Equality Impact Assessment (EIA)

1	**Name of the Policy/Guidance document or project/programme**	**CQC COVID-19 Regulatory Response**	
2	**Directorate**	**Cross CQC**	
3	**Details of the person responsible for the EIA**	**Name:**	Lucy Wilkinson
		Job Title:	Equality, diversity and human rights manager
4	**What are the main aims and objectives of the Policy/Document/ project or programme**	Our response to COVID 19 is arranged through five workstreams: 1. Engagement – internal and external 2. Organisational readiness 3. Organisational resilience 4. Regulatory response 5. Intelligence and data collection **This is a fast-moving situation, where life and death decisions need to be made by the health and social care system. Our Equality and Human Rights impact analysis will need to be regularly reviewed as the health and social care system, and our regulation of it, adapts quickly.** **This EIA focuses on changes to our regulation. Whilst it takes into account general measures to ensure CQC staff health and welfare, specific measures for groups of staff with particular protected characteristics are not considered in this EIA but are being considered separately.** Because of the nature of our regulation, there are 3 types of relevant impacts: • Differential impacts of the COVID 19 pandemic on particular groups of people using health and adult social care services, for example where some equality groups have a higher risk if they contract COVID 19 • Impacts on equality and human rights of the way that providers of health and social care respond to the COVID 19 pandemic, both the way that providers provide care to people who contract COVID 19 and the impact on people using other services they provide	

		• Potential impacts of the way that CQC responds to the COVID 19 pandemic – both in relation to regulatory issues arising from COVID 19 and also our ability to carry out our usual functions, for example through CQC staff observing social distancing requirements in their work. **The action plan in section 8 is the summary of the actions which we propose to take.**

5. Engagement and involvement Who have you consulted with as part of this EIA? E.g. Staff Networks, Trades Unions, groups of people who use services, providers
• Key people working on COVID 19 workstreams • COVID 19 Silver Command • Equality and Human Rights staff network - including a virtual meeting attended by around 90 colleagues

6	**a) Impact** **Is the policy, project or programme likely to have a <u>differential</u> impact on any of the protected characteristics? If so, is this impact likely to be positive or negative?** **Consider:** How does the policy, project or programme help us meet our public sector duty of:- • Eliminating Unlawful discrimination • Advancing Equality of Opportunity • Promoting good relations between groups Does the policy exclude individuals with a protected characteristic e.g. females, older people etc? What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints For internal policies, projects or programmes, you need only consider impacts on CQC staff. For external facing policies, projects and programmes you should consider others affected by the proposals, such as people using health and social care services and people working for providers.	**b) Mitigation** **Can any potential negative impact be justified? If not, how will you mitigate, reduce or remove any negative impacts?** Think about reasonable adjustments Consider positive action Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints.
Age	1. Older people in England are more likely to develop serious ill health and are more likely to have complex co-morbidities which place them at greater risk of complications if they contract COVID 19 so our ability to respond well to Covid 19 will have a large impact on older people 2. A high number of older people use health and social care services so if COVID 19 has an adverse impact on our ability to regulate the quality of services, older people will be disproportionately affected 3. Providers need to consider the impact of “social distancing” approaches to COVID 19 on the human rights of older	See general comments below

