

# Manual Handling 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	N/A	N/A	Not relevant
Bribery Checklist	No		N/A	Not relevant
Target Audience:	All CCG Staff			
Policy Reference No:	P416			
Version Number:	V2			
Publication/Distribution	Website	Email Staff	Others (i.e. SBC)	
	Yes	Yes	Yes	

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
V2	Corporate Services Manager	Review	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	February 18	February 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	January 18
	All Employees		Consultation		
	Public		Consultation		
	Yorkshire and Humber Social Partnership Forum		Consultation		

# Contents

1	INTRODUCTION .....	5
2	ENGAGEMENT .....	5
3	IMPACT ANALYSES .....	5
3.1	Equality .....	5
3.2	Sustainability.....	5
3.3	Bribery Act 2010 .....	5
4	SCOPE .....	6
5	POLICY PURPOSE AND AIMS.....	6
6	DEFINITIONS .....	6
7	ROLES, RESPONSIBILITES AND DUTIES .....	6
7.1	Chief Officer.....	7
7.2	Senior Management Team. ....	7
7.3	Managers.....	7
7.4	Occupational Health Department.....	7
7.5	All staff .....	8
8	IMPLEMENTATION .....	8
9	TRAINING AND AWARENESS .....	8
9.1	Mandatory Awareness Training .....	8
9.1.1	E-Learning.....	9
9.1.2	Practical Training.....	9
9.2	<i>Safe Systems of Work</i> .....	9
9.3	Accidents occurring during handling tasks.....	11
9.4	Health of Staff .....	11
9.5	Environment.....	11
9.6	Equipment.....	12
9.7	Uniform .....	12
9.8	Emergency action .....	12

10 MONITORING AND AUDIT ..... 13

11 POLICY REVIEW ..... 13

12 REFERENCES AND ASSOCIATED DOCUMENTATION ..... 13

13 APPENDICES ..... 13

15 APPENDIX ONE – EQUALITY IMPACT ASSESSMENT ..... 14

16 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT ..... 20

## 1 INTRODUCTION

NHS Scarborough & Ryedale Clinical Commissioning Group (SRCCG) accepts its responsibility under the Health & Safety at Work Act 1974 and the Manual Handling Operations Regulations 1992 (as amended) to ensure so far as is reasonably practicable the health, safety and welfare at work of all its employees.

The underlying message is that staff should be encouraged to take a **minimal lifting** approach and **avoid** lifting where possible.

SRCCG also recognises that postural stress is a key factor in the cause of back pain. Implicit in this document is the need for staff to be educated to recognise this and pay equal attention to their general work posture as well as their specific lifting techniques.

This policy is a positive approach for management, employees and their representatives in the prevention of occupational back pain and injury.

## 2 ENGAGEMENT

The following groups / individuals have been consulted in the production of this policy.

- SRCCG Senior Management Team

## 3 IMPACT ANALYSES

### 3.1 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.

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

### 3.2 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.

### 3.3 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.

## **4 SCOPE**

This policy applies to all employees of SRCCG in all locations including Governing Body members, temporary employees and contracted staff.

## **5 POLICY PURPOSE AND AIMS**

Statistics show that manual handling of hazardous loads is one of the most common causes of absence due to injury in the workplace. This policy outlines the measures that must be taken by both managers and employees to reduce the risk of injuries being incurred and sets out guidance for the moving and handling of loads.

The aim of the policy is to eliminate the need for employees to undertake any hazardous manual handling tasks “so far as is reasonably practicable”, in accordance with current legislation and to promote best practice with regard to manual handling tasks.

The CCG reminds all its employees of their duties under the Manual Handling Operations Regulations 1992 to make full and proper use of service aids provided and will take all reasonable steps to ensure that this Manual Handling Policy is communicated and available to all appropriate persons who have cause to work within the organisation.

General Manual Handling Risk Assessments should be recorded using the standard the CCG’s Risk Assessment Form (attached as Appendix 1).

Specialist risk assessments for specific individuals or for complicated lifting equipment may be carried out by the Occupational Health provider on their own paperwork.

