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## Infection Prevention and Control Framework Policy

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***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	<p>Successful management to prevent and control infections is recognised by the Trust as a significant factor in the quality and safety of the care of patients\clients and those in the local healthcare community. The health and safety of staff and visitors is also of paramount importance. The Chief Executive and Solent NHS Trust Board are responsible for Infection Prevention and Control within the Trust.</p> <p>The Board seek full compliance against the framework of the Health and Social Care Act (2008), Code of Practice for health and adult social care on the prevention and control of infections and related guidance and this policy provides an assurance framework to underpin the Board’s responsibilities. The arrangements in this policy are to encourage and support Service Lines in their responsibility for infection prevention and control.</p>
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2			IPCC members	Expired
3		A Bishop	IPCC/ Assurance committee	Rewrite due to extensive Organisational changes
4		A Bishop	IPCG	Expired
5	March 2021	D Larkins	Chair's action – approved expiry extension to September 2021	No material changes to policy, this remains clinically accurate and true
6	June 2021	B Carter	Chair's action – approved expiry extension to December 2021	No material changes to policy, this remains clinically accurate and true
7	August 2021	B Carter	Chair's action – approved expiry extension to March 2022	No material changes to policy, this remains clinically accurate and true
6	July/Aug/Sept 2021	B Carter	Policy Review	Review met

## SUMMARY OF POLICY

The prevention and appropriate management of healthcare associated infections (HCAI) is of paramount importance to the quality and safety of the care of patients, service users, staff and visitors to Solent NHS Trust

This policy is intended to provide guidance on all of the overarching management principles of infection prevention and control.

This policy outlines the responsibilities from the Chief Executive and the Trust Board to managers and all staff for providing a safe and clean environment where the potential to acquire a HCAs kept to an absolute minimum.

The Trust has other infection prevention and control policies that will need to be used in conjunction with the guidance provided within this policy. These include:

- Standard Precautions Policy
- Policy for the Management of Diarrhoea and Vomiting
- MRSA Policy
- Policy for the Prevention and Control of *Clostridioides difficile* Infection
- Sharps Safety Policy
- Decontamination Policy
- Hand Hygiene Policy

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## Infection Prevention and Control Framework Policy

### 1. INTRODUCTION & PURPOSE

- 1.1 The prevention and appropriate management of infection is the responsibility of all Trust staff and is of paramount importance to the quality and safety of the care of patients/service users, visitors and members of staff. All staff, clinical and non-clinical must take appropriate actions during the discharge of their duties to assess the potential risks of infection in order to reduce these risks whenever possible. Education and training is seen as a fundamental requirement of everyone.
- 1.1.2 Patients/service users may develop infections outside of the hospital or clinical setting. It is recognised that some of these infections are not preventable. However, these patients/service users may represent the source of the spread of infection to other patients/service users or staff if adequate precautions are not applied.
- 1.1.3 Infections acquired after admission, or as a result of healthcare interventions or associated with healthcare facilities are referred to as HCAs. These infections are a cause of significant morbidity and mortality, increased length of hospital stay, social and financial cost. It is therefore important that staff delivering care use the right precautions, at the right time, to reduce the risk of transmission.
- 1.1.4 Micro-organisms can spread between patients/service users, visitors and staff and have the potential to contaminate the environment. Healthcare environments need to be aesthetically clean, with safe systems of environmental control measures in place. These measures must be monitored to minimise the potential for cross infection.
- 1.1.5 Decontamination of medical equipment is a high priority. Every effort must be made to eliminate the risk of onward transmission of infection from unclean equipment. A decontamination policy and plan must be in place.
- 1.1.6 Prudent antimicrobial prescribing is a significant component of an effective infection prevention and control programme. Inappropriate antibiotic prescribing in some instances predisposes patients to further infections and promotes the emergence of resistant bacteria. Robust antimicrobial stewardship must be in place within the Trust with effective links to other healthcare providers to support good practice.
- 1.1.7 The Health and Social Care Act (2012) Code of Practice for health and adult social care on the prevention and control of infections and related guidance provides an assurance framework that ensures appropriate systems are in place for patients/clients and staff to be cared for where the risk of HCAs are kept to a minimum. There are ten over-arching criteria to be met relating to management, organisation and the environment. The requirements of the Health and Social Care Act have been taken into account with the development of this policy, together with other relevant additional standards and Department of Health (DH) drivers such as those within the NHS Litigation Authority, Care Quality Commission; Essential Standards of Safety and Quality and NICE guidelines.
- 1.1.8 The Infection Prevention and Control Board Assurance Framework (2021) has been structured around the existing 10 criteria set out in the Code of Practice (2012) and the Health and Safety at Work Act (1974) and provides a robust risk assessment process in

order to protect the health, safety and welfare of patients, service users and staff in line with both pieces of legislation.

