NHS

Harrogate and Rural District
Clinical Commissioning Group

HEALTH AND SAFETY POLICY

February 2016

Authorship :	Yorkshire and Humber Commissioning Support Corporate Services Manager
Committee Approved :	HaRD CCG Governing Body
Approved Date :	04 February 2016
Review Date :	February 2019, three years after approval date
Equality Impact Analysis :	Completed – Full
Sustainability Impact Assessment :	Completed
Target Audience :	This policy applies to all HaRD CCG employees, contractors, locum, agency staff and students.
Policy Reference No. :	HaRD 058
Version Number :	1.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Intranet
1.0	YHCS Corporate Services Manager	New Policy	Approved by CCG SMT on 25 January 2016.	
			Approved by CCG Governing Body on 04 February 2016.	09 February 2016

CONTENTS

1   INTRODUCTION

This policy is intended to reflect the views of the NHS Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and sets out the Health and Safety Policy Statement, as well as details of the organisation and arrangements that have been implemented, in order to comply with the Health and Safety at Work etc. Act 1974. The policy is supported by a number of documents that offer guidance about specific health and safety issues.

2   POLICY STATEMENT

NHS Harrogate and Rural District Clinical Commissioning Group recognises its health and safety duties under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.

It is the policy of the CCG that :

- Adequate arrangements are made for the health and safety of employees, contractors and members of the public. By providing a working environment, appropriate controls and suitable training for all employees which satisfy the health and safety standards set out in regulations, practices and procedures, codes of practice, contracts and CCG rules.

- All legal requirements are satisfied.

- Appropriate resources are made available to implement the policy effectively.

- All employees and contractors are made aware of their corporate and personal responsibility by consultation at all levels.

The CCG complies with its duties under Section 2 of the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety Regulations 1999, towards its employees and, so far as is reasonably practicable to :

- Develop, implement and maintain :

  - a safe place of work.

  - a safe system of work.

  - a safe and healthy working environment.

  - safe plant and appliances.

- Provide such information, instruction, training and supervision as may be necessary to ensure the health and safety at work of employees, as needs are identified.

- Ensure safety and absence of health risks in connection with use, handling, storage and transport of articles and substances.

- Carry out suitable and sufficient risk assessments to eliminate, reduce or control hazards and make them available to all staff.

- Take appropriate preventative / protective measures.

- Appoint competent personnel to secure compliance with statutory duties.

- Consult with Safety Representatives.
- Co-operate and co-ordinate with other employers where they share premises or workplaces.
- Set up procedures to deal with serious and imminent danger.

The CCG proposes to foster a safety culture throughout the organisation by encouraging full and effective joint consultation on health and safety matters in order to reduce accidents and ill health to the lowest level possible.

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the CCG has instituted a system for reporting accidents, diseases and dangerous occurrences to the Health and Safety Executive (HSE), in addition to the statutory duty to provide an adverse incident reporting system.

The objectives of the CCG with regards to health and safety are to :
- Ensure a systematic approach to the identification of risks and the allocation of resources to control them.
- Implement safety management training for those managers identified as having a key role in the health and safety management system.
- Implement training for those members of staff identified to carry out the risk assessment programme.
- Minimise financial losses that arise from avoidable unplanned events.

This policy will be subject to review every three years by the Governing Body.

This Policy Statement was formally approved by NHS Harrogate and Rural District Clinical Commissioning Group on 04 February 2016. See Health and Safety Policy Statement of Intent.

3   SCOPE

This policy applies to all NHS Harrogate and Rural District Clinical Commissioning Group (CCG) employees, Contractors, Locum, Agency Staff and Students.

4   IMPACT ANALYSES

4.1   Equality

All policies require an assessment for their impact on people with protected characteristics. An Equality Impact Assessment has been undertaken for this policy and no impacts were identified in respect of any characteristics. This screening can be found in Appendix 1.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

4.2 Sustainability

All policies require a Sustainability Impact Assessment. Such an assessment has been undertaken for this policy and one positive impact identified. This screening can be found in Appendix 2.

