Health and Safety Policy
February 2018

Authorship:	Corporate Services Manager			
Committee Approved:	Senior Management Team			
Approved date:	February 2018			
Review Date:	February 2021			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		Yes	No Issues Identified
Privacy Impact Assessment	No	No	No	Not relevant
Bribery Checklist	No		No	Not relevant
Target Audience:	All CCG Staff			
Policy Reference No:	P412			
Version Number:	V3			
Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	No

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 & Date	Date on Intranet
V4	Corporate Services Manager	Refresh	SMT Feb 18	Feb 18

Approval Record

Applicable Y/N	Committee / Group		Consultation / Ratification	Date taken to group	Date last Approved
Yes	Governing Body		Ratification	July 2015	
	Council of Clinical Representatives		Ratification		
Yes	SMT		Ratification	Feb 2018	
	Remuneration Committee		Ratification		
	Audit and Governance Committee		Ratification		
	Finance and Contracting Committee		Ratification		
	Business Committee		Ratification		
	Communications and Engagement Committee		Ratification		
Yes	Other	H&S Group	Ratification	Jan 18	
	All Employees		Consultation		
	Public		Consultation		
	Yorkshire and Humber Social Partnership Forum		Consultation		

Contents

1 INTRODUCTION

This policy is intended to reflect the views of the NHS Scarborough and Ryedale Clinical Commissioning Group (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 IMPACT ANALYSES

2.1 Equality

In developing this policy, an Equality Impact Analysis (EIA) has been undertaken and the results are published with this policy on the CCG website. As a result of the initial screening, the policy does not appear to have adverse effects on people who share protected characteristics and no further actions are recommended at this stage.

2.2 Sustainability

The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

2.3 Bribery Act 2010

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act does not apply to this policy.

3 SCOPE

- All employees of the CCG
- CCG Governing Body
- Contracted third parties (including eMBED and agency staff)
- Students and trainees
- Staff on secondment and other staff on placement with the CCG

4 POLICY STATEMENT

NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) 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.

5 ROLES, RESPONSIBILITES AND DUTIES

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 Senior Executives 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 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 Chief Officer

The Chief Officer, as 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 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 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 Senior Management Team

The Chief Officer accepts overall responsibility for health and safety in the CCG. However, day to day responsibility for health, safety and welfare is delegated to the and Senior Management Team who have responsibilities for the wellbeing of all staff, contractors and visitors within their respective work areas.

The Senior Management Team 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 Managers

All 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 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
- 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 that 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, 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.

5.6 Health and Safety Adviser (Competent Person)

The CCG has access to competent advice for health and safety and fire safety through a Service Level Agreement with Salus (Occupational Health, Safety& return to Work Services) 14,Beckford Street,Hamilton,ML3 0TA, 01689 206 333

A 'competent person' or health and Safety Adviser, is someone who has sufficient training and experience or knowledge and other qualities that allow them to assist the CCG properly.

The Health and Safety Adviser is responsible for providing the CCG with professional advice, support and guidance on all health and safety matters including substances hazardous to health, slips, trips and falls and manual handling.

The Health and Safety Adviser or an appropriately qualified nominee will be available to attend any staff meetings to raise awareness of Health and Safety.

5.7 Fire Safety Manager and Fire Wardens

In line with the requirements of the Regulatory Reform (Fire Safety) Order 2005, the CCG has fully trained CCG Fire Wardens which form part of the CCG's strategy to evacuate all occupants within the building, they support the Fire Safety Manager in this role.

CCG staff who are based in other locations are required to work to the requirements of the Fire Policy for the site in which they are based to whom they should report any issues and concerns. Issues that cannot be satisfactorily resolved at a management level will be escalated to the Associate Director of Corporate Services.

5.8 Occupational Health

The CCG has a Service Level Agreement for the provision of Occupational Health Services from York Hospital NHS Foundation Trust. The Occupational Health Department provides a full professional occupational health service, which includes staff support and guidance, counselling, health surveillance and pre-employment screening.

5.9 Delegated Health and Safety Group

Reporting to the Audit and Governance Committee, the Delegated Health and Safety Group 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.

6 Consultation and Communication with Stakeholders

6.1 Staff Meetings

In line with the Health and Safety at Work etc Act 1974, the CCG Chief Officer chairs the quarterly 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 and where appropriate escalated to the Landlord of the building.

6.2 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 Associate Director of Corporate Affairs will ensure that a health and safety audit programme is developed and maintained. The audit programme will not detract from the Safety Representatives right to inspect the workplace at more frequent intervals, in accordance with the above regulation.

