by patients, staff and visitors. The standards of food hygiene require the need to reflect the nature of the food handling activities carried out in the area.

The procedures in the policy aim to ensure that foods held in refrigerated conditions at ward level, maintain their quality and shelf life. This will minimise the risk of harm, ensure the quality of service to patients and reduce wastage and thereby costs.

It is a requirement of the Environmental Health Department that all refrigerators in wards or Departments – including assessment kitchens, are monitored to ensure they remain within safe temperatures of 5°C or below. Also, to maintain a safe kitchen environment it is necessary to follow the correct procedures. Further guidance for the recording of refrigerator temperatures can be found in the Ward Kitchen Hygiene and Refrigerator monitoring logbook, located in ward kitchens.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 Department Managers

It is the responsibility of the Ward/Department Manager to ensure that all temperature records are recorded on a daily basis in accordance with the Kitchen Hygiene and Refrigerator Monitoring Policy for Wards and Departments, to ensure compliance with Food Safety and Food Hygiene legislation. All staff that are responsible for undertaking refrigerator temperature checks should have received sufficient training to be competent in the required task and have access to the required logbook, which should be stored in a way that supports CQC and Local Environmental Health Officer inspections. Cleaning of refrigerators should be completed in line with section 4.7.

### 3.2 Staff

Each individual member of staff, volunteer or contracted worker within the Trust has a personal responsibility to comply with this Policy and ensure all temperature recordings are documented in the required logbook.

### 3.3 Facilities Lead BDGH or Nominated Deputy

It is the responsibility of the Facilities Lead BDGH or Nominated Deputy to review compliance with this policy in line with Food Safety legislation, to document any non-conformance and report their findings to the Ward Manager for action.

## 4. PROCEDURE

All Ward/Department Managers should ensure that a robust system to meet the requirements of this policy is in place in their area of responsibility. Each ward or location will have a delegated member of staff who will undertake the monitoring of refrigerator temperatures, this task must be delegated in the event of annual leave and sickness.

### 4.1 Refrigerator Temperature Monitoring

The refrigerator temperature monitoring is required by law; failure to do so could compromise patient safety and lead to Listeriosis ([See Appendix 2](#)). The temperature monitoring must be carried out by a person whose details must be easily identified. Ward/Department Managers are to provide suitable digital thermometers if the refrigerator doesn't have an external display thermometer. Temperatures of patient and staff refrigerators should be entered in the temperature logbook, provided by the Facilities Lead BDGH or Nominated Deputy (Ward Kitchen Hygiene and Refrigerator Monitoring) on a daily basis and the signature of the individual logging the temperature must be recorded on the document. Because refrigerators are in constant use during the day, it is recommended that temperatures be recorded during the evening when activity is at a minimum.

Any faults should be reported as soon as possible to the manager, or senior person in charge of the ward, who should then report the fault to the Estates Department.

### 4.2 Patient Kitchen Food Stock

Small amounts of the following food items may be held in the ward kitchen:

- Packets of cereals
- Bread rolls/bread
- Portions of cheese and biscuits
- Butter portions and preserves
- Cake and biscuits as provided for patient snacks.
- Fresh fruit
- Fruit cordial
- Provisions for supporting hydration to include, coffee, tea, Horlicks, hot chocolate, cordial.

### 4.3 Procedures for Patients' Own Brought-In Food

Patients should be encouraged to eat all items at the time of delivery. The storage of food should not be encouraged.

It shall be the responsibility of the nurse/member of staff who accepts the food item to ensure the food is marked with the patient's name and the date and time received and placed in the kitchen/refrigerator on the patients' behalf.

It shall be the responsibility of the nursing night staff to ensure that the patient food items are checked each night. Items should be removed by their 'use by' date or within 24 hours of receipt if home-produced or shop-bought but undated.