4.3 Bribery Act 2010

The relevance of the Bribery Act 2010 must be considered in respect of every policy. It is considered relevant to this policy as it is possible that someone may be bribed into offering or supporting a secondment and therefore the audience of the policy must be respectful of the following information :

Under the Bribery Act 2010, it is a criminal offence to :

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and / or other incentives.

5 ROLES AND RESPONSIBILITIES / ACCOUNTABILITY

5.1 The Governing Body

The Governing Body is responsible for developing the Health and Safety Policy, monitoring compliance and ensuring that appropriate action is taken to eliminate or mitigate against significant risks. These duties are delegated to The Senior Management Team.

The Governing Body and its Directors fully accept their responsibility for Health and Safety in regards to the Health and Safety at Work etc. Act 1974, Corporate Manslaughter and Corporate Homicide Act 2007, and other relevant Health and Safety Legislation. The Governing Body will discharge its duties through the organisational responsibilities set out below.

The NHS Harrogate and Rural District Clinical Commissioning Group (CCG) requires organisations that have been commissioned to provide services to comply with the requirements of the Health and Safety at Work etc Act 1974 and all relevant Health and Safety legislation.

5.2 Accountable Officer

The Accountable Officer has overall responsibility for health and safety in the CCG including :

- The provision of sufficient resources to implement the Health and Safety Policy.

- Ensuring all employees are fully aware of their statutory responsibilities and that these responsibilities are fulfilled.

- Ensuring the CCG complies with all statutory health and safety requirements.

- Ensuring adverse incidents and accidents are reported and reports on accident statistics, trends and remedial measures indicated are submitted to the Senior Management Team and the Governing Body.

- Health and Safety policies and procedures are developed and implemented.

- Appropriate Health and Safety advice and support is available.

5.3 Directors

The Accountable Officer accepts overall responsibility for health and safety in the CCG although day to day responsibility for health, safety and welfare is delegated to Executive Directors and Senior Managers who have responsibility for the wellbeing of all staff, contractors and visitors within their respective work areas.

Directors must ensure :

- The implementation of the Health and Safety Policy corporately and within their areas of control.

- Effective delegation of safety responsibilities within their areas of responsibility.

- Effective support for their senior managers' decisions and recommendations in terms of the provision of appropriate resources for health and safety.

- The promotion of a positive health and safety culture which enables all employees to fulfil their statutory duties.

- That staff have adequate experience and training to safely undertake their work.

- The development and implementation of any emergency procedures that may be relevant to their areas of responsibility.

5.4 Senior Managers

All senior managers, in addition to their duties as employees, must :

- Ensure regular inspections of the workplace and equipment are undertaken and that steps are taken to eliminate or minimise any identified hazards.

- Undertake risk assessments as required and, where there is a significant risk to health and safety, communicate the results of those assessments to employees before they are exposed to such risks.

- Ensure the robustness of any health and safety documents used within their teams.

- Ensure all staff are provided with such training and adequate supervision as is considered appropriate for them to perform their work safely.

- Develop safe systems of work to reduce the risks of personal injury and / or damage to plant or equipment and monitor the performance of these systems.

- Investigate and report on all accidents and incidents and take appropriate measures to prevent recurrence.

- Refer staff with work related health problems to the Occupational Health Department.

- Ensure that management and staff work proactively together to ensure that all plans, procedures and systems of work are designed to take full account of health and safety issues. This will include arrangements for a safe place of work, maintenance of equipment, safe handling of substances and articles, the assessment of any risks, and sufficient information, instruction and training for staff to ensure they comply with their individual statutory duties.

- Purchase appropriate equipment and facilities that are safely used and properly maintained.

- Ensure arrangements are made for consultation with Union accredited Health and Safety Representatives and all employees in the workplace.

