# Slip, Trips and Falls (Non Patient) 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 | Yes | No | Not Relevant |
| Bribery Checklist | No | | Yes/No | Not Relevant |
| Target Audience: | All CCG Staff | | | |
| Policy Reference No: | P414 | | | |
| Version Number: | V2 | | | |
| Publication/Distribution | Website | Email Staff | | Others (i.e. SBC) |
| | *Yes* | *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 |
|---|---|---|---|---|
| V0.1 | Corporate Services Manager | Replacement to a version the CCG adopted which was from PCT | SMT Feb 18 | Feb 18 |
|  |  |  |  |  |

# Approval Record

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

# Contents

# 1   INTRODUCTION

The Slip, Trip and Fall Policy describes the Trust's management arrangements for the prevention of slip, trip and fall accidents which may adversely affect Staff and Visitors.

Incident investigations and research undertaken by the Heath and Safety Executive has identified the following as the main causes of slip, trip and fall accidents:-

- Slippery and wet surfaces – caused by water and other fluids.
- Slippery surfaces caused by dry or dusty floor contamination, such as
- plastic, lint, or talcum powder.
- Obstructions, both temporary and permanent.
- Uneven surfaces and changes in levels, such as unmarked ramps.
- Other causes include, poor lighting and glare, use of improper cleaning regimes, unsuitable foot wear and human factors such as running and carrying cumbersome objects.

# 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

## 3.1   Staff and Visitors

- 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

## 3.2  Premises

CCG Staff are based at the following locations:

| Location | Landlord |
|---|---|
| York House, Scarborough | Scarborough Borough Council |
| Amy Johnson Way, York | York Hospital NHS Foundation Trust |
| Kingswood Surgery, Harrogate | NHS Property Services |
| Northallerton | ?? |

# 4  POLICY PURPOSE AND AIMS

The Clinical Commissioning Group (CCG) recognises its responsibilities under Health and Safety Legislation and the importance of providing a working environment that is safe and healthy for all employees, contractors, voluntary workers, visitors and members of the public. This list is not exhaustive and the CCG has responsibilities for all third parties and for premises which the CCG is responsible for.  The purpose of this policy is for the CCG to ensure:

- The provision of a safe environment that is free from slip, trip and fall hazards, so far as is reasonably practicable
- All potential slip, trip and fall hazards are identified
- Any subsequent risk to a person's safety is adequately assessed, controlled and reduced to the lowest level reasonably practicable.

# 5  DEFINITIONS

**Slip:** A slip is to slide accidentally causing a person to lose their balance. This is either corrected, or causes a person to fall.

**Trip:** A trip is to stumble accidentally, often over an obstacle, causing the person to lose their balance. This is either corrected, or causes a person to fall.

**Fall:** A fall is an event that results in the person, or a body part of the person, coming to rest inadvertently on the ground or surface lower than the person, whether or not an injury is sustained.

**Work at height:** Is a place where a person could fall and be injured if they fell (even if that place is below ground).

**Hazard:** Anything that has the potential to cause harm.

**Risk:** Likelihood that somebody or something will be harmed by a hazard (calculated by multiplying the probability of the incident occurring by the likely severity of the outcome).

**Control Measures:** Steps taken that either eliminate or reduce/mitigate the potential to cause harm, and/or reduce the likelihood of that harm being realised.

**Risk Assessment:** Process for the systemic identification of hazards and evaluating (assessing) their risk levels, along with the control measures in place to ensure that the risk of harm to patients, staff or others is either eliminated or reduced to the lowest level that is reasonably practicable

# 6 ROLES, RESPONSIBILITES AND DUTIES

## 6.1 Chief Officer

The Chief Officer is accountable for the overall Health and Safety Statement Policy which includes the implementation of the Slips, Trips and Falls Policy including identification and allocation of resources, both human and financial, as far as is reasonably practicable, in order to comply with this policy

## 6.2 Senior Management Team

These officers are responsible for the safety of their staff, visitors, contractors, volunteers or members of the public, in regard to all the activities in their charge and they should:

- Establish a process of risk assessment that identify and implement methods of elimination and control.
- Ensure there is a system for reporting and recorded promptly all incidents and near misses and that appropriate action is undertaken to prevent reoccurrence.