7 Arrangements

7.1 Supporting Policies

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:

- Health and Safety Control Book
- Fire Safety Policy
- Slip, Trips and Falls Policy
- Maternity, Paternity and Adoption policy (pregnancy risk assessment)
- Control of Substances Hazardous to Health (CoSHH)
- Display Screen Equipment
- Manual Handling
- Stress Management and Prevention
- Security Policy

7.2 Health and Safety Control Book

The CCG maintains a Health and Safety Control Book to evidence the Health and Safety arrangements at the CCG.

The control book contains copies of:

- Relevant policies
- Self-assessments
- Risk assessments
- Checklists

The holder of the Health and Safety Control Book is the Associate Director of Corporate Services and it is maintained by the Corporate Services Manager.

7.3 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 Scarborough and Ryedale 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.

- Driving at Work
- Lone Worker
- Home Visits

Reference to risk assessment guidance and documentation relating to pregnant employees, can be found in the Maternity, Paternity and Adoption policy and a copy of the Pregnancy Assessment Checklist is available in the Health and Safety Control Book.

7.4 Slips, Trips and Falls

Slips, trips and falls are the most common cause of major injuries in the workplace in United Kingdom, as stated by the Health and Safety Executive (HSE). The risk assessment process will identify areas of risk and allow each individual area to implement controls and ensure that safe practices are in place to prevent a slip and trip hazard from occurring, and also have measures in place to react to a situation should the environment change. Incidents can be reduced, as far as is reasonably practicable, through planning and pro-active management, together with good housekeeping e.g.

- Maintenance of floors within leased buildings tenanted by the CCG - the safe maintenance of the floor is the responsibility of Scarborough Borough Council as the Landlord of the property.
- Proactive reporting - all Teams should follow the fault reporting procedure via the Executive Assistant to log any identified defects in the working environment, so repairs can be scheduled to be carried out.
- Staff must report any slips, trips or falls incidents or near misses using the SAFEGUARD System.
- Working at height - it is CCG policy to avoid any work at height where it is reasonably practicable to do so. Where work at height is unavoidable, then all

reasonable steps shall be taken by the CCG to risk assess the activity and provide a safe working environment for employees required to carry out their duties at height. In the event of a person suffering an injury as a result of a slip, trip or fall, immediate assistance should be sought from first aiders.

7.5 Manual Handling

Under the Manual Handling Operations Regulations 1992 9as amended), the CCG is required to carry out systematic assessments of the risks of injury arising from manual handling operations.

Manual handling means any transportation or support of load (moveable object). This includes lifting, lowering, pushing, pulling, holding or moving a load by hand or bodily force.

Where the assessment identifies a risk of injury from manual handling operations consideration should be given to avoidance of this operation. If manual handling cannot be avoided then consideration must be given to whether the risk can be reduced. This could include:

- Providing mechanical aids to assist with the task
- Reduce the frequency of such tasks
- Reduce the load that has to be handled
- Ensure staff involved in manual handling are adequately trained
- If a job requires manual handling Line Managers will use the risk assessments proforma in the Health and Safety Control Book to assess any manual handling tasks associated with the role. This is supported by a Manual Handling Operations Risk Assessment Checklist in the Health and Safety Control Book and further guidance can be sought from the Health & Safety Adviser.

Control measures will be checked along with any equipment provided on an annual basis through the PDR process.

7.6 Driving at Work

Driver Competence and Insurance - the CCG requires all staff driving in the course of their work to hold a valid driving licence for the vehicle that they are operating and to observe the requirements of the Highway Code. Where driving competence issues are identified through the risk assessment process or by other means, Line Managers should consult with Human Resources and Occupational Health. CCG members of staff using private cars for driving at work are required to have insurance cover for business use.

Line Managers will require evidence of both competence and insurance cover, which will be reviewed as part of the PDR process. CCG staff are advised to carry private or work issued mobile telephones or other communication devices as a matter of course when driving as part of their work activities. The use of hand-held mobile telephones while driving is a criminal offence and as such no CCG member of staff should use such devices when operating a vehicle. The CCG's position regarding the use of mobile telephones is that staff can make and receive calls that involve the use of a hands-free device whilst driving at work. It is recognised that the use of hands-free mobile telephones can cause a serious distraction to drivers, decreasing their reaction time and reducing the care and

attention with which they drive, therefore where possible every effort to find a safe place to continue the call if possible, keeping use to a minimum and ensuring that control of the vehicle must be maintained.