- 1.1.9 Where it is not possible to eliminate risks service lines must assess and mitigate risks in collaboration with the infection prevention team (IPT) and provide safe systems of work.

## **2. SCOPE & DEFINITIONS**

2.1 This policy applies to, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.

### **2.3 DEFINITIONS**

- Healthcare Associated Infections (HCAI) are infections that develop either as a direct result of healthcare interventions, such as medical or surgical treatment, or from being in contact with a healthcare setting.
- Serious Incident Requiring Investigation (SIRI) an episode that requires reporting and investigating in view of patient safety and quality of care delivered.
- Decontamination. A term used for the removal and destruction of micro-organisms which then renders an item re-use and safe for staff to handle.
- Antimicrobial. An agent that kills micro-organisms or inhibits their growth.
- Surveillance. Careful and continuous observation of on-going activity in order to gather information.

## **3. PROCESS/REQUIREMENTS**

3.1 The Trust recognises that information on HCAI and antimicrobial resistance is essential to measure progress. Surveillance is carried out by the IPT on a daily basis, Monday to Friday. The results of surveillance are reported to the Infection Prevention Group (IPG) identifying trends and hotspots and utilised to influence future work streams. Any identified HCAI is reported as an incident on Ulysses (online incident reporting).

3.2 Any Serious Incident relating to infection will be reported to the IPG and Trust Quality and Safety Team . A Post Infection review (PIR) will be undertaken and report presented to the Learning from Incidents and Deaths panel. .

3.3 Solent NHS Trust will refurbish and develop premises and facilities to meet best practice and guidance. The IPT must be consulted for the development of policies and services relating to:

- Cleaning services, practices and products.
- Building works and refurbishment; including air handling systems and suitability of fixtures and fittings.
- Healthcare waste management
- Management of potable and non-potable water supplies
- Food services and food hygiene

3.4 The decontamination programme must demonstrate that:

- Single use medical devices are not reused.
- Decontamination of single patient use devices takes place as per the manufacturer's instructions.
- There is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard.

3.5 IPG will ensure that adverse events/ issues relating to decontamination are reported and appropriate actions put in place.

3.6 Solent NHS Trust recognises the importance of high standards of cleanliness within the clinical environment and the requirement to implement an effective audit programme to demonstrate that high standards of cleanliness are achieved.

3.7 Matrons/managers will work with housekeeping staff to develop best practice on the standard of cleanliness within their clinical areas.

3.8 Service Lines will support the cleanliness programme to ensure that patients/clients and staff are cared for in a clean safe environment.

3.9 Solent NHS Trust promotes optimal antimicrobial prescribing and supports the implementation of effective antibiotic protocols developed in partnership between medical microbiologists, consultants and pharmacists. The organisation is committed to the UK Five Year Antimicrobial Resistance Strategy and the NHS Long Term Plan to support a 50% reduction in Gram negative bloodstream infections (GNBSI) by 2024/25, and promotes responsible prescribing to preserve the activity of existing therapies and optimise prescribing practice. The aim is to reduce the risk of inadequate, inappropriate and ill effects of poor antimicrobial prescribing. Therefore improving the safety and quality of patient care and contribute to a reduction in emergence and spread of antimicrobial resistance.

3.10 Pharmacists will lead the audit programme for compliance with antibiotic prescribing.

3.11 Solent NHS Trust recognises that quality research and development is essential to underpin effective actions that will minimise the risk of HCAI for patients. The Trust will support the participation in appropriate research programmes that meet the Trust's ethical and research governance requirements.

## **4. ROLES & RESPONSIBILITIES**

### **4.1 Trust Board and Chief Executive Officer**

4.1.1 Have collective responsibility for infection prevention and control within the organisation and supports the provision of adequate resources to secure effective prevention and control of HCAI. The Trust Board will ensure that mandatory training in infection prevention and control is resourced and that service lines are accountable for ensuring all staff involved in the direct and indirect care of patients and their environment attends induction, undertake mandatory annual updates and appropriate training sessions.