## 6.3 Line Managers

- Bring this policy to the attention of their staff.
- Ensure staff are provided with training to support the implementation of this policy, through the PDR process.
- Ensure that workplace/activity risk assessments including the hazard of slips, trips and falls, are carried out in their areas of responsibility and that appropriate actions are taken to reduce these risks, so far as is reasonably practicable.
- Ensure slip, trip and fall incidents are investigated to identify the underlying causes and learn lessons, in accordance with the CCG Incident reporting procedure.
- Report RIDDOR incidents to the Health and Safety Executive.
- Ensure that adequate housekeeping is maintained in their areas of responsibility.
- Report any workplace surfaces/lighting defects to the relevant landlord via the buildings manager.

### 6.4 All Staff

All staff regardless of band and occupation have a legal duty to abide by this Policy and work safely at all times.

In particular all staff will:

- Behave in a safe and responsible manner, taking steps to reduce the risks of slips, trips and falls.
- Attend training programmes provided in support of this Policy.
- Inform Line Managers of any situation that is considered to be a significant risk and promptly report all Health and Safety incidents via the CCG incident reporting system.
- Report any damaged/broken floor/walkway surfaces to the relevant estates department helpdesk.
- Ensure that tripping risks are not created – for example, locating wires and cables safely, not blocking designated walkways.
- Ensure that slipping risks are not created – for example cleaning spillages of liquids and powder promptly.
- Staff discovering a spillage which they cannot clean up immediately, should put a 'warning slippery floor sign' in place and contact their Line Management to request the spillage is cleaned up as soon as possible.

## 7 COMMON CAUSES OF SLIPS, TRIPS AND FALLS

The Health and Safety Executive advise that the four main causes of slips and trips accidents in healthcare environments are:

- Slippery/wet surfaces – caused by water and other fluids
- Slippery surfaces caused by dry or dusty floor contamination, such as plastic, lint or talcum powder
- Obstructions, both temporary and permanent
- Uneven surfaces and changes of level e.g. unmarked ramps, damaged stairs, floors, external paths and roads

Other additional problems contributing to the above include:

- Design of working environment
- Poor housekeeping
- Trailing electrical cables
- Weather conditions affecting external surfaces e.g. ice, snow
- Falls from height e.g. from steps, ladders, work platforms/towers/scaffolds, windows
- Poor lighting
- Inappropriate footwear
- Individuals' behaviour e.g. rushing on stairs, carrying awkward loads and unable to see floor surfaces

- Unsuitable flooring
- Inappropriate maintenance/cleaning regimes of floors

# 8 PROCEDURES

## 8.1 HSE SLIPS AND TRIPS HAZARD SPOTTING CHECKLIST

The HSE has produced a *Slips and Trips Hazard Spotting Checklist* (Appendix One) which should be completed quarterly to ensure the office is free from any hazards.

## 8.2 Risk assessment

Where necessary activity risk assessments are required to assess slips, trips and falls hazards (including from heights) as part of their assessment process and to ensure appropriate control measures are in place.

The risk assessments are required to be reviewed on an annual basis, or following an accident or near miss, or after any significant changes, to ensure that standards are maintained and that new or additional hazards have not been introduced or become apparent since the previous assessment.

## 8.3 Maintenance of floors/walkways within leased buildings tenanted by the CCG

The safe maintenance of the floor/walkways is the responsibility of the Landlord for each property.

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.

All Teams should follow the fault reporting procedure to log any identified defects in the working environment, so repairs can be scheduled to be carried out.

## 8.4 Accident reporting

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.  If the seriousness of the injury requires further medical attention, the injured person will be referred to A&E, MIU or Occupational Health as required.

Staff must report any slips, trips or falls incidents or near misses which occur using the adverse incident report form and following the adverse incident policy as guidance.