If you are seen not to be in control of a vehicle while using a hands-free phone you can be prosecuted for that offence. The penalties are the same as for using a hand-held device.

7.7   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 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 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.

7.8   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 the intranet based incident reporting tool, SAFEGUARD, for all accidents and incidents. These will be investigated initially by the local manager / supervisor in accordance with the Incident Reporting 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 Incident Reporting Policy.

7.9   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.

7.10 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

The Chief 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 that the needs of the CCG are identified, prioritised and that appropriate resources are allocated.

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

Quarterly reports will be prepared and reviewed by the Senior Management Team and assurance provided to the Audit and Governance Committee bi- annually.

9 TRAINING AND AWARENESS

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 complete an induction training session and complete the statutory and mandatory computer based learning system (CBLS) within the first week of employment/engagement.

Local managers must ensure that 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 line managers.

The Senior Management Team and line managers are responsible for ensuring that all staff are aware of the policy which will be available on the CCG intranet.

10 MONITORING AND AUDIT

10.1 Proactive Monitoring

The Chief 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.

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 Chief 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 an Adverse Incident Form, 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 Register. The Risk Register is monitored by the Health and Safety Group 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 line mangers 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
- Health and Safety Group Minutes
- Staff meeting Action Notes
- Corporate Risk Register
- Adverse Incident Reports
- Complaints
- RIDDOR
- Training Records
- Fire Assessments

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 SANCTIONS

Failure to comply with these requirements can have serious consequences – for both organisations and individuals. Sanctions include fines, imprisonment and disqualification. Under the Corporate Manslaughter and Corporate Homicide Act 2007, an offence will be committed where failings by an organisation's senior management are a substantial element in any gross breach of the duty of care owed to the organisation's employees or members of the public, which results in death. The maximum penalty is an unlimited fine

and the court can additionally make a publicity order requiring the organisation to publish details of its conviction and fine.

12 POLICY REVIEW

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

The Senior Management Team has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

13 REFERENCES AND ASSOCIATED DOCUMENTATION

13.1 Policies
- Slip, Trips and Falls Policy
- Maternity, Paternity and Adoption policy (pregnancy risk assessment)
- Control of Substances Hazardous to Health (CoSHH)
- Display Screen Equipment
- Manual Handling
- Stress Management and Prevention
- Security Policy
- Risk Management Strategy
- Fire Safety Policy
- Emergency Planning / Major Incident Plan
- Health and Safety Control Book

13.2 Other Associated Documentation
- 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 Assessment Strategy Policies

General Information	
Policy:	Health and Safety Policy
Date of Analysis:	November 2017
Policy Lead: (Name, job title and department)	Corporate Services Manager
What are the aims and intended effects of this policy?	This policy is intended to reflect the views of the NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) and sets out the Health and Safety Policy Statement.
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	No
Please list any other policies that are related to or referred to as part of this analysis	• Slip, Trips and Falls Policy • Maternity, Paternity and Adoption policy (pregnancy risk assessment) • Control of Substances Hazardous to Health (CoSHH) • Display Screen Equipment • Manual Handling • Stress Management and Prevention • Security Policy • Risk Management Strategy • Fire Safety Policy • Emergency Planning / Major Incident Plan

Who is likely to be affected by this policy?	General Public	
	Service Users	
	Staff	X

What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Outlined in policy
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	Not applicable

Equality Data

Age	Data provided below is from Census 2011		
	Age Range	**Number**	**%**
	0-14	17,672	14.9
	15-44	39,530	33.2
	45-64	15,427	13.0
	65-74	9,083	7.6
	85+	3,820	3.2

Gender	JSNA 2016	
		%
	Male Residents	49.6
	Female Residents	50.4

Race / Nationality	BME – 2011 Census Data	
		%
	White	97.5
	Mixed	0.8
	Asian	1.2
	Black	0.2
	Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

	Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation

In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.

Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What measures have been put in place to mitigate any potential impact?

Not applicable

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1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT

I agree with this assessment / action plan

Signed off by (Name/Job Title)

Signed: Sally Brown, Associate Director of Corporate Services

Date: November 2017

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact 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?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	n/a		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? 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 improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	n/a		

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	n/a		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	n/a		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	n/a		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	n/a		

17 APPENDIX THREE – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	**Health and Safety Policy**
Brief description	This policy is intended to reflect the views of the NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) and sets out the Health and Safety Policy Statement,

Screening completed by

Name	Emma Parker
Title	Corporate Services Manager
Department	Corporate Services
Telephone	01723 343691
Email	Emma.parker6@nhs.net
Review date	November 2017

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☐
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/