

## Health, Safety and Wellbeing Strategy

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## 1. Introduction

- 1.1 The overarching aim of South Tees CCG is to work towards ‘improving health together’ – this aim relates not only to the population we serve but also to the staff we employ. This Strategy reflects the Governing Body’s commitment to improving health, safety and wellbeing for the benefit of employees, students, contractors, visitors and members of the general public.
- 1.2 We will, so far as is reasonably practicable, establish procedures and systems necessary to implement this strategy and to ensure compliance with legal and statutory obligations under the Health and Safety at Work Act and the requirements of HSG65 – ‘Successful Health and Safety Management Standard’.
- 1.3 The wellbeing of staff is influenced by the environment in which they work and the health and welfare facilities available to them. The CCG will take a structured approach to ensuring that we provide our staff with an environment conducive to good health and provide the opportunity to improve their own health and wellbeing.
- 1.4 The adoption and embedding within the organisation of the strategy and associated processes will also ensure that the reputation of the CCG as an employer is maintained, which can positively influence its business success..
- 1.5 It is acknowledged that not all health and safety risks can be eliminated. Ultimately it is for the organisation to decide which risks it is prepared to accept based on the knowledge that an effective risk assessment has been carried out and the risk has been reduced to an acceptable level as a consequence of effective controls.

## 2. Context of the Health, Safety and Wellbeing Strategy

### 2.1 National context

- 2.1.1 **Health and Safety Legislation** – The Health & Safety at Work etc Act 1974 supported by subordinate legislation (outlined at section 7) sets out the legal health and safety responsibilities. The CCG is responsible for ensuring that staff and others who are affected by our activities are free from risk so far as is reasonably practicable. Effective health and safety is built upon the concept of practical and sensible health and safety practice.

The Health and Safety Executive HSG(65) '*Successful health and safety management standard*' outlines the key elements of successful health and safety management:

- Effective health, safety and wellbeing policies setting a clear direction;
- An effective management structure and arrangements to deliver the policy;
- A planned and systematic approach to implementing the policy through an effective management system;
- Performance is managed against agreed standards to reveal when and where improvement is needed, and
- Learning from all relevant experiences and applying lessons learned.

2.1.2 **Wellbeing** The NHS Constitution places wellbeing at the heart of its staff pledges requiring NHS employers to 'provide support and opportunities to all staff to maintain their health and wellbeing'.

2.1.3 A review of NHS health and wellbeing was undertaken in 2009 (Dr Steve Boorman) which gathered a wealth of evidence on the state of staff health and wellbeing in the NHS. The key issues identified by Boorman for employers to address were: staff absence due to musculoskeletal and mental health issues; review of occupational health provision and associated staffing provision to ensure that occupational health teams are able to focus on preventative activity to support staff in healthy life choices as well as providing a gateway to early treatment of health problems.

2.1.4 The 2012 Circular '*Health Promoting Health Service: Action in Hospital Settings*' (CEL01/2012) was a policy driver reinforcing the need to promote actions to improve health. Although this Circular was aimed at hospital setting contacts with patients, it can also provide an impetus for the CCG to apply the general principles to staff. It recommends that specific promotion of healthy living actions are carried out, covering: smoking, alcohol, breastfeeding, food and health and health at work. The promotion of these areas amongst staff also helps the CCG to tackle health inequalities that may exist within its staff base. Health inequalities can manifest themselves through long term chronic conditions such as heart and respiratory diseases, diabetes, cancers and depression. These share some similar preventable causes that are linked to lifestyle behaviours and choices such as: smoking, unhealthy nutrition, physical inactivity, alcohol consumption and stress.

2.1.5 In May 2018, NHS Employers released an NHS Health & Wellbeing Framework to help NHS organisations plan and implement their own approach for improving staff health and wellbeing. The framework is designed to be used in a flexible way to meet the needs of individual organisations. Much of the content of the Framework is in line with the North East Better Health at Work programme being followed by the CCG.