## **6 DEFINITIONS**

Manual Handling is defined as “any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force”. Regulation 2(1) Manual Handling Operations Regulations 1992 (as amended) 2002.

## **7 ROLES, RESPONSIBILITIES AND DUTIES**

The CCG recognises and accepts its statutory responsibilities as an employer to avoid hazardous manual handling so far as is reasonably practicable.

Where hazardous handling tasks cannot be avoided a suitable and sufficient risk assessment should be made taking into account:

- The nature of the task
- The nature of the load
- The capabilities of the individuals involved in the task
- The working environment

- Provision, maintenance and suitability of equipment

The risk assessment should be used to implement measures that eliminate or, where this is not possible, to reduce the risk of injury to the lowest level reasonably practicable.

Any assessment should be completed using a CCG template and reviewed annually or sooner if changes in the task, load, working environment or individual capability occur.

All individuals who may be at risk, including non-employees must be informed of the risks associated with hazardous manual handling tasks so far as is reasonably practicable.

Employees who do not carry out safe manual handling techniques, as identified within the CCG's training programmes, but carry out unsafe techniques which increases the risk of injury to themselves and others, may be subject to disciplinary action in line with the CCG's Disciplinary Policy

### **7.1 Chief Officer**

The Chief Officer has overall responsibility for the production and implementation of the policy, for the safe manual handling of loads and the promotion of manual handling awareness within the CCG. The distribution and monitoring of the policy are particular responsibilities of the Chief Officer.

### **7.2 Senior Management Team.**

The Senior Management Team (SMT) is wholly responsible for the implementation of the CCG policy within their sphere of responsibility and should tailor the policy to produce a local service covering areas specific to the division. These managers are also responsible for monitoring the effectiveness of the policy.

### **7.3 Managers**

CCG Managers must support the SMT in their duty to ensure compliance with the policy. A manual handling checklist for these managers is shown in Appendix C.

Advice on answering questions raised should be sought from occupational health. The manager should ensure that all manual handling tasks where there is a risk of injury are assessed using a suitable and sufficient assessment tool. See Appendix D.

### **7.4 Occupational Health Department**

An assessment of an employee's fitness to perform appropriate manual handling tasks will form part of the pre-employment health screening procedure in the Occupational Health Department.

The Occupational Health Department is available to advise individual members of staff and managers on episodes of sickness, absence and accidents arising from manual handling, and to consider prevention strategies to identify size, severity, location patterns and possible causes of injury and disease.

Individuals will be referred to the Occupational Health Department for assessment as follows:

All cases of back and neck injuries

Employees who return to work after long term sickness (over 28 days) absence or whose condition may have implications for any manual handling required in their duties. This will be in accordance with the maximum attendance policy.

Other employee's considered 'at risk' because of their physical condition e.g. previous back complaint

Employees see following referral for occupational back injury/pain will be assessed for the following:

- Referral to appropriate medical advisor
- Fitness to return to work
- Rehabilitation
- Redeployment
- Retraining
- Retirement

## **7.5 All staff**

'it is the duty of the employee while at work to take reasonable care for the Health & Safety of him/herself and of other persons who may be affected by his/her acts or omissions' (Section 7 , Health & Safety at Work Act 1974)

Every employee has a responsibility to ensure that any problem that involves lifting and handling of patients or loads will not present a risk to the health and safety of themselves or others.

## **8 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.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure

## **9 TRAINING AND AWARENESS**

For the purposes of training staff will be split into 2 groups, patient handlers and non-patient handlers.

Patient handlers may be defined as staff whose role requires them to manually handle dependent patients on a regular basis (e.g. registered nurses etc.)

Conversely, non-patient handlers may be defined as staff who do not manually handle dependent patients on a regular basis (e.g. admin staff)

### **9.1 Mandatory Awareness Training**

Manual handling training is mandatory for all staff.

It is the manager's responsibility to ensure that new starters are trained in the use of all equipment and / or techniques specific to the department before they use them and that a record of this instruction is kept in their personal file.