	people, e.g. blanket bans on care home visitors ahead of government guidance. (see Human Rights below) 4. People over 70 are the most likely age group to be subject to a Deprivation of Liberty safeguard authorisation. 5. Older people living at home may experience the impact in relation to isolation, safety and wellbeing if DCAs cannot deliver care due to staff shortages	
Carers / People with caring responsibilities	1. Changes to the quality or availability of health and social care services during the COVID 19 outbreak are likely to have an impact on informal carers, so our response to the preparedness of services to deal with increased numbers of people will have an impact on carers	See general comments below
Disability	1 People with some long-term conditions (which would be classed as a disability under the Equality Act 2010) are more likely to develop serious ill health if they contract COVID 19, so our ability to respond well to COVID 19 will have a large impact on disabled people 2 A high number of disabled people use health and social care services so if COVID 19 has an adverse impact on our ability to regulate quality of services, older people will be disproportionately affected 3 Changes to the Care Act through coronavirus legislation, if implemented, may have a disproportionate impact on equality for disabled people, due to limiting entitlement to care and support 4 People with long term conditions may have their access to regular and specialist services and support reduced when resources (staff, facilities, specialist equipment and centres) are used to respond to COVID 19 5 COVID 19 may have an impact on hospital bed availability which may have an impact on hospital accommodation issues for people with long term conditions (eg. availability of suitable bed space) 6 Some disabled people, such as people with mental health conditions or a learning disability or autistic people are more likely to be in secure environments where o If they contract COVID 19, they will not be able to access mainstream treatment services o If many staff are away from work due to COVID 19, this could have a particular impact on people's human rights if they are reliant on staff for basic needs, for example being cared for in segregation, so the human rights risk might increase at a time when we are less able to monitor this o If CQC's ability to undertake inspection visits is reduced, because they may be more at risk of serious harm or human rights breaches unrelated to COVID 19 o These two points above are also relevant to our specific obligations relating to Mental Health Act monitoring and National Preventive Mechanism work including monitoring of Deprivation of Liberty safeguards in hospitals and care homes. 7 Some disabled people, such as people with advanced dementia might face difficulties using health care for people with COVID 19. This group might be more likely to be cared for in other regulated settings (e.g. nursing homes) 8 Some disabled people receiving domiciliary care may be impacted by staff shortages due to COVID 19 and experience risks to their human rights, including the right to life	See general comments below

	9 Some disabled people with information and communication needs may receive poorer quality information about COVID 19 when staff are working under pressure and where information is being produced quickly. 10 Providers need to consider whether "social distancing" approaches to COVID 19 might have an impact on human rights of disabled people and people with long term conditions, eg. blanket bans on care home or hospital visitors beyond government guidance. Decision making about social distancing and self-isolation might have particular implications for disabled people restricted or deprived of their liberty through the Mental Capacity Act and DoLS (engaging article 5 rights to Liberty under the European Convention of Human Rights) 11 Social distancing policies of providers might have a higher impact for Black and Minority Ethnic disabled people who have experienced discrimination and this may reinforce a sense of stigma 12 Changes to the Care Act through coronavirus legislation, if implemented, may have a disproportionate impact on equality for disabled people, due to limiting entitlement to care and support	
Race / Ethnicity	1 People who speak English as a second language may have less access to information about COVID 19 and therefore may be at a higher risk 2 'Social distancing' policies of providers might have a greater impact for BME older or disabled people who rely on family for advocacy/ social contact in care settings 3 Social distancing policies of providers might have a higher impact for BME older or disabled people who have experienced discrimination and this may reinforce a sense of stigma 4 People in immigration detention centres are in secure environments where a. If they contract COVID 19, they will not be able to access mainstream treatment services b. If CQC's ability to undertake inspection visits is reduced, they may be more at risk of serious harm or human rights breaches 5 People who experience barriers to accessing health services eg. homeless people, asylum seekers, refused asylum seekers and undocumented migrants may need special consideration for information about COVID 19 and access to care. Regulations came into force on 29 January to add coronavirus (COVID-19) to Schedule 1 of the NHS (Charges to Overseas Visitors) Regulations. It is very important, for public health protection, that overseas visitors are not deterred from seeking treatment for COVID-19[1].	See general comments below
Gender	1 Women make up the majority of the frontline health and social care workforce, so may be disproportionately likely to contract COVID19 2 Women are more likely to be informal carers for older or disabled people, who are more likely to have serious illness as a result of COVID 19	See general comments below
Gender Reassignment	1 'Social distancing' policies of providers might have a higher impact for trans older people who rely on their external contacts for advocacy/ social contact in care settings	See general comments below

[1] https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme

	2 COVID 19 may have an impact on hospital bed availability which may have an impact on hospital accommodation issues for trans people (eg. availability of suitable bed space) 3 Social distancing policies of providers might have a higher impact for trans older people who have experienced discrimination and this may reinforce a sense of stigma	
Marriage & Civil Partnership	No differential impact	See general comments below
Pregnancy & Maternity	1 Pregnant women are included in the list of 'high risk' groups. 2 Extreme pressure on health services or staff shortages may have an impact on maternity services 3 Social distancing for pregnant women might have an impact on their ability to manage their own healthcare, including mental health	See general comments below
Religion & Belief	1 "Social distancing" policies might have different impacts e.g. in terms of end of life care for people in different religious groups, for example, where it is more important in some religions that the person sees either their family or a religious or spiritual leader or official when they are nearing death. 2 Eventual vaccines for COVID 19 might not comply with requirements of some religions	See general comments below
Sexual Orientation	1 Social distancing' policies of providers might have a greater impact for LGB older people who rely on their external social networks for advocacy/ social contact in care settings 2 Social distancing policies of providers might have a higher impact for LGB older people who have experienced discrimination and this may reinforce a sense of stigma 3 Some gay men's organisations are concerned that diversion of anti-retro viral drugs to treat people with COVID 19 or disruption to the supply chain for these drugs might impact on people with HIV	See general comments below