### **3. General Approach to Health, Safety and Wellbeing: Principles, Aims and Objectives**

#### **3.1 Principles**

- 3.1.1 The CCG's approach to the way in which health and safety is managed is to have robust processes in place for health and safety. These will provide a tool for the systematic and effective management of health and safety and inform and guide managers and staff as to the way in which all health and safety matters are to be managed.
- 3.1.2 To ensure adherence with this strategy policies and procedures are in place to ensure compliance with all Health and Safety Regulations and there are close links between South Tees CCG and the Commissioning Support Unit's Health and Safety team who currently provide the Health and Safety function for the CCG.
- 3.1.3 Since its inception, the CCG has established a good track record on staff health, safety and wellbeing. It is important, however, that we build upon that success and continue to work with our staff, health and safety professionals, HR staff and others to embed a culture where we work collaboratively to improve staff health, safety and wellbeing and ensure we have clear targets for further improvement.

The CCG is committed to promoting health and wellbeing to staff through the provision of a good working environment. In addition, this will be developed further by taking part in, for example, the North East Better Health at Work assessment process.

#### **3.2 Aims**

- a. Developing the culture, values and behaviours that reflect the type of organisation that we all want to work in – an open, fair and just culture, focused on learning not blame and with clear underpinning values and behaviour;
- b. Improving staff health, safety and wellbeing in order to reduce work-related ill health and injuries;
- c. Improving our systems, arrangements and approach to good health and safety management in line with statutory requirements and good practice;
- d. Improving how we successfully engage with staff on health, safety and wellbeing.

Appendix 1 provides further information on how we will achieve these aims.

#### **3.3 Objectives**

Objective 1 – work with staff, the Health & Safety team and NHS Property Services to provide a continuously improving and safe working environment.

Objective 2 – we will provide strategic leadership for health, safety and wellbeing to ensure that this is fully integrated into daily activity.

Objective 3 – to review our policies and processes to support the delivery of the CCG's duties. These reviews will be informed by legislation and learning from incidents, accidents, audits and spot checks.

Objective 4 – we will work with staff to encourage the improvement of physical and mental wellbeing.

## **4. Responsibility for Implementation of the Health and Safety Strategy**

The Governing Body, senior managers and line managers all have a responsibility for the health, safety and wellbeing of employees whilst at work.

4.1 The Governing Body has overall responsibility for health and safety management. It has a duty to assure itself that the organisation has properly identified the requirements for health and safety and that it has processes and controls in place to mitigate any health and safety risks and the impact they have on the organisation and its stakeholders.

This duty is discharged as follows:

- Ensuring there is a robust structure in place in for the effective management of health and safety throughout the CCG.
- Approves and reviews the Health and Safety Strategy.
- Receives regular reports from the Governance and Risk Committee which identifies significant risks and mitigating actions following review of the annual work plan and other documentation
- Demonstrates leadership, active involvement and support in health and safety management.

### **4.2 Governance and Risk Committee**

The Governing Body has delegated responsibility to the Governance and Risk Committee to keep the health and safety, fire and security matters under regular review. Members of the Governance and Risk Committee will ensure that all health and safety issues are coordinated, managed, monitored and reviewed to ensure compliance with all relevant legislation.

## 4.3 Management Structure

All staff have the primary responsibility for their own health, safety and wellbeing. As an employer, however, the CCG has a clear obligation to ensure that there are arrangements in place to promote high levels of health, safety and wellbeing in the workplace. Key members of the management team have responsibility for the effective implementation of this Strategy and the systems that support it as follows:

### 4.3.1 Chief Officer

The Chief Officer, as Accountable Officer, has the overall responsibility for;

- ensuring the implementation of an effective Health Safety and Wellbeing Strategy, supporting the work undertaken under the health and safety agenda as set out in the Health, Safety and Wellbeing Strategy
- Continually promoting health and safety, demonstrating leadership, commitment and support.
- Ensuring an appropriate committee structure is in place
- Planning for adequate staffing, finances and other resources, to ensure the effective management of health and safety within the CCG.
- Meeting all the statutory requirements and ensuring positive performance towards the achievement of South Tees CCG health and safety objectives
- Ensuring all senior leads are appointed with managerial responsibility for health and safety
- Overall accountability for procedural documents across the organisation lies with the Chief Officer who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

### 4.3.2 Chief Finance Officer

The Chief Finance Officer is the delegated Governing Body lead (during periods of absence, these responsibilities will transfer to the Director of Strategic Planning and Performance). They will provide strategic leadership for all health and safety matters and will provide senior level support and guidance and will ensure that health and safety report, adequately reflecting the health and safety management issues within South Tees CCG is prepared for the Governance and Risk Committee including:

- notifying the organisation of any health and safety risks
- ensuring that appropriate risk registers are maintained and actively managed and include health, safety and security risks as appropriate
- ensuring that the organisation and staff comply with all organisational policies and procedures
- leading the management of health and safety by following the health and safety strategy and associated action plans
- ensuring all staff fulfil their responsibility regarding health and safety as set out within the relevant regulations and approved codes of practices
- ensuring that all activities undertaken are consistent with the safe operation of South Tees CCG
- Ensuring that all liability is covered by adequate insurance through South Tees CCG insurance arrangements.
- Ensuring sufficient resources are made available to enable South Tees CCG to fulfil their legal and statutory obligations in relation to health and safety.