Managers must also ensure that all new staff complete the Manual Handling e-learning session via CBLS as soon as is reasonably practicable after being appointed.

Managers initiating training must ensure staff are given the opportunity to carry out this training.

### 9.1.1 E-Learning

Patient handlers may complete the theory part of their mandatory training using the e-learning system.

Non-patient handlers may use e-learning to complete their mandatory training.

### 9.1.2 Practical Training

Practical training (where applicable) should be provided through face to face training sessions, where possible this will be specific to the individual workplace.

## 9.2 Safe Systems of Work

Note – steps c and d are relevant for patient handling only

- a) Wherever reasonably practicable unnecessary manual handling tasks should be avoided.
- b) A risk assessment of all manual handling tasks where there is a risk of injury must be carried out following Health & Safety guidelines under the direction of the departmental / ward management using an ergonomic approach (Appendix E). The following areas should be included:
  - Task
  - Individual capacity
  - Load
  - Working Environment
- c) Individual patients will be assessed for their handling needs, as soon as is reasonably practicable.
- d) Following the patient assessment a manual handling plan will be drawn up in order to reduce any risk that is reasonably practicable. In addition a hazard code will be visually displayed using a traffic light system.

RED	Danger	Do not move manually
AMBER	Caution	Consult the individual care plan or documented procedure
GREEN	Safe	Ensuring that principles for safe manual handling are followed

- e) All assessments will be regularly reviewed (not less than once a year)
- f) Patients will be encouraged to assist in their own transfers. Handling aids must be used to reduce risk unless a clinical assessment indicates that this will be detrimental to the rehabilitation of the patient

- g) Records of all assessments and risk reduction steps are kept by managers, except those for individual patients/clients where the assessment will form part of the total nursing records and should be made available to all members of the multi disciplinary team ensuring that the document accompanies the patient.
- h) No member of staff should attempt any handling task or use equipment without appropriate training
- i) No member of staff should be asked to, or attempt to handle/lift any load or patient that is beyond his/her safe handling/lifting limit

Handling aids must be used where an assessment indicates this will reduce risk.

All staff must follow any approved safe system of work in their working area.

Staffing levels should be adequate to support any safe system of work, as identified in the assessment.

Patients should not be lifted from the floor, or in and out of a bath, without appropriate equipment, unless in an emergency situation.

Where appropriate, handling assessments are considered part of a discharge plan to continue safe systems of work.

Where CCG staff are working with staff / carers from other organisations they have a responsibility to provide training where they have prescribed a manual handling intervention and are expecting those carers to carry out that intervention.

### 9.3 Accidents occurring during handling tasks

Staff must complete an accident/incident form where back pain or injury occurs because of a lifting and handling task (this includes gradual onset of back pain where the job might be implicated). The record must be retained in the employee's personal file, with a copy for the occupational health department.

Any member of staff injured during a handling task should report as soon as possible to Occupational Health for appropriate advice. If Occupational Health is closed then they should seek advice either from their own GP or A&E.

Any accident or near miss, resulting from a handling task should be reported to the appropriate manager.

Management will fully investigate any reported accident and take appropriate action to reduce any further risk of injury.

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)** require that all back injuries which incapacitate an employee from normal work for longer than three consecutive days (including non-working days) are reported to the Health & Safety Executive within ten days.

### 9.4 Health of Staff

Departmental managers in conjunction with the Occupational Health Department will maintain a method of monitoring sickness absence in relation to handling accidents.

Any member of staff who considers that they have a medical condition that prevents him/her performing handling tasks safely, should refer to his/her manager and be referred to Occupational Health for advice.

Those manual handling tasks deemed a risk following assessment should be avoided where reasonably practicable, during pregnancy and in the six months following delivery. The manager on notification of an employees' pregnancy will carry out a risk assessment, this will be repeated throughout the pregnancy as necessary. A further risk assessment will be carried out prior to the employees return to work following delivery.