	General Comments across all equality strands Equality impacts for people who use services can be summarised as follows:	Mitigation of negative impact/ maximisation of positive impact
1	Older people and disabled people are more likely to have a serious illness if they contract COVID 19 so any work we do on emergency preparedness for COVID 19 should have a positive impact	Our work on COVID 19 preparedness will have a greater positive impact on older and disabled people than others in the population, as older and disabled people are more likely to need treatment for COVID 19
2	Older people and disabled people are more likely to rely on health and social care services that we regulate. This means that carers are also reliant on these services.	Mitigation of potentially negative impact– any change to our methods should consider how we can help the health and social care system ensure essential care quality for older people and disabled people. This includes care quality impacts caused by COVID 19 such as staff shortages which might impact on specific types of services used by older or disabled people – such as domiciliary care agencies and supported living services. Our proposals to monitor adult social care services during COVID 19 will therefore have a positive impact.
3	Providers need to consider "social distancing" approaches to COVID 19 which might have an impact on human rights of older people and disabled people, e.g. blanket bans on care home and hospital visitors ahead of government guidance.	Mitigation of potentially negative impact - Produce quick turnaround guidance for inspectors on maintaining human rights whilst following social distancing guidelines – updated as national situation changes
4	Self-isolation policies and the following of government advice might have a higher and more complex impact for people whose article 5 rights relate to the application of the DoLS scheme in hospitals and care homes, and in more general approaches to best interest decision-making and capacity in adhering to the Mental Capacity Act. Local authorities and DoLS teams may experience stretch in required resources or redeployment reducing DoLS management.	Mitigation of potentially negative impact - For self-isolation to manage infection spread, consider and agree the impact of MCA and DoLs on any CQC guidance and liaise with stakeholders as appropriate.
5	Changes to the Care Act through coronavirus legislation, if implemented, may have a disproportionate impact on equality for disabled people, due to limiting entitlement to care and support	Mitigation of potentially negative impact - CQC will engage with government at a national policy level to assist with any mitigations to potential changes to Care Act responsibilities , such as the Ethical Framework that has been developed to support Local Authorities and Providers make difficult decisions about how to prioritise with a significantly reduced workforce. Where we gather information on the impact on individuals through our regulatory work, we will use this to inform our engagement.
6	In addition, particular groups, such as LGBT and BME disabled and older people, people with mental health conditions and people in secure environments may be disproportionately affected by this. Article 8 (Human Rights Act) is a qualified right and any interference needs to be proportionate: is it lawful, for a legitimate reason, is it proportionate, with the least restrictive option put in place and alternatives made available so people can keep in touch with families and friends.	Mitigation of potentially negative impact - include issues for equality groups in guidance and communications for inspectors and providers– based on providers assessing how to reduce social isolation for each person through care planning.