### 4.3.3 CCG Head of Governance

The Head of Governance reports to the Chief Finance Officer and will take the role as organisational lead for health and safety and is responsible for:

- ensuring audits are undertaken relating to health and safety to provide assurance regarding compliance with health and safety legislation
- ensuring health and safety systems are in place and regularly reviewed in order to meet the requirements of the Strategy and audit results.
- ensuring the Health and Safety Work Plan is reviewed, updated and reported to the Governance and Risk Committee.
- scrutinising the controls and assurances in place
- coordinating and collation of regular reports regarding health and safety.
- scheduling health and safety matters on the Governing Body or Governance and Risk Committee agendas as appropriate.
- overseeing the management of health and safety as identified by the Governance and Risk Committee, ensuring action plans are put in place, regularly monitored and implemented
- involvement in the project group co-ordinating the health and wellbeing activities in the CCG.



#### 4.3.4 **CSU Governance Manager**

Overall responsibility for the Health and Safety Strategy lies with the North of England Commissioning Support Unit Health and Safety Lead who has delegated responsibility for managing the development and implementation of Health and Safety procedural documents.

#### 4.3.5 **All line managers**

All line managers have a responsibility to incorporate health and safety management within all aspects of their work and are responsible for ensuring the implementation of this Strategy by:

- demonstrating personal involvement and support for the promotion of health and safety
- ensuring staff under their management are aware of their responsibilities in relation to this strategy
- where appropriate, setting personal objectives for health and safety and monitoring their achievement;
- ensuring that Job Descriptions reflect employees' responsibilities relating to health and safety;
- ensuring risks relating to health and safety are identified, managed and mitigating actions are implemented in functions for which they are accountable.

#### 4.3.6 **All Staff**

All staff working within NHS South Tees CCG, including temporary/agency staff, have a responsibility to:

- be aware of their responsibilities around health and safety in line with this Strategy;
- have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCG's business and to comply with appropriate policies, procedures and guidelines;
- identify and report health and safety risks to their line manager in line with this Strategy;
- ensure incidents, are reported using the appropriate procedures and systems
- undertake statutory, mandatory and other appropriate training as determined by the CCG and their line manager.

#### 4.3.7 **Contractors, Commissioning Support Unit and Agency Staff**

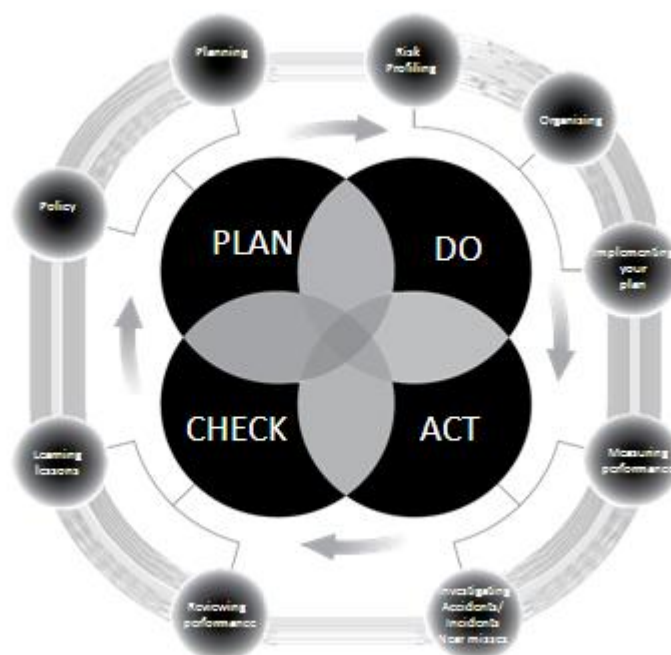
Managers must ensure that where they are employing or contracting staff those staff are aware of, and adhere to, all relevant policies, procedures and guidance of NHS South Tees CCG.