#### 4.4 Food Safety/Hygiene Monitoring – General Kitchen Hygiene

- Patient food must not be re-heated on the ward, e.g., microwaved.
- Ward refrigerators must have a designated electric point and not be shared with a microwave oven or any other electrical equipment. In the event of power failure in excess of two hours all perishable goods should be discarded. If in any doubt, contact the Facilities Lead BDGH or Nominated Deputy.
- Ice cream must not be held in ward refrigerators.
- Staff food must not be stored in the same refrigerator as patient food.
- Drugs, blood, and specimens must never be stored in the food refrigerators.
- Refrigerators should be of sound structure in general good repair with an easily cleanable, rust-free exterior. Handles should be intact and free from cracks that may harbour bacteria. Doors should be tight fitting with a good seal.
- Ensure that food surface areas are clean and non-porous to facilitate good food hygiene.
- Check food cupboards for general tidiness, best before/use by dates and overstocking.
- Sinks must be clean and tidy. Hand wash basins must have an adequate supply of soap and paper towels. Grouting or other sealants must be intact and mould free.
- Check microwave ovens, particularly the underside of the inner-cavity, for food debris etc.
- Floors should be clean, tidy, and free from clutter. Surfaces and any sealants or grouting should be sound to prevent the harbouring of bacteria.
- Check beverage trolleys for general cleanliness and for signs of lime scale build-up around taps.
- Food items such as tube feeds must not be stored on the floor, but in a cupboard or refrigerator in accordance with manufacturer's instructions.

#### 4.5 Ambient Food Storage - Patient & Staff

Dry goods should be stored in cool, dry conditions. Shelving should be easy to clean and non-porous. Spillages should be cleared up straight away to reduce the risk of cross contamination and the risks associated with attracting vermin and pests.

Stock rotation, the rule first in, first out should always be applied.

Opened packs of food should be decanted into clean containers with close fitting lids, labelled and date coded to reduce contamination, oxidation, and dehydration.

Non-food items, including cleaning equipment and chemicals, should not be stored in a ward kitchen.

## Staff Food Items

Food items must be labelled and stored in the staff fridge or cupboard and controlled by the staff. These must be stored separately from patient foods.

It is good practice that fridge and storage cupboards are monitored to ensure all foods are stored safely.

Any breaches of procedure should be recorded and reported to the manager of the area concerned and all high-risk foods\* beyond the 'use by' date must be disposed of immediately. Food brought in from outside the hospital must not be stored in cupboards or refrigerators in plastic carrier bags, as these pose a risk of further contamination.

### \*High risk foods

High-risk foods are usually those which contain protein and are intended for consumption without treatment which would destroy such organisms, for example: -

- All cooked meat and poultry.
- Cooked meat products including gravy and stock.
- Milk, cream, artificial cream, custards, and dairy produce.
- Cooked eggs and products made with raw eggs, for example mayonnaise.
- Shellfish and other seafood.

## **4.6 Food Product Date Codes**

To ensure good stock rotation and compliance with the Food Labelling Regulations, all foods with the exception of unprepared and uncut fruit and vegetables, sugar, and salt, must be date coded.

Date codes are classified under two headings: -

- 'Use by' applied to highly perishable, 'high risk' products such as cooked meats and dairy products.
- 'Best before' applied to perishable and non-perishable foods, e.g., cereals and packed products, cans, bottles, usually with a shelf life of over three months.
- All products must be used before the expiry date and care must be taken when using products to check labelling instructions, which may indicate for example: -
  - Refrigerate after opening.
  - Use within three days of opening.

If in doubt advice should be sought from the Facilities Lead BDGH or Nominated Deputy.

#### 4.7 Refrigerator Cleaning

Refrigerators should be check cleaned daily of external areas including drip trays and touch points (handles) by Facilities staff and thoroughly cleaned weekly by the Housekeeper or Healthcare Assistant (HCA).

Check refrigerator door seals for dirt and/or mould. Check shelves, shelf runners and refrigerator inner shell (including the underside of the top of the refrigerator) for signs of dirt or mould as mould is a sign that correct temperatures are not being maintained.

Refrigerators should be pulled out from under worktops as part of the wards annual deep clean programme by Facilities Services ensuring the sides and back of the refrigerator are clean and dust free.

#### 4.8 Ward Kitchen/Refrigerator Access

Patients and their relatives/visitors should not have access to the kitchen or refrigerator without the authority of the senior person in charge.

#### 4.9 Patients Lacking Capacity

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 Extranet.

**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.*

## 5. TRAINING/ SUPPORT

Please note: The standard Learning Needs Analysis (LNA) – The training requirements of staff will be identified through a learning needs analysis. Role specific education will be delivered by the service lead.

The Food Safety and Hygiene (England) Regulations 2013 states that it is a legal requirement under UK law for food businesses to ensure that all members of their team involved in the handling of food, have received enough training for food safety and hygiene in the workplace. All



Managers/Senior Nurses shall carry out an objective assessment of the training needs of non-catering food handling staff and ensure that these training needs are fulfilled.