#### 4.2 **The Chief Nurse**

4.2.1 Has designated infection prevention and control responsibilities as Director of Infection Prevention and Control (DIPC). The Trust appoints a DIPC with accountability to report directly to the Board. The DIPC has responsibilities which include:

- Chair of the IPG
- Authority to challenge inappropriate clinical hygiene practice
- Authority to challenge any reported inappropriate antimicrobial prescribing decisions, working in close liaison with the Trust pharmacy lead
- Work in close liaison with the consultant medical microbiologist with a contractual agreement to support the antimicrobial strategy
- Oversee infection prevention and control policies and their implementation
- Assess the impact of all existing and new policies and make recommendations for change
- Membership of the Trust's governance and patient safety structures
- Ensure an annual report on Infection Prevention and Control is produced and made widely available to staff and public by ensuring the report is published on the Trust website and intranet
- Ensure that surveillance of infection outbreaks/incidents and serious incidents are reviewed and reported
- Bring significant risk issues to the attention of Quality Improvement and Risk Group for inclusion in the risk register if required
- Ensure that appropriate arrangements are in place for Occupational Health to prevent and manage occupational risks of infection
- Acts as executive decontamination lead and will report decontamination issues to the Quality Improvement and Risk Group

#### 4.3 **IPG**

4.3.1 Is a formal subgroup of the Quality Improvement and Risk Group (QIR) which reports to the Assurance Committee. IPG membership reflects the ability to promote effective communication between all staff and relevant external agencies. IPG meets quarterly and Terms of Reference are reviewed every two years. IPG will be the key group for:

- Driving the implementation of the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of HCAI (Dec 2012) and associated standards and targets, thereby minimising the risk of infection to patients', staff and visitors
- Taking responsibility for promoting quality in all infection prevention and control activities throughout the provider service
- Taking responsibility for promoting ownership that infection prevention is 'everybody's business' throughout the organisation



#### 4.4 IPT

4.4.1 Consists of specialist infection prevention practitioners, operational support manager and administrator. Access to microbiologists and microbiology laboratories is made available via pathology service level agreements with University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust. The IPT quarterly and annual reports will document progress and deficiencies monitored against the annual infection prevention programme. Exception reports describing practice or environmental issues will be escalated via IPG to QIR where appropriate. IPT are responsible for:

- Developing the annual infection prevention and control programme in full consultation with IPG.
- Providing educational training and support either directly or indirectly for all Trust staff in all aspects of Infection Prevention and Control.
- Maintaining professional contact with colleagues in order to support collaboration, maintain expert knowledge and promote consistency with guidelines and procedures.

#### 4.5 Service Lines

4.5.1 The Clinical Director of each Service Line is accountable for infection prevention and control within their areas of responsibility and will be supported in this role by the Heads of Quality and Professions for the Service Line.

4.5.2 The Operational Director in each Service Line, through their managers have a duty to ensure that the responsibilities for prevention and control of infection are reflected in all staff members' job descriptions and are incorporated into annual appraisal if appropriate to role.

4.5.3 Service managers have a responsibility to ensure that all staff receive induction training and attend on-going infection prevention and control training in line with Trust requirements. They are responsible for ensuring that Infection Prevention Link Advisors are identified within their clinical areas and that they are provided with the relevant support and protected time required to discharge their responsibilities. All training must be recorded on the Trust electronic recording system via the Learning and Development Department.

4.5.4 Clinical Directors, supported by the Heads of Quality and Professions will ensure audits are undertaken as advised by the IPT and are responsible for ensuring action plans are produced and implemented. In addition audit findings/actions required should be addressed at local governance forums.

4.5.5 Link Advisors for Infection Prevention are staff selected by their managers to receive additional training in infection prevention and control. The key role of staff is to develop best practice within their clinical area. It is therefore important that the staff selected for this role have the capabilities to influence practice and support delivery of the infection prevention programme of audit and education. These staff provide an important resource at the point of care to ensure consistency of practice is being delivered to reduce the risk of HCAI.

- 4.5.6 Line Managers must support link advisors by meeting the terms of reference established with the role. Protected time is to be allocated in order to carry out this role. The IPT will ensure an effective cascade training system is in place through attendance at workshops and training sessions.