Contractors are required to report any slips, trips or falls incident or near misses to the CCG Management Team who investigate and record the incidents following the CCG Adverse Incident Policy.

### 8.5 Process for raising awareness

Visitors, contractors or members of the public can notify any member of staff of any concerns/incidents. Staff will complete an adverse incident form and submit it to the relevant Line Management.

Slips, trips and falls incident reports will be reviewed as part of the overall review of adverse incident reports within the staff meeting. Any lessons learned from an incident report will be fed back to the staff member involved and Line Manager.

### 8.6 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.

The CCG shall provide the necessary preventive and protective measures to prevent falls of persons or materials from the workplace and will liaise with any other persons involved in the work activity.

## 9 IMPLEMENTATION

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

## 10 TRAINING AND AWARENESS

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.

Increasing knowledge and awareness through providing information and training plays an important part in reducing slips, trips and falls.

Awareness of the risks of slips, trips and falls will be covered on local induction programmes. Training will be provided in line with the CCG Statutory & Mandatory Training Policy and training needs analysis. It can be done face to face or on-line, via CBLS, and provides an understanding of Health and Safety in the work place.

## 11 MONITORING AND AUDIT

It is the responsibility of each team within the CCG to identify the risks involved within their area of work and develop local procedures/systems for monitoring ensuring the Senior Management Team is made aware of any adjustments to working practice.

## 12 POLICY REVIEW

The policy and procedure will be reviewed at least every four 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

**Health and Safety at Work etc Act 1974:** (HSWA) requires employers to ensure the health and safety of all employees and anyone who may be affected by their work (including patients, visitors, contractors, students, volunteers, and other members of the public); this includes taking steps to control risks from slips, trips and falls. Employees must not endanger themselves or others and must use any safety equipment provided. Manufacturers and suppliers have a duty to ensure that their products are safe; they must also provide adequate information about appropriate use.

**Management of Health and Safety at Work Regulations 1999:** include duties for employers to formally undertake suitable and sufficient risk assessments of anything that may cause harm or ill-health (including slips, trips and falls); and for effective risk control measures to be planned, organised, implemented, controlled, monitored and reviewed.

**Workplace (Health, Safety and Welfare) Regulations 1992:** require floor surfaces to be suitable, in good condition and free from obstructions. People must be able to move around safely.

**Work at Height Regulations 2005***:* apply to all work at height where there is a risk of a fall liable to cause personal injury.

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995:** require employers and others to report accidents and some diseases that arise out of or in connection with work. Some injuries resulting from slip, trip or fall incidents may be reportable to the Health & Safety Executive (HSE) under RIDDOR (contact the Health & Safety Advisor, refer to the RIDDOR guidance in the Ulysses help and advice section for further information).

**NHS Scarborough and Ryedale CCG Health and Safety Policy**

# 14  APPENDIX ONE – HSE SLIPS AND TRIPS HAZARD SPOTTING CHECKLIST

| Potential issue | Tick if 'yes' | Suggested action |
|---|---|---|
| **Outdoor areas** | | |
| Can anything be found on the paths, steps and fire escapes that could cause slips, eg build-up of leaves, wet grass, moss, mud etc? | | Set up a regular work schedule for clearing paths, tackle busy routes first. Consider cutting back plants and trees that overlap paths. |
| Are paths prone to ice build-up during winter months? | | Consider alternative, safer routes. Monitor weather conditions and put a winter procedure in place, eg gritting. |
| Are there any changes in level on the path that are not easy to see, eg small slopes? | | Highlight hazard – improve lighting, apply contrasting eye-catching colour to slope (eg non-slip paint, flush-fitting bolt-on material). |
| Are there holes, potholes, or uneven paving on footpaths? | | Barrier off area as a temporary solution, ensure barriers cannot be easily moved. Highlight hazard, eg improve lighting, use eye-catching colour on defective area as a temporary solution. Maintenance required – fill in holes, re-lay paving, replace broken paving stones. |
| Are fire escapes slippery when wet? | | Improve grip – consider applying slip-resistant coating/strips or bolt-on slip-resistant material (caution – do not create a trip hazard). |
| **Doorway** | | |
| Is the floor between the building threshold (entrance) and the entrance matting slippery when wet? | | Improve grip – consider extending mat or exterior paving, applying slip-resistant coating/strips or changing to more slip-resistant material. |
| **Entrances** | | |
| Is there water on the floor from rain etc? Is it making the floor slippery? | | Stop water entering building – construct canopies over entrances, improve external drainage, keep doors closed when you can. Prevent water spreading – fit large and absorbent entrance mats to dry shoes. Remove water quickly – review cleaning system, introduce dry mopping, consider introducing heaters/underfloor heating to speed up drying time. Improve grip – consider fitting slip-resistant flooring. |
| **Entrances (continued)** | | |
| Are there any trip hazards in the area, eg trailing cables, deliveries, mats with curled up edges, or other objects? | | Housekeeping needed – tidy away cables, provide safe delivery storage area, clear away boxes and equipment, fix down mat edges or replace if necessary. |