### 272 Food Allergy and Food Hygiene Awareness - ESR E-learning Training

Staff that handle food as part of their role, are to complete an e-learning package on ESR, which provides information on the 14 common food allergens, basic food hygiene principles and how to avoid cross-contamination.

The e-learning training will ensure that staff: -

- Are aware of the 14 common food allergens.
- Understand the difference between food allergy and intolerance and coeliac disease.
- Understand the consequences of allergies and intolerances.
- Understand how to avoid cross-contamination.
- Understand how order allergy aware diets from the catering department.
- Understand basic food hygiene for food preparation at ward/department level.

Additional information for Ward Based Food Handlers can be found within this document ([See Appendix 1](#)).

If you require any further Food Safety information, please contact the Facilities Lead BDGH or Nominated Deputy on BDGH 572152/DRI 644105/648053.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

It shall be the responsibility of the Ward/Department Manager to ensure compliance with this Policy.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
Refrigerator Temperatures /Hygiene Checks	Duty staff	Temperatures to be recorded daily during the evening when activity is at a minimum	Record temperatures in the Temperature Logbook issued by the Estates & Facilities Compliance Manager or Nominated Deputy
Kitchen/Refrigerator Cleaning	Team Leader/Facilities Supervisor	Daily	Any faults/issues should be reported to the Ward/Department Manager or senior person in charge
	Nurse in charge	Weekly	
	Team Leader/Facilities Supervisor	Annually following Deep Clean programme	

Completion of Refrigerator Temperature/Hygiene Checks	Nurse in charge	Weekly	Any faults/issues should be reported to the Ward/Department Manager or senior person in charge. Completed 'logbooks' should be retained and filed by the Ward/Department Manager, for audit purposes for a period of one year.
Completion of Refrigerator Temperature /Hygiene Checks	Facilities Lead BDGH or Nominated Deputy	Quarterly	Reported to: Ward/Department Manager Head of Facilities

## 7. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

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](#)).

## 8. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols including:

Hospital Catering Policy – CORP/FAC 7

Standard Infection Prevention and Control Precautions - PAT/IC 19

Hand Hygiene - PAT/IC 5

Cleaning and Disinfection of Ward Based Equipment - PAT/IC 24

Nutrition and Hydration Policy for Adults in Hospital - PAT/T 43

Mandatory and Statutory Training Policy - CORP/EMP 29

Mental Capacity Policy - PAT/PA 19

## 9. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 10. REFERENCES

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007 (last updated October 2020)

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NHS. (2022, November 3). *NHS England» National Standards for Healthcare Food and Drink*. Wwww.england.nhs.uk. <https://www.england.nhs.uk/long-read/national-standards-for-healthcare-food-and-drink/>

## APPENDIX 1 - INFORMATION FOR WARD BASED FOOD HANDLERS

### Handwashing

Hands should be routinely washed when entering the kitchen.

Hands must be washed before accessing the following -

- Refrigerator, toaster, microwave
- Preparing Snacks/Beverages

### Ward Kitchen

- Only authorised staff are allowed to use the ward kitchen area.
- Waste must be disposed of in accordance with the Trust's Waste Policy.
- Do not leave out garments, and handbags in kitchen.
- Do not attend to your hair in the kitchen.
- Do not sit on work surfaces.
- Do not eat your lunch or drink in a ward kitchen.

### Food Service

Hand washing is an integral part of food service to prevent the transmission of bacterial and viruses, as a matter of good hygiene practice staff must wash hands frequently with soap and water for at least 20 seconds. It is known that infections are able to be transmitted via the oral-faecal route, namely gastroenteritis and therefore, hand washing is crucial.

Hands should be washed routinely and including:-

- Before and after handling food.
- Before donning PPE (including a green disposable apron as is the colour coding for kitchens).
- Before handling clean cutlery and crockery.
- After handling dirty or used items, such as crockery and cutlery and collecting used dishes from any areas where food is delivered.
- Whenever touching high-contact surfaces, such as door handles.
- When moving between different areas of the workplace.
- After being in a public place.
- After blowing your nose, coughing, or sneezing. Coughs and sneezes should be caught in a tissue or the crook of your elbow.
- After touching food packaging.

Note this list is not exhaustive.