- Provide detailed analysis of all accident statistics and the development of strategies for the reduction of injury, loss or damage to equipment and risk to persons.

- Ensure adherence of contractors to the prescribed health and safety standards.

5.5   Employees

All employees must :

- Take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.

- Undertake their tasks as instructed in line with any risk assessment findings and training.

- Report to their manager any health and safety concerns, including the activities of outside contractors.

- Not misuse or interfere with any equipment provided to ensure safe working practice in the workplace.

- Report any accident, involving injury or damage to plant and equipment, or potential injury, damage or loss

- Co-operate with, and assist other colleagues and management in implementing the Health and Safety Policy.

All employees are expected to co-operate with this policy to ensure they comply with any statutory duties under Health and Safety Legislation.

5.5 Competent advice

The CCG has access to competent advice for health and safety and fire safety through commercial supply.

5.6 Occupational Health

The provision of Occupational Health Services for the CCG is included in the Service Level Agreement with the relevant HR service. The Occupational Health Department provides a full professional occupational health service, which includes staff support and guidance, counselling, health surveillance pre-employment screening.

5.7 The Governing Body

Is responsible for :

- Ensuring the arrangements for health and safety are fully implemented.

- Monitoring the effectiveness of the Health and Safety Policy.

- Conduct an annual audit of the safety provisions within the CCG and the implementation of any recommendations arising from such an audit.

- The review of Health and Safety incidents and concerns raised by staff to ensure appropriate risk mitigation plans are developed and evaluated for their effectiveness.

- Ensure an annual review of Health and Safety systems and processes is undertaken by a competent person.

- The production of an annual Health and Safety report.

5.9 Consultation and Communication with Stakeholders

5.9.1 Staff Meetings

In line with the Health and Safety at Work etc. Act 1974, the CCG Accountable Officer chairs the monthly staff meeting with a standing agenda item for health and safety. This offers staff the opportunity to raise health and safety concerns working in partnership with management in initiating, developing and implementing improvements ensuring effective employee health and safety. This forum also allows for management and staff consultation on new health and safety policy directives and issues before the introduction or change of legislation, new equipment or new technology. Health and safety issues that arise in this forum are reported to the Senior Management Team.

5.9.2 Trade Union Health and Safety Representatives

Staff side members are accredited Trade Union Safety Representatives and as such are entitled to carry out their role and functions as detailed in the Safety Representatives and Safety Committee Regulations 1977. Management representatives will include senior staff from Board level, appropriate staff with knowledge of estates, the Health and Safety Advisor and associated service areas.

The Director of Quality / Executive Nurse will ensure that a health and safety audit programme is developed and maintained. The audit programme will not detract from the Safety Representative's right to inspect the workplace at more frequent intervals, in accordance with the above regulation.

6   RISK ASSESSMENTS

In line with The Management of Health and Safety Regulations 1999, Control of Substances Hazardous to Health Regulations (Amended) 2002 and The Workplace (Health, Safety & Welfare) Regulations 1992, NHS Harrogate and Rural District CCG is required to assess the workplace for hazards and outline the control measures in place to ensure the risks of injury are removed or kept as low as possible. Site risk assessments will be undertaken in all sites where CCG staff are based.

7   ARRANGEMENTS

The CCG has a number of supporting policies that offer staff further information about relevant health and safety issues. It is essential that all staff familiarise themselves with any health and safety policy documents that are applicable to their work activities. Some examples include :

- Fire Safety Policy
- Control of Substances Hazardous to Health (CoSHH)
- Display Screen Equipment Assessments
- Manual Handling
- Stress Management and Prevention
- Security Policy

7.1   First Aid at Work

In line with the First Aid at Work Regulations 2013, the CCG will ensure, through the risk assessment process, that adequate first aid provisions are made to deal with any injuries sustained by staff whilst at work. Where it is assessed as being necessary, competent first aiders at work will be appropriately trained and supported to carry out their roles. Names and locations of specific first aiders will be prominently displayed in the workplace. The Corporate Affairs Officer will be responsible for replenishing the stocks and maintaining the contents of the first aid box.