### 9.5 Environment

Employees must report any Health & Safety hazard in the environment to their immediate manager. Areas of concern would be if:

- There is not enough room, in particular vertically, to carry out the activity
- The floor is uneven, thus presenting tripping hazards, or is slippery in relation to the worker's footwear
- The place of work or the working environment prevents the handling of loads at a safe height or with good posture by the worker
- There are variations in the level of the floor or the working surface requiring the load to be manipulated on different levels
- The floor or footrest is unstable
- The temperature, humidity or ventilation is unsuitable
- Equipment is broken

## 9.6 Equipment

Staff will receive training in the use of equipment provided, and must not attempt its use without such training via a competent person.

An inventory of all handling equipment, including slings, shall be maintained. This requires each item to be permanently marked with unique identification.

Handling equipment will be provided according to the assessment of need, and will be used until re-assessment shows a need for a change in the operation or handling system. Employee refusal or failure to use equipment needed and provided may result in disciplinary action.

All equipment will be maintained and thoroughly examined in accordance with the Provision and Use of Work Equipment Regulations 1998 and Lifting Operations & Lifting Equipment Regulations 1998. Managers of each area will ensure equipment is kept in a safe working condition in accordance with the normal maintenance policy. For lifting equipment, thorough inspection is required every 12 months, or where it could deteriorate due to conditions e.g. dampness, every 6 months.

Any defect should be reported to the relevant department immediately and the equipment withdrawn from use if it affects the safety of personnel, patients or clients.

Control of infection – each area using manual handling equipment is responsible for the laundering of equipment e.g. hoist slings, slide sheets etc. Where appropriate patient specific handling equipment should be used.

## 9.7 Uniform

Staff should not attempt to handle loads in clothing or wear jewellery that restricts freedom of movement, or footwear that causes instability.

## 9.8 Emergency action

This policy does not include well intentioned improvisation by staff in an emergency.

Emergency or life threatening situations may occur at any time and may not be foreseen. Wherever possible equipment should be used to minimise the risk of injury. However, if there is not sufficient time to get the equipment, a manual manoeuvre may be necessary.

Techniques for moving patients in non emergency situations should be set out as specific systems of work for individual work areas. These systems should include:

- The fallen patient
- Fractures
- Cardiac/Respiratory arrest
- The aggressive patient

## **10 MONITORING AND AUDIT**

Managers will be responsible for maintaining training records for their department. Details of all e-learning training will also be maintained on a central database by the North Yorkshire & Humber Commissioning Support Unit.

The training will be subject to review and amendment as required by developments in safe handling practice.

## **11 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.

## **12 REFERENCES AND ASSOCIATED DOCUMENTATION**

The Health & Safety at Work etc. Act 1974, Her Majesty's Stationery Office, London 1974

The Manual Handling Operations Regulations 1992 (as amended), Her Majesty's Stationery Office, London 1992

The Reporting of Injuries, Diseases and Dangerous Occurrences 1995, Her Majesty's Stationery Office, London, 1995

The Provision and Use of Work Equipment Regulations 1998, Her Majesty's Stationery Office, London, 1998

The Lifting Operations and Lifting Equipment Regulations 1998, Her Majesty's Stationery Office, London, 1998

## **13 APPENDICES**

- Appendix A Equality Impact Assessment
- Appendix B Sustainability Impact Assessment
- Appendix C Checklist for Managers
- Appendix D Manual Handling of Loads Risk Assessment

# Equality Impact Assessment Strategy Policies

<b>General Information</b>		
<b>Policy:</b>	Manual Handling Policy	
<b>Date of Analysis:</b>	January 17 (review)	
<b>Policy Lead: (Name, job title and department)</b>	Corporate Services Manager	
<b>What are the aims and intended effects of this policy?</b>	NHS Scarborough & Ryedale Clinical Commissioning Group (SRCCG) accepts its responsibility under the Health & Safety at Work Act 1974 and the Manual Handling Operations Regulations 1992 (as amended) to ensure so far as is reasonably practicable the health, safety and welfare at work of all its employees	
<b>Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?</b>	No	
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	Health and Safety Policy	
<b>Who is likely to be affected by this policy?</b>	General Public	
	Service Users	
	Staff	X
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	SRCCG Senior Management Team	
<b>Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives.</b>  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	N/A	

