FIRE SAFETY POLICY

Version 1.0

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Name and Title of Author:	Helen Johnson, Health & Safety Advisor
Name of Responsible Committee/Individual:	Hull CCG Health & Safety Group
Equality and Diversity Impact Assessment:	Attached as Appendix 2
Trade Union Representative Approval:	Yes
Implementation Date:	17th March 2015
Review Date:	16th March 2017 or sooner if required
Target Audience:	All Staff

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1. Introduction

Fire is a destructive force that not only threatens the life of staff and visitors, but causes damage to property and disrupts business. Even a relativity minor fire can have significant implications in relation, for example, to loss or damage to records or equipment, property and personal effects.

The consequences of fires in premises can be especially serious because of the dangers and difficulties associated with the emergency evacuation of staff and patients, some of whom are likely to have restricted mobility.

The aim therefore, must be to ensure that, if possible, outbreaks of fire do not occur, but if and when they do, they are rapidly detected, effectively contained and quickly extinguished. Rapid and effective means of evacuating all premises must be in place and a thorough understanding of fire procedures is therefore essential for all staff, particularly for those with management responsibilities.

2. Purpose

The purpose of this document is to provide guidance to staff on fire safety. Hull Clinical Commissioning Group (hereafter the CCG) is committed to providing a fire safe environment for all patients and visitors, its own staff and everyone based at its premises.

This will be achieved by ensuring CCG premises meet mandatory and statutory fire precaution standards and through a framework of policies, procedures and training. The management of fire safety is an ongoing process. Standards will be kept under constant review and the impetus for improvement maintained.

The CCG accepts that a fire safety strategy requires a high level of management commitment, professional competence and adequate resources.

3. Scope

This policy applies to all employees of the CCG, any staff who are seconded to the CCG, contracted and agency staff and any other individual working on CCG premises.

This policy applies to all CCG premises whether owned or leased, and forms part of the overall risk management strategy. To this end, this policy will be

circulated to representatives of tenant and contractor organisations.

4. Responsibilities

4.1 Chief Officer

- The Chief Officer is responsible for compliance with all statutory fire safety requirements and Fire Code.

- The Director of Quality and Clinical Governance is responsible for assisting the Chief Officer in the discharge of these responsibilities, and is nominated as having responsibility for fire matters at CCG Board level.

4.2 Fire Safety Advisor

- The Fire Safety Advisor will ensure processes, policies and procedures are in place to comply with statutory requirements such as the Regulatory Reform (Fire Safety) Order 2005. They will:

- Ensure that regular reports are presented to the Health & Safety Group informing them of the current state of fire safety in premises for which the CCG is responsible.

- Ensure that fire related incidents are reported and investigated and actions are taken to mitigate any risks and address any issues identified from this process

- Receive reports following Fire Risk Assessments and ensure that action is taken to mitigate risks and address the issues identified.

- Review and revise, where appropriate, all policies and procedures relating to fire safety.

4.3 Line Managers

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- Line managers are responsible for ensuring that fire safety procedures and particular instructions are brought to the attention of all staff and observed by them. They should ensure that every member of staff participates in mandatory fire training at the required intervals.

- Line managers have a responsibility to communicate and co-operate with other tenants in shared buildings.

- Line managers will ensure that any concerns raised by staff are taken up with the Fire Safety Advisor.

4.4 Fire Wardens

- Fire Wardens will be identified at each site for which the CCG holds responsibility. Their identity will be recorded in the Fire Folder and are also identified on the staff Intranet.

- Fire Wardens will ensure that the premises are evacuated, that the whereabouts of all individuals is ascertained and that information which may be of assistance is promptly reported to the fire service on alarm activation.

- Fire Wardens will also carry out weekly/monthly checks on fire extinguishers, and will carry out weekly sounding of the fire alarm (unless this is covered elsewhere by a shared tenancy agreement)

4.5 All Staff

- All staff have a responsibility to ensure they are familiar with the fire evacuation routine, location of fire alarm operating points, fire fighting equipment and how to use them. The above will apply to sites where the staff are based, as well as those sites which they visit on a regular basis.