External trainers will carry out first aid training. The syllabus of any course will need to meet the Health and Safety Executive's criteria and be suitable for 'First Aid at Work'. The course will qualify individuals as 'Certified First Aiders at Work'. Individuals will need to attend a refresher course in accordance with legislative requirements in order to remain competent.

7.2   Accident and Incident Reporting

The CCG aims to prevent or reduce the number of accidents and incidents to a minimum. It will monitor all accidents and incidents and implement the necessary control measures to prevent any recurrence.

The CCG uses a reporting system (Safeguard) for all accidents and incidents. These will be investigated initially by the local manager / supervisor in accordance with the Serious Incident, Incident and Concerns Policy. The Health and Safety Advisor may undertake further investigations or provide support depending on the circumstances of the incident. Where required, incidents will be reported to appropriate external stakeholders in accordance with the Incident Reporting Policy.

All original documents that record accidents and incidents will be maintained in line with the Serious Incident, Incident and Concerns Policy.

7.3   Emergency Planning / Resilience Procedures

The CCG will ensure, via the risk assessment process, that all emergency situations, as defined within the Major Incident Plan, for example, spillages of hazardous substances, fire and bomb incidents etc., are taken into consideration in terms of their risk impact. Managers and employees need to ensure contingency plans / business continuity plans are developed, aligned to the strategic context set out within the Major Incident Plan, in consultation with appropriate committees, groups and the Emergency Planning Officer in order to reduce the risks, so far as is reasonably practicable. In the event of an incident or the result of an exercise, any appropriate actions will be taken and contingency plans / business continuity plans are reviewed accordingly.

7.4   Commissioning Safe Services

Through the established contract monitoring processes provider organisations are required to inform the CCG of any significant health and safety risks associated with the services they provide together with the associated risk mitigation plans. Information on health and safety incidents which are not deemed to be significant and arise from the provision of their services should also be reported routinely for consideration by the CCG through the established contract routes.

When commissioning new services, all potential providers will be required to submit details of their Health and Safety systems and processes for review by the CCG Health and Safety Advisor to ensure appropriate consideration of health and safety risks have been undertaken by the potential provider.

8   IMPLEMENTATION AND DISSEMINATION

The Accountable Officer will ensure, through the CCG's line management arrangements, that health and safety considerations are included in any future business planning. Directors will ensure appropriate cascading of health and safety objectives throughout their area of responsibility in order to ensure the needs of the CCG are identified, prioritised and that appropriate resources are allocated.

Policy documents are available via the HaRD CCG intranet and website.

9   TRAINING

The CCG will ensure, via its recruitment process and subsequent training programme (both internal and external), that, during their period of employment, all members of staff have the appropriate level of competence to be able to safely carry out their role. On induction to the organisation, all employees will be made aware of health and safety responsibilities.

Through the eLearning packages available, employees can address their training needs for the following : Manual Handling, Fire Safety and Infection Prevention & Control.

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Local managers / supervisors must ensure all staff are competently trained in the safe use of any equipment or substance they may be tasked to use during the course of their employment. This will include any update to training and any further training necessary as a result of any changes in the workplace arising from the introduction of new procedures and / or new equipment and in accordance with identified Training Needs Analyses. Health and Safety training records for all staff will be held and maintained by the training department.

10   MONITORING

10.1   Proactive Monitoring

The Accountable Officer and Executive Directors will ensure that health and safety is monitored via audits and inspections. This will support the overall health and safety planning and assist in promoting a positive health and safety culture. The involvement of health and safety representatives in this process will be encouraged.

The Health and Safety Advisor will monitor the policy to ensure its compliance with appropriate health and safety legislation. Completed risk assessments will also be analysed to ensure effective control measures are implemented.

