

# HEALTH & SAFETY POLICY

**Version 1.0**

**Important:** This document can only be considered valid when viewed on the CCG's intranet/Y:Drive. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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 1
Trade Union Representative Approval:	Yes
Implementation Date:	17 <sup>th</sup> March 2015
Review Date:	16 <sup>th</sup> March 2017 or sooner if required
<b>Target Audience:</b>	<b>All Staff</b>

## Hull Clinical Commissioning Group

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## 1. INTRODUCTION

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

## 2. PURPOSE / POLICY STATEMENT

The CCG aims to provide all staff, visitors and service users with a safe environment, in which to be able to work or visit, without suffering any personal injury or ill health. It recognises the need to identify significant health & safety related hazards and implement any necessary measures, in order to eliminate or reduce any associated risks of harm, damage or loss.

The CCG aims to prevent, or reduce the nature and severity of all workplace accidents, the spread of infectious diseases and any dangerous occurrences in line with the Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

All employees are expected to co-operate with this policy and ensure they comply with any statutory duties under Health & Safety Legislation. Management and staff will work proactively together to ensure that all plans, procedures and systems of work are designed to take full account of health & 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.

The CCG Chief Officer accepts overall responsibility for health & safety in the CCG. However, day to day responsibility for health, safety and welfare is

## **Hull Clinical Commissioning Group**

delegated to Directors. They have responsibility for the well-being of all staff, service users and visitors within their respective work areas. In line with Management of Health & Safety at Work Regulations 1999, the CCG also employs a competent person to assist in complying with its statutory health & safety duties.

Hull CCG Chief Officer

Signed:



Dated: 25.03.15

### **3. SCOPE**

This policy applies to all Hull CCG employees, Contractors, Locum, Agency Staff and Students.

### **4. ROLES AND RESPONSIBILITIES / ACCOUNTABILITY**

The Hull CCG Chief Officer fully accepts their responsibility for health & safety in the workplace and will discharge this through their organisational responsibilities.

#### **4.1 Hull CCG Chief Officer**

The overall and final responsibility for health & safety in the CCG rests with the Chief Officer.

The CCG Chief Officer is responsible for:

- The provision of sufficient resources to implement the Health & Safety Policy
- Ensuring that all employees are fully aware of their statutory responsibilities and that these responsibilities are fulfilled
- Ensuring that the CCG complies with all statutory health & safety requirements
- Ensuring reports on accident statistics, trends and remedial measures indicated are submitted to the Health & Safety Group.
- The Chief Officer accepts overall responsibility for health & safety in the CCG. However, day to day responsibility for health, safety and welfare is delegated to Directors.

#### **4.2 Directors**

- The implementation of the Health & 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 & safety
- The promotion of a positive health & safety culture which enables all

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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.

### **4.3 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 hazards identified, undertake risk assessments as required and, where there is a significant risk to health & safety, communicate the results of those assessments to employees before they are exposed to such risks
- Ensure the robustness of any health & safety documents used within their teams
- Ensure that 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
- Ensure that the provision of first aid in the workplace is commensurate with the level of risk associated with work activities
- Refer staff with work related health problems to the Occupational Health Provider.
- 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 & 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

## **Hull Clinical Commissioning Group**

- Ensure that risk assessments, which identify significant risks to health & safety are undertaken and the results of those assessments are communicated to employees before they are exposed to such risks
- Ensure that arrangements are made for consultation with Union accredited Health & Safety Representatives and all employees in the workplace
- Ensure adherence of contractors to the prescribed health & safety standards

### **4.4 Employees**

All employees must:

- Take reasonable care of their own health & 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 & 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, damage to plant and equipment, or potential injury, damage or loss
- Co-operate with, and assist, other colleagues and management in implementing the Health & Safety Policy
- Co-operate with this policy to ensure they comply with any statutory duties under Health & Safety Legislation

### **4.5 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:

## **Hull Clinical Commissioning Group**

- 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

Specialist advice will be procured from an appropriately qualified Fire Safety Advisor who will be responsible for providing advice on all aspects of fire safety including fire prevention, control and evacuation.

### **4.6 Occupational Health Provider**

The CCG has procured an Occupational Health Service. The Occupational Health Provider delivers a full professional occupational health service, which includes staff support and guidance, counselling, health surveillance and pre-employment screening.