- All staff will complete mandatory fire training at the prescribed intervals.

- Staff should be encouraged to report to managers instances where properly agreed fire safety procedures are not being implemented or observed, i.e. anything affecting the integrity of escape routes and fire compartments, continued use of faulty equipment etc.

- In the event of fire, staff should follow the site Evacuation Procedure, taking additional direction from site designated Fire Wardens as required.

5. Equality and Diversity

All policies require an assessment for their impact on people with protected characteristics. An Equality Impact Assessment has been undertaken for this policy and as a result of performing the analysis, it is evident that no risk of discrimination exists. This screening can be found in Appendix 2.

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.

6. NHS Constitution

The CCG is committed to:

- the achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and

- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines.

- This Policy supports the NHS Constitution insofar as it 'confirms a commitment to providing high-quality working environments that

promote health, well-being and safety.' It also supports the pledge to 'Provide support and opportunities for staff to maintain their health, well-being and safety.'

7. Statutory Requirements

The main Acts and regulations which have a bearing on fire safety are:

- The Regulatory Reform (Fire safety) Order 2005
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Building Act 1984

Each of these statutes contains provisions which stipulate that non-compliance is a criminal offence and set out the penalties for such offences. The penalties on conviction include fines, imprisonment or both. Those with managerial responsibility within the CCG, as well as the corporate body, may be prosecuted.

8. Fire Risk Assessments/Audits

8.1   All premises will be the subject to a comprehensive fire risk assessment (required by the Regulatory (Fire Safety) Order 2005), which will:

- Identify potential hazards
- Determine if any individuals, (patients, staff or visitor) are at significant risk
- Evaluate the risks and determine whether the existing safety provisions are adequate and appropriate and, if not, put forward proposals for removing, replacing or reducing the risks found

All identified risks will be documented and systematically analysed and prioritised for action as necessary.

8.2   All relevant staff and visitors should receive information on systems put into place to minimise risk and, where appropriate, staff training is to be undertaken to facilitate this and reduce knowledge gaps.

8.3   The assessment will be in writing and kept in a 'fire file' and made available to authorised inspectors on request.

8.4   The assessment will be reviewed on a regular basis and revised if significant changes to the premises, procedures, processes or equipment lead to new or increased hazards invalidating the original assessment.

8.5   At least annually, the Fire Safety Advisor will audit the premises against the risk assessment in order to ensure continuing compliance with the Regulatory Reform (Fire Safety) Order 2005. The audit is to be recorded and retained with the copy of the risk assessment.

9. Fire Equipment

The CCG will provide a range of suitable fire equipment at each site which is appropriate to the nature of the fire risks in the vicinity.

At all CCG sites, a record will be maintained of fire equipment tests and checks. These records will be kept with the 'fire file' and will be kept for at least 3 years. The records will include:

- Tests and maintenance on fire alarm and detection systems, emergency lighting and fire fighting equipment
- The date of the test or maintenance and who carried them out
- Details of defects and action taken
- Date defects rectified and by whom.

10. Fire Reporting Procedure

- In the event of fire, the action of staff will be in accordance with the fire evacuation procedure formulated for the premises. The fire and rescue service must be notified of all fire incidents.

- All fire incidents and false alarms will be reported by the manager/Nominated Fire Officer for the premises to the Fire Safety Advisor. Any fire or false alarm of a malicious nature or doubtful origin must be reported to the police and a crime number obtained.

11. Evacuation Procedures and Plans

Each of the CCG premises will have their own Evacuation Procedure which will be prepared having regard to the premises' fire risk assessment and set out, amongst other things, details of the action to be taken by persons in case of fire, the procedure to be followed during evacuation and the arrangements for calling the fire brigade and informing them of any special risks. A copy of a generic Evacuation Procedure is can be found in Appendix 1.