10.2   Reactive Monitoring

Monitoring of injuries, ill health and other 'loss events' will take place as necessary, to complement active monitoring. This monitoring process will involve both managers and safety representatives. The investigation of such accidents / losses, together with analysis of incidents, will be used as a tool to identify causation, reduce future incidents and assess the effectiveness of the policy arrangements. The Accountable Officer and Executive Directors, with support from the Health and Safety Advisor, will ensure that such re-active monitoring is undertaken on an organisation wide basis.

10.3   Audit and Review

Health and safety incidents will be reported in the first instance on Safeguard, in accordance with the CCG policy for reporting and managing incidents. A quarterly Adverse Incident Report will be presented to the Senior Management Team.

Senior Managers will review their risk assessments annually. Risk Assessments will be monitored by the Health and Safety Advisor, and where applicable will be inserted into the Corporate Risk Registers. The Risk Registers are monitored by the Senior Management Team with major risks reported to the Governing Body.

Audits will be conducted in accordance with the Annual Audit Plan and results will form the content of the Annual Audit Report, which is presented to the Governing Body.

Training records are maintained by the Training Department and the individual member of staff.

In addition, the following are used to monitor the contents and outcomes of this policy :

- Serious Incidents (SI's)
- Health and Safety Audits

- SMT Minutes
- Staff briefing notes
- Corporate Risk Registers
- Safeguard Incident Reports
  - Complaints
  - RIDDOR
  - Training records
  - Fire assessment

An annual report detailing the number and type of incidents, staff training and the outcome from Health and Safety inspections and any external inspections will be presented to the Governing Body.

11   RELATED DOCUMENTS / POLICIES
- Risk Management Strategy
- Fire Safety Policy
- Emergency Planning / Major Incident Plan
- CCG Commissioning for Quality Strategy

12   REFERENCES
- Health and Safety at Work etc Act 1974
- Management of Health & Safety at Work Regulations) 1999
- Workplace (Health, Safety & Welfare Regulations) 1992
- Control of Substances Hazardous to Health (CoSHH) Regulations 2014
- Provision and Use of Work Equipment Regulations 1999
- First Aid at Work Regulations 2013
- Corporate Manslaughter and Corporate Homicide Act 2007
- Health and Safety (Display Screen Equipment) (DSE) Regulations 2012
- Regulatory Reform (Fire Safety) Order 2005
- Safety Representatives and Safety Committee Regulations 1977
- Health and Safety (Consultation with Employees) Regulations 1996
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Health & Safety Executive (HSE) Website
- HSG Guidance – HSG 65 – Successful Management of Health & Safety at Work

EQUALITY IMPACT ANALYSIS

1. Equality Impact Analysis	
Policy / Project / Function:	Health and Safety Policy
Date of Analysis:	15 June 2015
This Equality Impact Analysis was completed by: (Name and Department)	Corporate Affairs Officer
What are the aims and intended effects of this policy, project or function ?	This Policy sets out the Health and Safety Policy Statement, as well as details of the organisation and arrangements that have been implemented, in order to comply with the Health and Safety at Work etc. Act 1974
Please list any other policies that are related to or referred to as part of this analysis?	• Risk Management Strategy • Fire Safety Policy • Emergency Planning / Major Incident Plan • CCG Commissioning for Quality Strategy
Who does the policy, project or function affect ? Please Tick ✔	Employees ✓ Service Users ☐ Members of the Public ☐ Other (List Below) ✓ Visitors to the CCG premises

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on…		Could this policy have a negative impact on…		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Age	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Sexual Orientation	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Disabled People	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Gender	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Transgender People	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Pregnancy and Maternity	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Marital Status	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Religion and Belief	☐	✓	☐	✓	Considered and no evidence of a positive or negative impact.
Reasoning	The policy includes a procedure to ensure a clear and consistent application of the principles. No anticipated detrimental impact on any equality group. As yet, there has been no evidence of a positive or negative impact, however the annual monitoring data should be used to identify whether any protected group is adversely affected and ensure that the application of the policy is fair.				
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