### **4.7 Infection Control Nurse**

The CCG has procured Infection Control Services. The Infection Control Nurse will be responsible for providing advice and guidance on all infection control issues. They are responsible for providing staff with suitable training and for ensuring that adequate monitoring is provided to detect any infection control risks or problems.

## 5 Consultation and Communication with Stakeholders

### 5.1 Health & Safety Group

In line with the Health & Safety at Work Act 1974, the CCG has a Health & Safety Group that is directly accountable to the Integrated Audit and Governance Committee. The aim of the group is:

- To promote partnership working between management and staff in initiating, developing and implementing improvements to ensure effective employee health & safety
- To work towards the creation of a workplace environment that secures the health, safety and welfare of all persons working for and on behalf of the CCG and to recognise the impact on health, safety and welfare of any organisation engaged by or working with the CCG
- To promote the use of and contribute to safe working practices and systems of work and to promote and contribute to the safety of all persons entering onto the CCG's premises for whatever reason
- To provide strategic direction on health & safety matters
- To analyse incident statistics and risk reports in conjunction with their causal factors and action plans to ensure the CCG has effective arrangements for assuring health & safety management
- To ensure that management of Health & Safety plans are complementary to the overall Risk Management Strategy
- To work toward the establishment of a positive health, safety and welfare culture, throughout the Hull CCG, that contributes to all aspects of service provision, by actively encouraging good practice in both individual and group behaviour
- To contribute to and support planning and execution of work activities, promoting reasonable co-operation between all employees.
- To monitor the effectiveness of the Health & Safety Policy and its revision where necessary
- To conduct an annual audit of the safety provisions within the CCG and the implementation of any recommendations arising from such an audit.

The Group provides the CCG with a forum at which managers and staff can consult about any health & safety issues, in good time, before the introduction or change of legislation, new equipment or new technology. It allows staff representatives to communicate with managers, in order to raise health & safety issues that may be of concern and cannot be resolved at a local level.

## ***Hull Clinical Commissioning Group***

Staff side members are accredited Trade Union Safety Representatives of recognised Trade Unions and as such are entitled to carry out their role and functions as detailed in the Safety Representatives & Safety Committee Regulations 1977.

## 6. 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 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.

## 7 NHS CONSTITUTION

7.1 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

7.2 This Policy and Procedure supports the NHS Constitution and the NHS Pledge to provide support and opportunities for staff to maintain their health, well-being and safety.

## 8. RISK ASSESSMENTS

In line with The Management of Health & Safety Regulations 1999 and The Workplace (Health, Safety & Welfare) Regulations 1992, the 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. A range of Risk Assessment forms have been developed for the organisation and can be found on the Intranet.

Completed risk assessments can be found on the CCG's Y:/ drive, and in the Health & Safety Folder at each premises.

## 9. ARRANGEMENTS

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

- Fire Policy
- Security Policy
- Lone Worker Policy
- Violence & Aggression Policy

### 9.1 First Aid at Work

In line with the First Aid at Work Regulations 1981, 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 qualified first aider 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 & 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.

### 9.2 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 (DATIX) for all accidents and incidents. These will be investigated initially by the local manager/supervisor in

accordance with the Incident Reporting Policy. The Health & 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 Incident Reporting Policy.

## **10. IMPLEMENTATION & DISSEMINATION**

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

Policy documents are available via the Hull CCG intranet and the Y:drive.

## **11. 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. Every senior manager must ensure that new members of staff joining their teams complete all required statutory and mandatory health & safety related training within the first 3 months of commencement of employment.

Mandatory training for all staff on minimising risk includes information on health & safety and risk assessment processes. Various health & safety e-learning packages are also available. These packages include; CoSHH, Fire Safety and Manual Handling.

Local managers/supervisors must ensure that all staff are competently trained in the safe use of any equipment they may be tasked to use during the course of their employment. This will include any update 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 & Safety training records for all staff will be held by the organisation.

## **12. MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS POLICY**

### **12.1 Proactive Monitoring**

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

### **12.2 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 CCG Chief Officer and Directors will ensure that such re-active monitoring is undertaken on an organisation wide basis.

### **12.3 Audit and Review**

Health & Safety incidents will be reported in the first instance on the DATIX Incident Reporting system, in accordance with the CCG's policy for reporting and managing incidents. A quarterly consolidated Incident Report will be presented to the Health & Safety Group.

Risk Assessments will be reviewed annually and will be monitored by the Health & Safety Advisor, Where appropriate, identified risks may be inserted into the Corporate Risk Register.