**Staff must:**

- Wear a clean disposable green apron, prior to service. Wash hands, change apron as required throughout service.
- Serve food to patients in a timely manner, adhering to the Standard Operating Procedure (SOP) when the food trolley arrives at the ward.
- Wash hands, wear a new disposable green apron before returning to food service following any Interruptions to service for patient handling assistance.
- Follow the precautions as required prior to entering the room, when serving food to patients with an infection. Serve food and then wash hands, wear a new disposable apron before returning to food service.
- Ensure all food waste is returned to the main kitchen for disposal.

**Staff must not:**

- Allow food trolley service to be in close proximity to bathrooms and toilets.
- Handle crockery and cutlery unless by the handles.
- Assist with food service if you have suffered from diarrhoea and/or vomiting within the last 48 hours (and review the requirement to be on duty)

**Food Safety:**

- No raw foods allowed in ward kitchens.
- Follow guidance for food allowed to be brought in by relatives.
- Adhere to all ward kitchen policies and procedures.

The Trust operates a cleaning colour coding policy to assist with the prevention of cross-contamination in ward kitchen areas -

- Green colour coded clean cloths, gloves, mops, and buckets must only be used in ward kitchens.
- Staff shall wear a clean disposable green apron whilst working in the kitchen or serving food.

## APPENDIX 2 - LISTERIA – KEEPING FOOD SAFE FACTSHEET

## Listeria – Keeping Food Safe Factsheet

In the UK, illness from *Listeria Monocytogenes* (listeriosis) has increased, particularly among those people over 60 who have weakened immune systems. Although Listeriosis isn't common, it can be life-threatening in people with reduced immunity. Listeriosis has sometimes been linked to eating chilled ready-to-eat foods, and controls are therefore needed to minimise the risk from this source.

### **What is listeria?**

*Listeria Monocytogenes* can cause severe and sometimes life-threatening foodborne illness. It usually affects vulnerable groups, such as pregnant women and people with weakened immunity, particularly those over 60. People with weakened immunity could include those who've had transplants, are taking drugs that weaken the immune system or who have cancers that affect their immune system, such as leukaemia or lymphoma.

*Listeria Monocytogenes* has been found in a range of chilled ready-to-eat foods, such as prepacked sandwiches, pâté, butter, soft mould-ripened cheeses, cooked sliced meats and smoked salmon. Vulnerable people should avoid soft mould-ripened cheese, such as Camembert and Brie, soft blue cheese, and all types of pâté, including vegetable.

This factsheet highlights key control measures, which people involved in the preparation and supply of chilled ready-to-eat foods can take to minimise the risk of people developing Listeriosis.

### **Minimising the risk**

Listeria can grow at refrigeration temperatures, so chilled foods must be kept cold and eaten by their 'use by' dates.

#### **Keep chilled ready-to-eat food cold -**

- Ensure the refrigerator is set at 5 °C or below and working correctly.
- Foods taken out of chilled storage should be eaten within four hours – after that you should throw the food away.
- Maintain temperature control from production until serving.

#### **Storage – follow instructions on the label -**

- Don't use food after its 'use by' date – make sure you check the label before serving.
- Use opened foods within two days unless the manufacturer's instructions state otherwise.

**APPENDIX 3 – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING**

<b>Service/Function/Policy/Project/Strategy</b>	<b>Division</b>	<b>Assessor (s)</b>	<b>New or Existing Service or Policy?</b>	<b>Date of Assessment</b>
Kitchen Hygiene and Refrigerator Monitoring Policy For Wards and Clinical Areas	Estates & Facilities	Julie Allison	Existing Policy	5 July 2024
<b>1) Who is responsible for this policy?</b> Estates & Facilities				
<b>2) Describe the purpose of the service / function / policy / project / strategy?</b> To ensure that foods held in refrigerated conditions at ward level maintain their quality and shelf life.				
<b>3) Are there any associated objectives?</b> To ensure the Trust meets the requirements of The Food Safety and Hygiene (England) Regulations 2013 and The Food Safety (Temperature Control) Regulations 1995.				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> Multi-disciplinary team requirements are necessary to ensure compliance is met.				
<b>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?</b> No				
<ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact – N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
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			
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick(✓) outcome box.</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				
<b>Date for next review:</b> July 2027				
<b>Checked by:</b> Paul Bird - Head of Facilities			<b>Date:</b> July 2024	