Each site will identify an adequate number of persons (the Fire Wardens) responsible for supervising and putting into effect the plans and conduct of fire drills. The identity of these persons will be recorded in the site Fire Folder.

When formulating an Evacuation Procedure, particular attention will be paid to the needs of staff, visitors and patients who may suffer physical or sensory disability. For such persons, a Personal Emergency Evacuation Plan (PEEP) should be prepared and placed in the Fire Folder

Fire action notices complementing the Evacuation Procedures will be prominently displayed in key locations such as by fire alarm call points and in staff rooms.

12. Staff Training

Effective fire training and participation in the fire drills for all personnel, without exception, is of vital importance.

It is the duty of senior managers to ensure that ALL staff, including those who work part-time, agency personnel and visitors receive instruction in fire safety and, if appropriate, specific instruction on the risks and procedures relative to their workplace.

Every member of staff on CCG premises must:

- Understand the character of fire, smoke and toxic fumes

- Know the fire hazards involved in the working environment
- Practice and promote fire prevention
- Know instinctively the right actions to take if fire breaks out or smoke is detected
- Be familiar with the evacuation procedures and escape routes appropriate to their location (consideration should be given to what hours are to be worked and all effort should be made to ensure that information and training is given to staff as soon as possible after commencement of employment).

All staff should, as soon as practicable after appointment, undertake an induction course which will include a fire safety module. Thereafter, all staff are to receive fire safety training at least annually, which may be either face-to-face or via an online solution.

The Fire Safety Advisor and designated Fire Wardens will receive more comprehensive training, appropriate to their additional responsibilities.

Full fire evacuation drills are to be carried out twice-yearly to test the effectiveness of evacuation procedures and fire safety training.

13. Risk Minimisation

13.1 Electrical Equipment - Electrical equipment accounts for a significant proportion of fire incidents in healthcare premises. To minimise the potential risk of fire, the following should always be observed:

- Unless it is designed to be permanently connected to the mains supply, electrical equipment should be switched off and preferably unplugged or isolated when not in use or when it is unattended, especially overnight.

- No attempt should be made by non-competent persons to carry out any unauthorised adjustment, modification or repair to equipment or wiring.

- Any suspect electrical equipment or electrical wiring must be withdrawn from service immediately and reported to the person responsible for electrical maintenance in the facilities department.

- Any electrical equipment used on CCG premises must have suitable electrical testing carried out (PAT testing)

13.2 Arson Prevention and Control - Arson is increasing in all types of premises, including healthcare premises, and is recognised as a major cause of fires.

- Health premises, and their externally and internally located storage areas, are vulnerable to arson attacks from intruders, patients with disturbed patterns of behaviour, employees and others who may enter sites, including contractors. Stores, including those containing pharmaceuticals, may be targets for thefts and fires may be started to conceal the theft.

- The activities of arsonists can be limited by the alertness of staff to persons acting suspiciously and to the activities of known fire raisers amongst patients and by the regular removal of combustible waste to designated secure storage and disposal areas.

13.3 Fire Hazards during Alteration Work - premises undergoing alteration, extension, repair or maintenance are particularly vulnerable to fire. Some items which need careful consideration are

- Structural fire and smoke barriers such as walls, doors, ceilings, etc. may be incomplete or temporarily removed and alternative safeguards may be necessary

- Accumulation of flammable waste such as packing materials and wood shavings

- Storage and use of combustible building materials which may constitute a temporary high fire load in an unsuitable area

The Fire Safety Advisor should be kept advised of work being undertaken, particularly if external contractors are involved and will investigate any specific concerns addressed to them.

13.4 Storage and Use of Flammable Materials

- Flammable liquids give off vapours that, under certain conditions, can ignite or explode. Aerosol sprays may contain a flammable product or expellant and if the spray comes into contact with ignition sources, a flame thrower effect can result.

- Large stocks of flammable substances including cleaning materials, foams, plastics and rubber should be held in designated storage areas. Only sufficient quantities for daily use should be kept within the workplace.