# Equality Data

Data provided below is from Census 2011

## Age

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

### 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

## Disability

## 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.

<b>Gender Reassignment</b>	<p>There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - <a href="http://www.gires.org.uk">www.gires.org.uk</a>) 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.</p>																																
<b>Religion / Belief</b>	<p><u>2011 - Census Data</u></p> <table border="1" data-bbox="432 517 1278 920"> <thead> <tr> <th></th> <th colspan="2">%</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td colspan="2">67</td> </tr> <tr> <td>Buddhist</td> <td colspan="2">0.3</td> </tr> <tr> <td>Hindu</td> <td colspan="2">H0.1</td> </tr> <tr> <td>Jewish</td> <td colspan="2">0.1</td> </tr> <tr> <td>Muslim</td> <td colspan="2">0.5</td> </tr> <tr> <td>Sikh</td> <td colspan="2">0.1</td> </tr> <tr> <td>Other Religion</td> <td colspan="2">0.4</td> </tr> <tr> <td>No Religion</td> <td colspan="2">24.3</td> </tr> <tr> <td>Religion not stated</td> <td colspan="2">7.4</td> </tr> </tbody> </table>				%		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	
	%																																
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																																
<b>Pregnancy and Maternity</b>	<table border="1" data-bbox="432 954 1278 1111"> <thead> <tr> <th></th> <th>Live Births (ONS 2016)</th> <th>Still Births (ONS 2016)</th> </tr> </thead> <tbody> <tr> <td>Scarborough</td> <td>1,034</td> <td>4</td> </tr> <tr> <td>Ryedale</td> <td>439</td> <td>2</td> </tr> </tbody> </table>				Live Births (ONS 2016)	Still Births (ONS 2016)	Scarborough	1,034	4	Ryedale	439	2																					
	Live Births (ONS 2016)	Still Births (ONS 2016)																															
Scarborough	1,034	4																															
Ryedale	439	2																															
<b>Marriage and civil partnership</b>	<p><u>Data provided below is from Census 2011</u></p> <table border="1" data-bbox="432 1196 1278 1599"> <thead> <tr> <th></th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>32,890</td> <td>28.2</td> </tr> <tr> <td>Married</td> <td>57,934</td> <td>49.7</td> </tr> <tr> <td>In registered same sex civil partnership</td> <td>259</td> <td>0.2</td> </tr> <tr> <td>Separated (incl civil partnership)</td> <td>2,866</td> <td>2.5</td> </tr> <tr> <td>Divorced (incl civil partnership)</td> <td>12,043</td> <td>10.3</td> </tr> <tr> <td>Widowed</td> <td>10,486</td> <td>9</td> </tr> </tbody> </table> <p>This protected characteristic generally only applies in the workplace.</p>				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	10.3	Widowed	10,486	9									
	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	10.3																															
Widowed	10,486	9																															

# 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 <i>Genuine Determining Reason</i> <sup>1</sup> 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?

---

1. <sup>1</sup> 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:** January 2018

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

<b>Adaptation to Climate Change</b>	<p>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)?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx">http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx</a></p>	n/a		
<b>Procurement</b>	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the <a href="#">Public Services (Social Value) Act 2012</a>?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a <a href="#">circular economy</a>?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p> <p>Will it <a href="#">promote ethical purchasing of goods or services</a> e.g. increasing transparency of modern slavery in the supply chain globally?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx">http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx</a></p>	n/a		
<b>Workforce</b>	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups and pay above living wage?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx">http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx</a></p>	n/a		
<b>Community Engagement</b>	<p>Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?</p> <p>Will it <a href="#">reduce inequalities in health</a> and access to services?</p> <p>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p> <p>Will it increase peer-support mechanisms?</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx">http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx</a></p>	n/a		
<b>Estimated carbon benefit</b>	<p>What is the estimated carbon benefit (in terms of tCO<sub>2</sub>e) 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:</p> <p>More info: <a href="http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx">http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx</a></p>	n/a		



**Scarborough and Ryedale**  
Clinical Commissioning Group