7	Social distancing policies of providers might have a higher impact for people across all equality groups who have experienced discrimination, and this may reinforce a sense of stigma	Mitigation of potentially negative impact – consider, liaising with stakeholders as appropriate, use our monitoring activity to support system partners to address issues relating to delivery of services during the COVID 19 outbreak
8	People receiving care in secure environments – including in mental health hospitals, prisons and immigration detention centres might: have less access to specialist health services if they contract COVID 19. be more likely to have their human rights breached if many staff contract COVID 19. be at greater risk of human rights breaches unrelated to COVID 19 if CQC are not able to carry out inspection visits more people might be moved into secure environments during the COVID 19 outbreak, for example children and young people on 52-week placements in residential special schools which are closing. Their human rights might be particularly at risk due to the urgent nature of their move and the disruption to their lives which might cause them distress which results in restrictive practice such as restraint	Mitigation of negative impact on equality and human rights if we cannot carry out inspection visits in secure environments Consider how we use our MHA, MCA and DoLS duties to support providers to ensure people's human rights are upheld during this period – focus on monitoring information/notifications/relationship management Consider equality and human rights in our interim methodology, with a focus on secure environments and other services with a high inherent risk of a closed cultures, as defined in our supporting information on closed cultures
9	In some circumstances, it may be preferable to care for people with COVID 19 outside hospital because of their particular equality characteristics, such as people with advanced dementia in nursing homes. There might be issues about equitable access to high quality clinical care for COVID 19 in these circumstances	Could be positive or negative impact – work with NHSE to identify where guidance suggests that people will not be cared for on a "standard COVID 19 care pathway" to build monitoring of this into our intermediate methodology
10	A Fast track registration approach is being developed to assist with extra capacity that might be required to respond to COVID 19. There may be a need to consider equality and human rights implications of this process and how these can be mitigated.	This will have a positive impact on older and disabled people, who are more likely to need care services during the COVID 19 outbreak but there could be individual negative impacts if the fast track registration does not identify equality or human rights concerns with services registered this way – assess fast track registration methodology for equality and human rights impacts
11	People who use health and social care services who have information and communication needs because of a disability or sensory impairment, or because English is their second language, may need targeted communications. This includes people who experience barriers to accessing health services eg. homeless people, asylum seekers, refused asylum seekers and undocumented migrants, who may need specific consideration	Mitigation of potentially negative impact - Consider how we can support the health and social care system to give people accessible information about COVID 19 through research into and promotion of work in this area carried out by others
12	Changes to our methodology may impact on our ability to monitor how providers ensure that clinicians make ethical decisions that impact on human rights, including the right to life, when resources to address COVID 19 healthcare needs become limited	Mitigation of potentially negative impact - Consider how we monitor how providers ensure that clinicians make ethical decisions that impact on human rights, including the right to life, when resources to address COVID 19 healthcare needs become limited, as it relates to regulation 12 and 17. Use provider engagement methods and work with system partners to flag good practice and expectations around equality issues in clinical decision-making

13	Where we change our methodology, moving to a risk based approach and are not carrying out routine inspections, it will be harder for us to gather the views of people using services and their families and friends. These views are a very important evidence source about whether people's human rights and rights to equality are upheld. Additionally, there may be new equality and human rights issues arising in the way that providers respond to COVID 19, that we will only understand if we can obtain the views of these people. In addition, physical mail services into our Newcastle Customer contact centre may be interrupted, which may affect our response to people who are digitally excluded. (We have listed mitigation under public engagement mitigations)	CQC public engagement mitigations: (Under the Health and Social Care Act, we have a statutory duty to listen to the views of people who use services about their experiences and local groups such as Local Healthwatch,. We will • increase promotional activity of Give Feedback On your Care, including piloting digital marketing in an area, encourage support by representative communities • urge public stakeholders to promote Give Feedback On your Care via their communication channels and request providers to promote Give Feedback on your Care using their communication channels. • explore new channels for promoting Give Feedback On your Care and encouraging and enabling people to give their feedback • explore ways that Experts by Experience could support interim methodology and ways of speeding up piloting of Services B in the new Expert by Experience contracts – these are services which gather feedback on care from seldom heard communities/vulnerable groups. Organisational mitigations: • Improve our ability to analyse large volumes of feedback from people and to provide this to inspectors to inform their decision making • At a local/regional level, we will consider the feasibility of increasing our engagement by inspectors of representatives of communities, particularly those who are digitally excluded, in line with Engagement directorate guidance, for example increasing telephone contact or online connecting with Local HealthWatch and voluntary sector organisations representing specific groups. This will need to be done in a way which does not risk safety and welfare of CQC staff or the people that they are engaging with • Explore new channels to better capture the views of people who are digitally excluded.

If the policy, project or programme changes the way that we deliver our functions, please complete section 7 - Human Rights duties assessment. You do not need to complete this section if the policy or document is internal-facing, e.g. a People policy – you can skip to section 8 – Action Planning.