1. **Equality Impact Analysis: Local Profile Data**	
Local Profile/Demography of the Groups affected as at Jan 2015	
General	Total number of employees in the CCG is 28
Age	75% are aged 30-55 21.43% of staff are over 55 3.57% of staff are under 30
Race	89.29% staff employed in the CCG are White 3.57% staff are Black 3.57%staff are Asian 3.57% of staff have are not stated/undefined their ethnicity
Sex	46.43% staff employed are male 53.57% staff employed are female
Gender reassignment	No information at this stage
Disability	89.29% of staff employed declared themselves as having no disability 10.71% did not declare /undefined No staff have declared a disability
Sexual Orientation	89.29% of staff described themselves as heterosexual 10.71% did not wish to respond /undefined
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (50%) 25% declared themselves Atheist 17.87% were undefined or did not wish to declare 3.57% of staff have other beliefs/religious beliefs 3.57% of staff declared themselves Buddhist
Marriage and civil partnership	78.58% of employees are married. No employees are in a civil partnership.3.57% of staff did not wish to declare. The remainder (17.85%) are single/divorced/legally separated or widowed
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

Health and Safety Policy

1. Equality Impact Analysis: Equality Data Available

Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'*. Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* 4. Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs*	Yes ✓employee data No ☐ Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	HaRD CCG Senior Management Team
Promoting Inclusivity **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**	The policy includes a procedure to ensure a clear and consistent application of the principles. No anticipated detrimental impact on any equality group. As yet there has been no evidence of a positive or negative impact, however, the annual monitoring data should be used to identify whether any protected group is adversely affected and ensure that the application of the policy is fair

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	✓			Considered and no evidence of a positive or negative impact.
Race (All Racial Groups)	✓			Considered and no evidence of a positive or negative impact.
Disability (Mental and Physical)	✓			The policy seeks to ensure the health and safety of all employees and reinforces the need to work safety at all times. The policy advocates the use of Occupational Health to ensure the workplace is suitable for individuals. DSE risk assessment in place.
Religion or Belief	✓			Considered and no evidence of a positive or negative impact.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			Considered and no evidence of a positive or negative impact.
Pregnancy and Maternity	✓			Considered and no evidence of a positive or negative impact. The Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy (January 2015) supports pregnant or new mothers at work.
Transgender	✓			Considered and no evidence of a positive or negative impact.
Marital Status	✓			Considered and no evidence of a positive or negative impact.
Age	✓			Considered and no evidence of a positive or negative impact.

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
None				

7. Equality Impact Analysis Findings

Analysis Rating:	☐ Red	☐ Red/Amber	☐ Amber	✓ Green

		Actions	Wording for Policy / Project / Function
Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Remove the policy** Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	**The policy can be published with the EIA** List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice. *[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]*

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document.	**The policy can be published with the EIA** The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document. *[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]*
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**The policy can be published with the EIA** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Brief Summary/Further comments	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. Monitoring the use of the policy will be essential in order to ensure it is implemented equitably

Approved By		
Job Title:	Name:	Date:

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Health and Safety Policy
What is the main purpose of the document	This Policy sets out the Health and Safety Policy Statement, as well as details of the organisation and arrangements that have been implemented, in order to comply with the Health and Safety at Work etc. Act 1974
Date completed	15 June 2015
Completed by	Corporate Affairs Officer

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	n/a		

Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or services? Will it promote greater efficiency of resource use? Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? Will it support local or regional supply chains? Will it promote access to local services (care closer to home)? Will it make current activities more efficient or alter service delivery models	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	n/a		
Workforce	Will it provide employment opportunities for local people?	n/a		
	Will it promote or support equal employment opportunities?	n/a		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	1		Promotes H&S awareness
	Will it offer employment opportunities to disadvantaged groups?	n/a		
Community Engagement	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	n/a		

Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	n/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	n/a		
Models of Care	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	n/a		

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