| Potential issue | Tick if 'yes' | Suggested action |
|---|---|---|
| **Corridors and offices** | | |
| Are there any subtle changes in floor level, eg slopes, small steps, abrupt changes from one flooring material to another? | | Highlight hazard – improve lighting, use eye-catching colour on slope/step, clearly highlight change from one flooring material to another. |
| Are the floors smooth in areas where contamination can be found on the floor (eg liquids, food and food wrappers, dusts, polythene, condensation etc?) | | Stop contamination from getting onto floor – provide bins for litter, fix leaks, fit lids on containers, close doors leading from working areas.<br>Prevent spreading – drip trays beneath plants/ machines/water coolers.<br>Remove contamination quickly – review cleaning system, spot clean spills, dry mop large wet areas, vacuum/brush up dry materials. |
| Are the tiles or flooring becoming unstuck or curling at the edges?<br>Are there holes? | | Maintenance required – fix down tiles and carpet edges, replace if necessary, fill in holes, replace cracked tiles. |
| Is the anti-slip floor coating or grip tape worn smooth or damaged? | | Maintenance required – replace damaged and worn coatings.<br>Consider changing flooring. |
| Are there any trip hazards around workstations or in corridors and walkways, eg trailing cables, boxes, deliveries, equipment or other objects? | | Housekeeping needed – keep walkways clear, tidy away or use cable covers, provide additional storage, clear away boxes and equipment. |
| Are light levels too low to see the floor surface clearly? | | Improve lighting – new bulbs, additional lights. |
| Is light reflecting on the smooth flooring creating glare? | | Improve lighting – re-angle lights, install blinds or anti-glare grills or glazing films.<br>Consider removing floor surface shine. |
| **Stairs and ramps** | | |
| Are step nosings (edge of step) hard to see, rounded, damaged or slippery? | | Check lighting is sufficient to see step edges clearly.<br>Highlight the very edge of the step with a nosing that has a high visibility, square edge and non-slip finish. For difficult to replace round-edged nosing, ensure non-slip edging wraps right around the edge of the nosing. |
| Are handrails available?<br>Are they easy to reach and useable? | | Provide a handrail on at least one side of the stairs; if flight of stairs is wider than 1 m, provide handrails on both sides and a third, middle handrail if 2 m or wider. Handrail heights should be between 900 mm and 1000 mm and be parallel to the pitch line (slope) of the flight of stairs. On landings where the handrail provides guarding the height should be 1100 mm.<br>Recommendations for handrail shape, diameter and distance from wall can be found in the Building Regulations and British Standards. |