- Flammable liquids should be kept in suitably labelled, securely capped containers and not left standing in direct sunlight or where they may be knocked over.

- When using flammable liquids or aerosols, care is to be exercised to ensure that the liquid or spray cannot come into contact with hot surfaces or other ignition sources.

13.5 Good Housekeeping

In addition to those practices identified above, general "Good Housekeeping" practices can reduce the likelihood of fire. Some of the particular practices which are to be observed are as follows:

- Immediate removal of waste packing materials to external storage to await collection.

- Storage of equipment and packages in designated areas only

- Regular checks to ensure that storage is never permitted in corridors, escape routes, near a fire exit, fire fighting equipment or fire alarm call points
- Regular checks for the accumulation of rubbish in out of sight spaces

- When leaving places of work, checking for possible causes of fire, such as non-essential electrical equipment left on or plugged in, gas appliances or other heating sources left on. Vulnerable doors and windows should be secured against intruders

- As is required by law, all CCG premises are strictly "Non Smoking" and this should be robustly enforced.

14. Monitoring Compliance with and Effectiveness of this Policy

14.1 Compliance with, and effectiveness of this policy will be monitored by the Fire Safety Advisor who will annually audit the premises against the risk assessments and the policy to ensure continuing compliance with the Regulatory Reform (Fire Safety) Order 2005. The audit is to be recorded and retained with the copy of the risk assessments. Reports will also be submitted to the Integrated Audit & Governance Committee as and when required.

14.2 Fire training records shall be monitored to review compliance with the policy regarding annual fire training.

15. References

- The Regulatory Reform (Fire Safety) Order 2005.
- The Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999.
- The Building Act 1984. Available at: www.opsi.gov.uk

16. Review

16.1 This Policy will be reviewed from two years from the date of implementation, except where legislation changes apply, or if there has been a significant event.

PREMISES NAME

Evacuation Procedure

IF YOU DISCOVER A FIRE, SEE SMOKE OR SENSE AN UNUSUAL SMELL OF BURNING:

RESCUE anyone from immediate danger.

ALERT everyone in the vicinity. Immediately break glass at nearest fire alarm point.

CONFINE the fire by closing all doors and windows in the area of the suspected fire.

EVACUATE patients and visitors

During working hours, while the alarm will automatically be raised with the Fire Service, they will not respond until confirmation (validation) is received from the site that there is evidence of a fire. If there is clear evidence of a fire in progress, you must telephone 999, giving the address and postcode as well as any information regarding the nature and location of the fire. Such a telephone call MUST NOT delay your own or others' evacuation of the site – use a mobile telephone to call from the external assembly point.

If you have been trained and feel comfortable and confident to do so, attack the fire with the equipment provided without taking any personal risk.

Only tackle the fire if;

You have been trained in the use of fire fighting equipment b. You are certain you are using the appropriate extinguisher c. You can do so safely, with your exit route behind you

The fire is small and only developing slowly

If possible and without taking any personal risk, remove any oxygen cylinders or other potential accelerants from the immediate area of the fire.

NEVER hesitate to activate the Fire Warning System by activating a break- glass call point if you believe there may be a fire. Time is critical in a fire situation and you will never be reprimanded for acting "in good faith".

On hearing the Fire Alarms

All persons except designated Fire Wardens, including staff should leave the building and go to the ASSEMBLY POINT.

DO NOT stop to collect personal belongings.

On leaving any room please close all doors and, if possible, windows too.

DO NOT re-enter building unless instructed to do so by the Fire Warden or a member of the Fire Service.

Staff are responsible for patient safety and should immediately establish the whereabouts of all patients and visitors and assess each individual's means of evacuation. Staff should pay particular attention to people with reduced mobility, disabilities or impairments (see below for guidance).

It is the responsibility of any staff that have patients and visitors with them to ensure that they are evacuated, in a calm manner, to the nearest fire exit. Visitors who are attending a meeting are the responsibility of the meeting chair and must be accounted for on arrival at the assembly point.