7	**a) Human Rights duties compliance** **Is the policy, document, project or programme likely to have human rights implications If so, is this impact likely to be positive or negative?** **Consider:** - The impact **on CQC respecting people's human rights.** Could our actions directly affect people's rights? For example, by compromising their privacy - **If the proposals could affect rights to privacy, a data protection impact assessment should be undertaken –** - **The impact on CQC protecting people's human rights** e.g. regulatory changes which impact on how we protect the human rights of people using services, - **The impact on CQC fulfilling people's human rights,** this relates to helping people exercise their human rights themselves, for example through the provision of information about rights or promotion of advocacy	**b) Mitigation** **Consider:** **How will any potential positive impact on human rights be maximised?** This helps us to meet our duty to fulfil human rights. **How will any potential negative impact on human rights be mitigated?** Note that there are differences in our duties depending on the rights concerned and whether the impact relates to respecting, protecting or fulfilling human rights. For example, the duty to respect the right to freedom from inhuman or degrading treatment is absolute. However, respecting rights to privacy can be restricted if this is lawful, for a legitimate aim and proportionate. Further advice is available from the Equality and Human Rights team
Freedom from inhumane or degrading treatment	Could be potential negative impact if human rights is not adequately considered in: • development of intermediate methodology • decisions when to continue inspection activity because of risk of harm	a) Consider equality and human rights in our interim methodology, with a focus on secure environments or places of state detention and other services with a high inherent risk of a closed culture, as defined in our supporting information on closed cultures b) Consider human rights in decisions to carry out inspection activity because of risk of harm.
Right to liberty	As above. Article 5 rights relevant to the application of MCA DoLS may be more complex to monitor	Consider duties under National Preventive Mechanism membership and liaise/pool response with other members.

Right to respect for family and private life, home and correspondence (includes autonomy issues in care and treatment)	As above, plus attention to how providers consider whether "social distancing" approaches to COVID 19 might have an impact on human rights, as described above Article 8 is a qualified right, which means it can be 'interfered with' by a Public Authority in certain circumstances including public safety, protection of health or morals, or for the protection of rights and freedoms of others. Any interference must be proportionate. If care homes put in place blanket bans ahead of government guidance, such bans may be justified where visitors have contracted COVID 19, have come into contact with the virus or have travelled to affected countries recently. However, providers need to consider how they can limit visitors whilst fulfilling Article 8 rights, for example by considering alternative ways that each person can maintain contact with their family and friends if possible.	Mitigation of negative impact - Produce quick turnaround guidance for inspectors on maintaining human rights whilst following social distancing and self-isolation guidelines – updated as national situation changes
Other rights, eg right to life, right not to be discriminated against in connection with other rights	As above	

8. Action Planning – this should be completed whenever a differential equality impact or human rights impact has been identified				
Action	Action Owner	Timescales	Date completed	Link to COVID 19 workstream
1. Produce quick turnaround guidance on maintaining human rights whilst following social distancing/self-isolation guidelines – updated as national situation changes • Include issues for equality groups in guidance – based on providers assessing how to reduce social isolation for each person through care planning • Include MHA and MCA/DoLS issues	Margaret Flaws/ Adrian Dunsterville	TBC Initially 27 March		Regulatory Response
2. Produce other communications that give support to the health and adult social sector to promote equality and human rights within existing COVID 19 limitations, as required, for example in relation to ethical decision making.	Lucy Wilkinson/ Margaret Flaws	Ongoing		Policy Communicated by Internal and External Engagement
3. Assess fast track registration methodology for equality and human rights impacts	Margaret Flaws/ Emily White/Liz Palmer	TBC		Regulatory Response
4. Determine responsibility and work needed for regulatory activity to check COVID 19 response in secure environments, including mental health environments	Lucy Wilkinson/ Kim Forrester	Initially by 6th April		Regulatory Response; Engagement Internal and External/ Intelligence and data collection
5. Consider regulatory activity to check COVID 19 response in prison and immigration secure environments – and children's work with Ofsted	Nigel Thompson	Ongoing		Regulatory Response; Engagement Internal and External/ Intelligence and data collection
6. Establish DHSE position on care and treatment for people that need to pay for NHSE treatment (such as people from overseas) and ensure this is communicated to providers	Lucy Wilkinson/ Margaret Flaws	Ongoing		Engagement Internal and External
7. Develop approach to Mental Health Act monitoring and NPM activity including MCA DoLS and closed cultures	Kim Forrester/Adrian Dunsterville/ Alison Carpenter	Initially by 27th March		Regulatory Response