| Potential issue | Tick if 'yes' | Suggested action |
|---|---|---|
| Is the height (rise) of the steps or depth of tread (going) inconsistent throughout the flight? | | Highlight the problem, eg with warning notice.<br>Correct the rise/going of the stairs so they are all of equal height. |
| Are the stair treads slippery? | | Thoroughly clean on a regular basis to remove contaminants.<br>Replace stair covering with one with better slip resistance. |
| Are any ramps or slopes in or around the workplace difficult to see? | | Highlight ramp with contrasting colour and check lighting levels.<br>Improve grip – consider fitting slip-resistant flooring.<br>As with flights of stairs, consider providing handrails. |
| **Work areas and work platforms (eg kitchens, warehouses, storerooms)** | | |
| As part of the work process, is contamination (fluids, solids, dust, debris etc) getting onto the floor?<br>Is the floor slippery?<br>People – spillages, overfilling containers, clearing waste off work surfaces onto the floor, discarding debris onto the floor.<br>Machines – leaks, overspray, spills, by-product.<br>Process – overspills, leaks, by-product. | | Stop contamination from getting onto floor – change system of work, improve work area layout, provide bins, dust extraction, lids on containers, reduce quantity of product in containers, fix leaking machinery.<br>Prevent contamination spreading – use drip trays, screens to stop splashes, good floor drainage, high-lipped sinks, bunding around machines.<br>Remove contamination quickly – spot clean spills, dry mop large wet areas, vacuum/brush up dry materials.<br>Improve grip – consider slip-resistant flooring; provide slip-resistant footwear. |
| Is condensation forming on the floor?<br>Is condensation forming on overhead pipework and dripping onto the floor.<br>Is the floor slippery? | | Improve ventilation – use extraction.<br>Insulate overhead pipework.<br>Improve grip – consider slip-resistant flooring; provide slip-resistant footwear. |
| Is poor drainage causing a pooling of fluids on the floor? | | Improve floor drainage. |
| Cold store – is there ice build-up on the floor?<br>Is the floor slippery? | | Remove ice.<br>Door maintenance – check door closes and seals properly – replace seals, fix door and frame.<br>Prevent humidity, eg fit automatic doors, curtains, humidity controls.<br>Consider supplying slip-resistant footwear. |
| Are designated walkways unusable or partially blocked? | | Create a clear and even walkway through the workplace.<br>Housekeeping needed – tidy away cables, provide additional storage, clear away clutter, boxes and equipment, safely store pallets. |

13

| Potential issue | Tick if 'yes' | Suggested action |
|---|---|---|
| Are walkways uneven, do they have holes or missing tiles? | | Barrier off area as a temporary solution, ensure barriers cannot be easily moved. Highlight hazard, eg improve lighting, use eye-catching colour on defective area as a temporary solution. Maintenance required – fill in holes, relay/replace defective flooring. |
| Are there any raised carpet edges or holes? | | Firmly stick down raised or loose edges. Maintenance required – replace all or damaged section of carpet. |
| Are the tiles or flooring becoming unstuck or curling at the edges? | | Firmly stick down loose tiles and raised edges. Maintenance required – replace all or damaged section of flooring. |
| Are there any trip hazards around workstations, eg trailing cables, boxes, deliveries or other objects? | | Encourage a 'see it, sort it' mentality among staff. Housekeeping needed – keep walkways clear, tidy away or use cable covers, provide additional storage, clear away boxes and equipment. |
| Are light levels too low to see clearly? Is light bouncing off the flooring creating glare? | | Improve lighting – new bulbs, re-angle, additional lights, install antiglare grills. Stop glare – consider removing floor surface shine. |
| **Toilets, bath and shower rooms** | | |
| Is water getting onto the floor? Is the floor slippery when wet? | | Stop water getting onto the floor – improve shower curtains/screens, position sufficient hand dryers close to sinks. Remove water quickly – regular monitoring, spot clean, dry mop wet areas. Improve floor drainage where possible. Improve grip – consider fitting slip-resistant flooring. |
| Are taps or pipes leaking? | | Prevent contamination spreading – provide drip trays as a temporary solution. Maintenance required – fix leaks and taps. |
| **Cleaning** | | |
| Are spillages left on the floor for some time before they are cleaned up? | | Encourage a 'see it, sort it' mentality among staff. Ensure spills cleaning equipment is readily available for use. Review/improve cleaning regime and timings of cleaning schedule. Consider introducing a roving cleaner. |
| Are small spills wet mopped? | | Spot clean small spills using absorbent cloth/paper towel. Provide training and then supervise. Ensure spills cleaning equipment is readily available for use. |