THE ASSEMBLY POINT FOR PREMISES **NAME** IS………………….. Nominated Fire Officer/Warden

The Nominated Fire Officer/Warden will:

- Put on a flourescent tabard for identification purposes

- Proceed to the assembly point and coordinate a roll-call via Fire Wardens from each area.

- Undertake the following areas of responsibility, which may be delegated to Fire Wardens as appropriate;
  - Go to the fire alarm panel to ascertain the location of the fire.
  - Confirm that, if required, the Fire Service has been called
  - Communicate with any individuals within the refuge areas (via communications device on fire panel) as appropriate
  - Stand at main entrance to prevent access by the public
  - Ensure vehicular access not restricted (for Fire Service)
  - Maintain safety of staff at Assembly Point

- Liaise with the Fire Service to provide information on;
  - Who is unaccounted for and where they were last seen
  - The location of the fire
  - The nature of the fire
  - Any special hazards (oxygen, clinical waste etc)

On conclusion of the incident the Nominated Fire Officer should;

- Complete an Alarm Activation Record (Red Folder), bearing in mind that any and all evacuations are an opportunity for learning and improving our systems;
- Liaise with the building operators to ensure that all systems are reset.

Fire Wardens

The Fire Wardens will have undertaken more intensive fire training and will liaise with the Nominated Fire Officer/Warden. Their duties will include;

- Put on a fluorescent tabard for identification purposes

- Sweep search their designated area
- On discovery of or reasonable suspicion of a fire, report it immediately to the Fire Brigade by telephoning 999 or to the other wardens via a walkie-talkie (where applicable), who will telephone 999.
- Proceed to assembly point (with any signing in sheets/records) to carry out the roll-call
- Report outcome of roll-call to Nominated Fire Officer/Warden including information on any persons who are unaccounted for and/or persons who are located in the refuge area(s).
- Accept delegated duties from the Nominated Fire Officer/Warden in order to facilitate the management of the incident.

All staff should be familiar with the contents of the CCG Fire Policy and should undertake mandatory fire training at the prescribed intervals.

EVACUATION OF PEOPLE WITH DISABILITIES OR IMPAIRMENTS

Any member of staff with a disability or an impairment, which may affect their ability to evacuate the site in case of fire, should have a Personal Emergency Evacuation Plan (PEEP), carried out. This should be regularly reviewed.

Mobility impairment

A responsible member of staff should be nominated to escort those who need assistance from the building, or who may be slower to evacuate the site. The staff member should ensure that other persons are able to evacuate the building unimpaired, while those who travel at a slower pace continue their evacuation to a place of safety.

Evacuation Chairs are provided at all sites and refuge areas are available within stairwells.

Evacuation Chairs should only be used by staff who are fully trained in their use and who are confident in their operation.

The refuge area provides 60 minutes of protection. The communication device located adjacent is available when the fire alarm is in "alarm" mode and provides

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a means of communication to the Fire Brigade via the fire panel. Persons who are located within a refuge area should only leave the area on instruction from the Fire Brigade or when the building has otherwise been declared "safe" by the Nominated Fire Officer.

Staff may remain with a disabled person within the refuge area if they are willing and comfortable to do so.

Visual impairment

People with a visual impairment may require assistance in descending the stairs. The helper should descent first, with the person's hand on their shoulder. The helper may also need to assist with identification of and access to the assembly point.

Hearing impairment

Staff should be aware that people with a hearing disability may not be aware of the alarm and should be escorted from the building.