Audits will be conducted in accordance with the Annual Audit Plan and results will form the content of the Annual Audit Report.

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

- Serious Untoward Incidents (SUI's)
- Health & Safety Audits
- Health & Safety Group Action Notes

- Risk Registers
- Incident Reports
- Complaints
- RIDDOR

### 13. RELATED DOCUMENTS/POLICIES

- Risk Management Strategy
- Incident Reporting Policy
- Fire Policy
- Security Policy
- Lone Worker Policy

### 14. REFERENCES

- Health & 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 2002
- Provision and Use of Work Equipment Regulations 1999
- First Aid at Work Regulations 1981
- Display Screen Equipment (DSE) Regulations 1992
- Regulatory Reform (Fire Safety) Order 2005
- Safety Representatives & Safety Committee Regulations 1997
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 1995
- National Health Service Litigation Authority Risk Management Standards
- Health & Safety Executive (HSE) Website
- Health & Safety Group Terms of Reference
- HSG Guidance – HSG 65 – Successful Management of Health & Safety at Work
- Equality Act (2010)
- Human Rights Act (1998)
- Equality Duty (Public Sector) (2011)

### 15. REVIEW

## ***Hull Clinical Commissioning Group***

This Policy will be reviewed on every 2 years or if necessary, revised in light of legislative or organisational changes or as a result of any significant incidents.

Equality Impact Assessment:

<b>Equality Impact Analysis:</b>	
<b>Policy / Project / Function:</b>	Health & Safety Policy
<b>Date of Analysis:</b>	17-Mar-15
<b>This Equality Impact Analysis was completed by: (Name and Department)</b>	Helen Johnson, Health & Safety Advisor
<b>What are the aims and intended effects of this policy, project or function ?</b>	As Hull CCG has more than 5 employees, there is a legal requirement for a written health and safety policy which outlines the roles and responsibilities of employees, and the arrangements for health and safety within the organisation.
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	<ul style="list-style-type: none"> <li>• Risk Management Strategy</li> <li>• Incident Reporting Policy</li> <li>• Fire Policy</li> <li>• Lone Worker Policy</li> <li>• COSHH Policy</li> <li>• Manual Handling Policy</li> <li>• First Aid Policy</li> </ul>
<b>Who does the policy, project or function affect ?</b>  Please Tick ✓	<p>Employees ✓</p> <p>Service Users</p> <p>Members of the Public</p> <p>Other (List Below)</p>

**Equality Impact Analysis:**

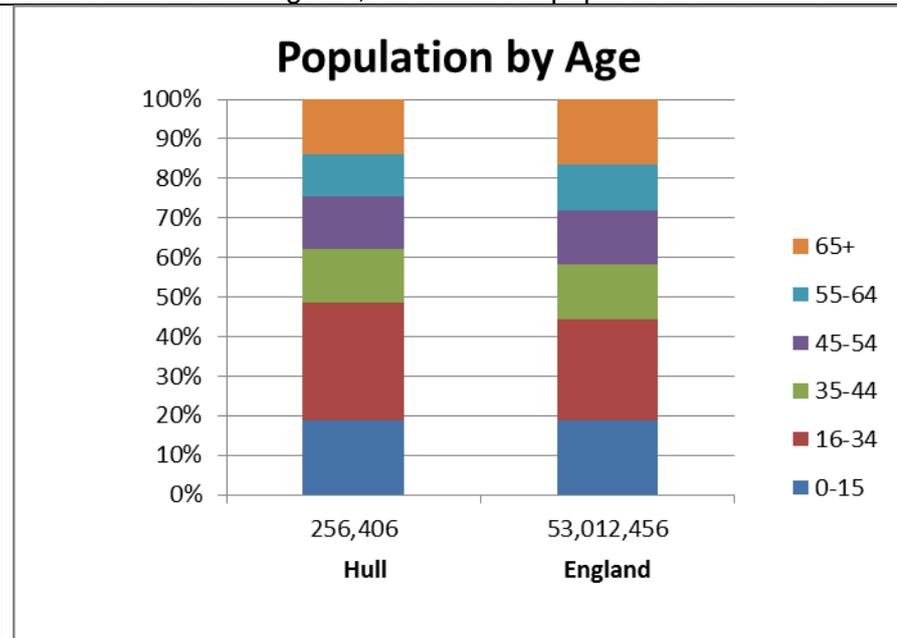
**Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit**