## **5. TRAINING**

- 5.1 Solent NHS Trust recognises the importance of education and training in all aspects of infection prevention and control. The IPT provide educational support for all staff members and adapt programmes according to their needs to meet the requirement of their roles. IPT support all educational programmes as per Solent NHS Trust Induction and Mandatory Training Policy.
- 5.2 All clinical staff should receive a work place induction by their manager or infection prevention link advisor to ensure they are able to implement the principles of standard precautions. This must include a hand hygiene competency assessment within one week of starting for clinical staff and all staff that have any contact with patients and/or their environment.
- 5.3 All clinical staff are required to have an annual infection prevention update. This is currently achieved primarily via eLearning. All staff must undertake a hand hygiene competency assessment on an a bi-annual basis. These assessments must only be carried out by an infection prevention link advisor who has undertaken the required training, hand hygiene champion or a member of the IPT. Compliance is recorded and monitored via the learning matrix.
- 5.4 Bespoke education and training will be delivered as required. This may be due to some areas having difficulty accessing the relevant IT systems or as a result of specific infection incidents where it has been identified that further education/training is needed.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patients/ service user's care and outcomes. As part of Solent NHS Trust policy an equality impact assessment (Steps1&2 of cycle) was undertaken. The Infection Prevention & Control Team are not aware of any evidence that different groups have different priorities in relation to this frame work, or that any group will be affected disproportionately or any evidence or concern that this Policy may discriminate against a particular population group. Thus, the equality impact assessment result is: no negative impact. (See Appendix A).

## **7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

- 7.1 Implementation of this policy will be monitored in conjunction with the other infection prevention policies by work undertaken by the IPT.
- 7.2 Specified infections will be reported monthly via the current score card process. Results of MRSA admission screening surveillance and hand hygiene observational audits will be reported quarterly by the current score card process.

- 7.3 Results of MRSA admission screening surveillance, hand hygiene observational audits and specified infections in addition to all other audit work linked to infection prevention will be included in the quarterly infection prevention reports.
- 7.4 Any deviations from acceptable standards will be escalated via IPCG and to the Assurance Committee if appropriate.
- 7.5 Any exponential rise in infection rates will be investigated and escalated as appropriate.
- 7.6 Any outbreaks of infection will be urgently investigated and take priority over other work streams.
- 7.7 Infection prevention practice is observed on every clinical visit and unsafe practice will be challenged immediately by IPT and escalated to line manager.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **9. REFERENCES AND LINKS TO OTHER DOCUMENTS**

1. Care Quality Commission (2009). Guidance about compliance; Summary of regulations, outcomes and judgement framework. London: CQC
2. Department of Health (2003) Winning Ways. Working together to reduce healthcare associated infections in England. A report from the Chief Medical Officer. London: DOH.
3. Department of Health (2007) Clean, safe care. Reducing infections and saving lives. Department of Health: London.
4. Health and Social Care Act (2008), Code of Practice for the health and adult social care on the prevention and control of infections and related guidance London DH (2009).
5. NHS Litigation Authority (2009). NHSLA Standards and assessments Acute, PCT and Independent Sector Standards.

## **10. GLOSSARY**

DIPC	Director of Infection Prevention and Control
DH	Department of Health
HCAI	Healthcare Associated Infections
IPT	Infection Prevention Team
IPG	Infection Prevention Group
PIR	Post Infection Review
QIR	Quality Improvement & Risk Group
SI	Serious Incident

## Equality Analysis and Equality Impact Assessment



**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

## Equality Impact Assessment (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	Infection Prevention	
Title of Change:	Policy Review	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes		

### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	

## Appendix A

Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	
Have you taken into consideration any regulations, professional standards?	Yes	

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	N/A		

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

<b>Equality Assessor:</b>	B S Carter	<b>Date:</b>	15/03/2022
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## Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	<b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Solent Disability Resource Group
2.	<b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: Solent HR Team
3	<b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic</li> </ul>	Further guidance can be sought from: BAME Resource Group
4	<b>Age</b>	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: Solent HR Team
5	<b>Gender Reassignment</b>	"The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
6	<b>Sexual Orientation</b>	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
7	<b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	<b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: Solent HR Team
9	<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: Solent HR team