Equality Impact Assessment:

Equality Impact Analysis:	
Policy / Project / Function:	Fire Safety Policy
Date of Analysis:	17-Mar-15
This Equality Impact Analysis was completed by: (Name and Department)	Helen Johnson, Health & Safety Advisor
What are the aims and intended effects of this policy, project or function ?	This policy aims to ensure that all required arrangements are in place to ensure that Hull CCG complies with the Regulatory Reform (Fire Safety) Order, 2005
Please list any other policies that are related to or referred to as part of this analysis	• Risk Management Strategy • Health & Safety policy
Who does the policy, project or function affect ? Please Tick ✔	Employees ✓ Service Users Members of the Public Other (List Below)

Equality Impact Analysis:

Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit

General	There are 57 GP practices in the Hull area which spans 7,154 hectares and, as a city, has relatively tight geographical boundaries with most of the 'leafy suburb' areas outside Hull's boundaries in East Riding of Yorkshire. As a result, Hull has a relatively high deprivation score, as measured by the Index of Multiple Deprivation 2010, with Hull ranked as the 10th most deprived local authority out of 326 (bottom 4%).
	The resident population of Hull is 256,406 based on the 2011 Census data and 265,369 residents based on estimates from the local GP registration file as at October 2011. This equates to approximately 37 residents per hectare. The Joint Strategic Needs Assessment (JSNA) identifies considerable inequalities in health between Hull and England, and between populations within Hull.
Age	
	Compared to England, Hull has lower percentages of residents aged 10-19 years and 55+ years, but slightly higher percentages aged under 5, 20-34 years and 45-54 years. There is a relatively large difference between Hull and England for the age group 20-34 years, due to Hull's colleges and Universities.
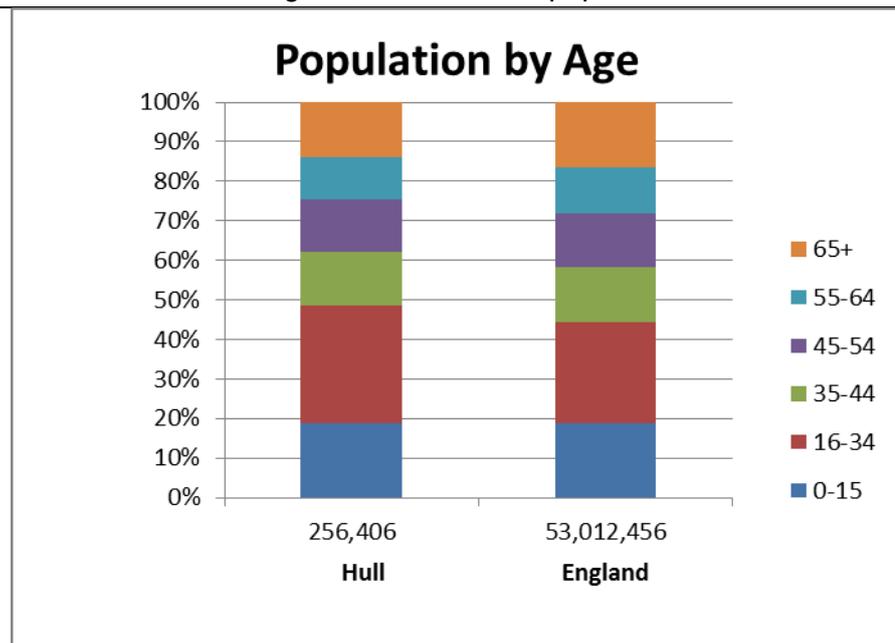
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	There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The number of deaths occurring to Hull residents has decreased from 2,571 to 2,310 between 2001 and 2010. ONS estimated the resident population to be 243,596 in 2001 compared to 260,424 residents based on the GP registration file, with the difference between these estimates narrowing over time. So, whilst it is difficult to quantify the exact increase in Hull's population, it has increased over recent years. Between 2010 and 2030, ONS estimate that Hull's population will increase from 266,100 to 311,900 residents, an increase of 17%. The figure above shows the population of Hull (2011 Census Data).
Race	The percentage of the population from Black and Minority Ethnic (BME) groups has increased substantially since 2001. For the 2001 Census, it was estimated that 3.3% of Hull's population was not White British or White Irish, whereas Census data shows that this figure increased to 10.2% for 2011. There is no single BME group in Hull with much higher percentages compared to other groups. The 2011 census data shows: White British - 89.7% White Other - 4.4% Mixed – 1.3% Asian - 2.5% Black - 1.2% Other – 0.8%
Sex	The gender split in Hull is approximately 50.1% men and 49.9% women. For 2008-2010, life expectancy in Hull was 75.7 years for men and 80.2 years for women compared to 78.6 years and 82.6 years for men and women respectively in England.