**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.

There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The

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	<p>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%.</p> <p>The figure above shows the population of Hull (2011 Census Data).</p>		
<b>Race</b>	<p>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:</p> <p>White British - 89.7%          White Other - 4.4%          Mixed - 1.3%          Asian - 2.5%          Black - 1.2%          Other - 0.8%</p>		
<b>Sex</b>	<p>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.</p>		
<b>Gender reassignment</b>	<p>No local information provided.</p>		
<b>Disability</b>	<p>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:</p> <table border="1" data-bbox="507 1825 1401 1883"> <tr> <td><b>2012 Estimates</b></td> <td><b>Hull</b></td> </tr> </table>	<b>2012 Estimates</b>	<b>Hull</b>
<b>2012 Estimates</b>	<b>Hull</b>		

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	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																				
<b>Sexual Orientation</b>	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.																					
<b>Religion, faith and belief</b>	<p>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%).</p> <table border="1"> <thead> <tr> <th>Religion</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>54.9%</td> </tr> <tr> <td>Buddhist</td> <td>0.3%</td> </tr> <tr> <td>Hindu</td> <td>0.2%</td> </tr> <tr> <td>Jewish</td> <td>0.1%</td> </tr> <tr> <td>Muslim</td> <td>2.1%</td> </tr> <tr> <td>Sikh</td> <td>0.1%</td> </tr> <tr> <td>Other Religion</td> <td>0.3%</td> </tr> <tr> <td>No Religion</td> <td>34.8%</td> </tr> <tr> <td>Religion Not Stated</td> <td>7.2%</td> </tr> </tbody> </table>		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%
Religion	2011																					
Christian	54.9%																					
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Jewish	0.1%																					
Muslim	2.1%																					
Sikh	0.1%																					
Other Religion	0.3%																					
No Religion	34.8%																					
Religion Not Stated	7.2%																					

<b>Marriage and civil partnership</b>	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.
<b>Pregnancy and maternity</b>	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:

<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</b></p> <p>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 <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Application success rates <i>Equality Groups</i></p> <p>2: Complaints by <i>Equality Groups</i></p> <p>3: Service usage and withdrawal of services by <i>Equality Groups</i></p> <p>4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>	<p>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.</p> <p style="text-align: center;">No <input data-bbox="1150 999 1249 1070" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p><b>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</b></p>	<p>Consultation has taken place both locally and nationally with Trade Unions and staff</p> <ul style="list-style-type: none"> <li>• SLT</li> <li>• CCG Employees</li> <li>• JTUPF Sub group</li> <li>• JTUPF</li> <li>• Governing Body (approval)</li> </ul>

**Promoting Inclusivity**

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation

This Policy does not directly promote inclusivity, but ensures all employees are treated in the same way.

### 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 <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)	✓			Considered – neutral impact
<b>Race</b> (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.
<b>Disability</b> (Mental and Physical)	✓			Considered – neutral impact
<b>Religion or Belief</b>	✓			Considered – neutral impact

<b>Sexual Orientation (Heterosexual, Homosexual and Bisexual)</b>	✓			Considered – neutral impact
<b>Pregnancy and Maternity</b>	✓			Considered – neutral impact
<b>Transgender</b>	✓			Considered – neutral impact
<b>Marital Status</b>	✓			Considered – neutral impact
<b>Age</b>	✓			Considered – neutral impact

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### 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

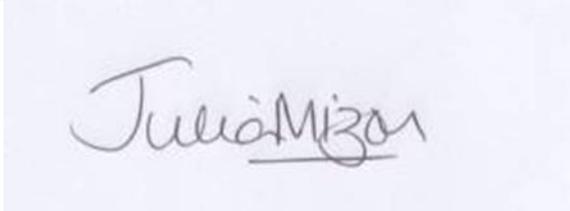
## Equality Impact Findings:

<b>Analysis Rating:</b>	<b>GREEN</b> - As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.
<b>Red – Stop and remove the policy</b>	<b>Red:</b> 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 <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.
<b>Red Amber – Continue the policy</b>	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 <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
<b>Amber – Adjust the Policy</b>	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 <i>Action Planning</i> section of this document.
<b>Green – No major change</b>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.



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<b>Brief Summary/Further comments</b>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
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<b>Signatures</b>	
<b>Other Comments</b>	
<b>Confirmed by (manager): (Name and Title)</b>	
<b>Date:</b>	17.03.15