Actions continued	Action Owner	Timescales	Date completed	Link to COVID 19 workstream
8. Consider equality and human rights in our intermediate/interim methodology, with a particular focus on: a. secure environments, those where people may be deprived of their liberty, and other services with a high inherent risk of a closed culture, as defined in our supporting information on closed cultures b. how providers ensure that clinicians make ethical decisions that impact on human rights, including the right to life, when resources to address COVID 19 healthcare needs become limited, as it relates to regulation 12 and 17. c. Specific safety issues for people that might be excluded from access to healthcare such as migrants and homeless people	Lucy Wilkinson/ Margaret Flaws/ Alison Carpenter	Initially by 27th March		Regulatory Response/ Intelligence and data collection
9. Consider how CQC can monitor care quality to support providers and the care system to respond appropriately to Care Act easements in their care for older people maintain essential care quality and disabled people in our interim methodology. This includes care quality impacts caused by COVID 19 such as staff shortages which might impact on specific types of services used by older or disabled people – such as domiciliary care agencies and supported living services	Amanda Hutchinson	Initially by 27th March		Regulatory Response
10. Work with NHSE to identify where guidance suggests that people will not be cared for on a "standard COVID 19 care pathway" to build monitoring of this into our interim methodology, for example where a decision is made not to transfer to acute care	Debbie Ivanova	Initially by 27th March		Regulatory Response
11. Promote accessible information and communication on COVID 19 to providers, via engagement channels	Margaret Flaws	Ongoing		Engagement Internal and External
12. Increase promotional activity of Give Feedback On your Care, including piloting digital marketing in an area, encourage support by representative communities	Jill Morrell	Commence Q1		Engagement Internal and External
13. Urge public stakeholders to promote Give Feedback On your Care via their communication channels	Jill Morrell	Commence Q1		Engagement Internal and External
14. Engage with providers to explore how providers could use their channels (email lists, text lists) to promote Give Feedback On your Care	Provider engagement	TBC		Regulatory Response/ Provider Engagement

Actions continued	Action Owner	Timescales	Date completed	Link to COVID 19 workstream
15. explore ways that Experts by Experience could support new inspection methodology and ways of speeding up piloting of Services B in the new Expert by Experience contracts – these are services which gather feedback on care from seldom heard communities/vulnerable groups.	Jill Morrell	Q1		Engagement Internal and External
16. Focus our efforts on improving our ability to analyse large volumes of feedback from people	Ursula Gallagher	TBC		Intelligence/ data collection
17. At a local/regional level, CQC will consider how we might, within resources available increase our engagement by inspectors of representative of communities, particularly those who are digitally excluded, in line with Engagement directorate guidance, for example increasing telephone contact or connecting with voluntary sector organisations representing specific groups whilst maintaining health and welfare of CQC staff and others	Nigel Acheson	TBC		Regulatory response
18. CQC will explore new channels to better capture the views of people who are digitally excluded. We will redeploy resources to prioritise this, because people affected by COVID 19 are more likely to be older people and disabled people, who are more likely to be digitally excluded	Jill Morrell	Q1		Engagement Internal and External
19. Consider equality and human rights implications in CQC strategic work on our response to COVID 19	Tim Atkins	TBC		All
20. CQC will engage with government at a national policy level to assist with any mitigations to potential changes to Care Act responsibilities, such as the Ethical Framework that has been developed to support Local Authorities and Providers make difficult decisions about how to prioritise with a significantly reduced workforce. Where we gather information on the impact on individuals through our regulatory work, we will use this to inform our engagement.	Kate Terroni	Ongoing		Engagement Internal and External

8. EIA Sign-Off	**If your EIA relates to CQC workforce equality, Your completed EIA should be sent to Safina Nadeem Diversity & Inclusion Manager for approval:-** **Not applicable – separate EIA**
	All EIAs must be sent to Lucy Wilkinson, Equality, Diversity and Human Rights manager for final sign off. **Note: as Lucy Wilkinson has led this EIA and due to the wide-ranging impact of COVID 19 on regulatory delivery, it will be signed off by Sarah Bickerstaffe, Director of Policy and Strategy and Ian Trenholm, Chief Executive** **Sarah Bickerstaffe: signed off 24/03/2020** **Ian Trenholm: Signed off 24/03/2020**