Gender reassignment	No local information provided.
Disability	According to the 2011 Census, it is estimated that approximately 19.7% of the Hull population lives with a long term health problem or disability compared with 17.6% for England. This information can be broken down further (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information) to include learning disabilities, physical disabilities, hearing impairments and visual impairments, as follows:

2012 Estimates	Hull
Learning Disability (Age 18 – 64)	4,078
Learning Disability (Age 65 and over)	762
Physical Disability – Moderate (Age 18 – 64)	12,222
Physical Disability – Serious (Age 18 – 64)	3,491
Visual Impairment (Age 18 – 64)	108
Visual Impairment (Age 65 and over)	3,263
Hearing Impairment – Moderate or Severe (Age 18 – 64)	5,765
Hearing Impairment – Moderate or Severe (Age 65 and over)	15,707
Hearing Impairment – Profound (Age 18 – 64)	49
Hearing Impairment – Profound (Age 65 and over)	402

Sexual Orientation	There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Hull however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and

	transgender communities.
Religion, faith and belief	According to the 2011 Census, 54.9% of the population have identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder of the population did not state anything (7.2%) or stated 'no religion' (34.8%).

Religion	2011
Christian	54.9%
Buddhist	0.3%
Hindu	0.2%
Jewish	0.1%
Muslim	2.1%
Sikh	0.1%
Other Religion	0.3%
No Religion	34.8%
Religion Not Stated	7.2%

Marriage and civil partnership	This protected characteristic generally only applies in the workplace. Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.
Pregnancy and maternity	There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010.

Equality Impact Analysis:

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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*	Yes employee data has been used to support the monitoring of the impact of this policy in the future. The employee data is not included due to the low number of CCG employees and concern around anonymity. 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	Consultation has taken place both locally and nationally with Trade Unions and staff • SLT • CCG Employees • JTUPF Sub group • JTUPF • Governing Body (approval)
Promoting Inclusivity How does the project, service or function contribute towards our	This Policy does not directly promote inclusivity, but ensures all employees are treated in the same way.

aims of eliminating discrimination and promoting equality and diversity within our organisation	

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Equality Impact 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 – neutral impact
Race (All Racial Groups)	✓			As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. However this potential impact is minimised due to the development of the 'portal' facilities detailed in the action plan and an expectation that employees should be able to comprehend all policy documents.
Disability (Mental and Physical)	✓			Considered – neutral impact

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Religion or Belief	✓			Considered – neutral impact
Sexual Orientation **(Heterosexual, Homosexual and Bisexual)**	✓			Considered – neutral impact
Pregnancy and Maternity	✓			Considered – neutral impact
Transgender	✓			Considered – neutral impact
Marital Status	✓			Considered – neutral impact
Age	✓			Considered – neutral impact

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* ?

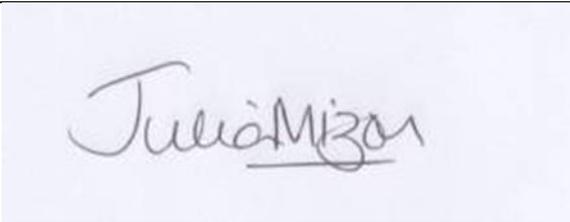| Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs Communication Team has developed the 'portal' to signpost individuals to alternative formats. As of January 15 there have been no requests for information in alternative formats, however this will be monitored.	CCG Communications	April 2016	Next policy review

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	Equality Impact Findings:
Analysis Rating:	**GREEN** - 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.
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.
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.
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.

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.

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.

Signatures	
Other Comments	
Confirmed by (manager): (Name and Title)	*Julia Mizon*
Date:	17.03.15

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Every day we are creating a healthier Hull

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