| Potential issue | Tick if 'yes' | Suggested action |
|---|---|---|
| Can people walk through areas during wet mopping or when floors are still wet? Is the floor smooth or slippery when wet? | | Keep people off smooth wet floors – Barrier off/close off areas, wet mop out of hours when no-one is around. Reduce drying time – dry mop the floors with a clean, proprietary dry mop. |
| Are warning signs left out long after the spill has gone and floor has dried? | | Remove cones and signs as soon as cleaning is completed and floor is dry. Provide training and then supervise. |
| Does the floor look dirty even though it has just been cleaned? | | Check manufacturers'/suppliers' cleaning instructions are being followed. Review floor cleaning method, alter to suit floor type. Provide training on new method and then supervise. |
| Are people slipping on the floor even though it has been cleaned and is dry? | | Thoroughly clean to remove build-up of polish, grease etc. Review and alter floor cleaning method. Provide training on new method and then supervise. |
| Can cleaning equipment leads be seen crossing or blocking walkways, creating a trip hazard? | | Coil up unused equipment cable. Change power source – provide additional power sockets; use socket nearest area being cleaned. Consider change to battery-powered equipment. Provide training on new method and then supervise. |
| Do bin bags/cleaning equipment in walkways create trip hazards? | | Provide training on awareness of trip hazards and how to avoid them and then supervise. |
| **Tasks** | | |
| Do tasks stop people seeing slip or trip hazards, eg carrying items that restrict view, upset people's balance, rushing? | | Review and improve manual handling and moving procedures. Review work activity. |

# Equality Impact Assessment Strategy Policies

| General Information | |
|---|---|
| **Policy:** | Slips, Trips and Falls Policy |
| **Date of Analysis:** | November 2017 |
| **Policy Lead:**<br>**(Name, job title and department)** | Corporate Services Manager |
| **What are the aims and intended effects of this policy?** | To recognise the CCG's responsibilities in relation to H&S legislation with regards to slips trips and falls |
| **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** | None |

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

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

# Equality Data

<table>
<tr><th rowspan="6">Age</th><td colspan="3">Data provided below is from Census 2011</td></tr>
<tr><td>Age Range</td><td>Number</td><td>%</td></tr>
<tr><td>0-14</td><td>17,672</td><td>14.9</td></tr>
<tr><td>15-44</td><td>39,530</td><td>33.2</td></tr>
<tr><td>45-64</td><td>15,427</td><td>13.0</td></tr>
<tr><td>65-74</td><td>9,083</td><td>7.6</td></tr>
<tr><td>85+</td><td>3,820</td><td>3.2</td></tr>
</table>

**Age** section:

| 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 |

Data provided below is from Census 2011

**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<br>Negative = -1<br>Neutral = 0<br>Positive = 1<br>Unknown = ?<br>Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated?<br>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?<br>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?<br>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?<br>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?<br>Will it pay for services based on health outcomes rather than activity for example through personal budgets?<br>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?<br>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?<br>Will it reduce repeat appointments?<br>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?<br>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?<br>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx | n/a | | |

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| | | | | |
|---|---|---|---|---|
| **Facilities Management** | Will it reduce the amount of waste produced or increase the amount of waste recycled?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx<br>Will it reduce water consumption?<br>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?<br>Will it improve green space and access to green space?<br>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)?<br>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?<br>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?<br>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?<br>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?<br>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?<br>Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?<br>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?<br>Will it promote or support equal employment opportunities?<br>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?<br>Will it offer employment opportunities to disadvantaged groups and pay above living wage?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx | n/a | | |

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| | | | | |
|---|---|---|---|---|
| **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 | **Slips, Trips and Falls Policy** |
|---|---|
| **Brief description** | To recognise the CCG's responsibilities in relation to H&S legislation with regards to slips trips and falls |

*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/***