#### 4.3.8 CSU Staff

Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

### 5. Approach to Health and Safety Management

- 5.1 The CCG will follow the approved HSE guidance for management of Health and Safety known as HSG65 (Health Service Guidance).
- 5.2 HSG65 provides guidance for management, health and safety professionals and employee representatives to improve health and safety in their workplaces as it focuses on effective health and safety policies, organising for health and safety, planning and implementation, measuring performance and auditing and reviewing performance.
- 5.3 The diagram below describes the essential requirements of successful health and safety management (HSG65)



#### 5.4 Plan

- 5.4.1 The CCG will ensure that Health and Safety Policies, HR Policies and Standard Operating Procedures are in place to support the delivery of the Strategy. These will ensure there is clarity on the aims, objectives, general approach and arrangements for managing health and safety ensuring the CCG operates in a safe manner whilst discharging its day to day duties.

- 5.4.2 Annual action plans will be developed to ensure a systematic approach is taken to implement the strategy and health and safety duties required by NHS South Tees CCG. These will also respond to the annual health and safety audits.

A programme of wellbeing events/promotion activities will be in place for staff.

## 5.5 Do

- 5.5.1 The CCG will maintain an effective management structure and arrangements for executing its health and safety obligations across the organisation as well as its commitment to the wellbeing of staff. The policies and procedures will empower and encourage staff to work safely within their place of work without apportioning blame.

In order to do this effectively and in a sustainable way, the 'four C' system will be adopted:

**Control** – systems and methods in place across the organisation in relation to governance structure, including Committee reporting.

**Co-operation** - between individuals through staff meetings and health and safety spot checks. Close working and co-operation between the CCG and the CSU health and safety team.

**Communication** – Ensuring there is clear two way communication throughout the organisation and with the Commissioning Support Unit. Team meetings will be used to ensure effective communication on all aspects of health, safety and wellbeing and to ensure learning is shared. There are also clear reporting lines for the identification of risks at the earliest opportunity.

**Competence** – All staff are required to undertake statutory and mandatory training at regular intervals. A system of spot checks will ensure that the CCG is operating at high levels of good practise at an operational level in line with all the appropriate controls. Annual Health & Safety Audits will also be carried out and action plans implemented to address any areas requiring improvement.

## 5.6 Check and Act

- 5.6.1 Objectives and key performance indicators will be set and used for measuring achievement across the organisation in relation to health and safety and will be given the same attention as other organisational standards with an emphasis on senior management responsibility. This work will be monitored by the Governance and Risk Committee.
- 5.6.2 Active monitoring will take place through Health and Safety Audits, workplace inspections, training compliance, health and safety spot checks in order to understand the effectiveness of controls and highlight and monitor areas requiring further improvement.

Key performance indicators will be developed to ensure that a baseline measure is in place and actions are in place to ensure continued development. This will be monitored by the Governance and Risk Committee. Evidence of performance against the health, safety and wellbeing indicators will come from a number of evidence sources including:

- Health and Safety Enforcement Notices
- Health and Safety offences
- RIDDOR reporting
- Incident data
- Accident data
- Health and safety audits
- Claims
- Complaints
- Staff survey
- Health and safety spot checks
- Corrective measures and action plans will be implemented to address issues arising from this monitoring.

## **6. Health and Safety Incident Reporting**

- 6.1 The CCG promotes a culture of openness and learning where staff are encouraged to be open about raising problems. As part of this approach, staff comply with Incident Reporting Policies that ensure that all incidents are reported and the lessons learned are appropriately shared across the organisation and, where appropriate, more widely within the NHS locally and nationally.
- 6.2 Incidents will be recorded & analysed using the SIRMS (Safeguarding Incident Reporting Management System) and the impact of an incident will be graded according to the matrix together with the likelihood of occurrence or recurrence.

## **7. Legal Requirements**

- 7.1 To ensure NHS South Tees CCG provides a safe and secure environment for patients, public, staff and contractors the following regulations underpin the approach to safety management:
- The Health and Safety at Work Act 1974
  - The Management of Health and Safety at Work Regulations 1999
  - Workplace (Health, Safety and Welfare) Regulations 1992
  - Health and Safety (Display Screen Equipment) Regulations 1992
  - Health and Safety (Consultations with Employees) Regulations 1996
  - Manual Handling Operations Regulations 1992
  - Health and Safety (Safety signs and signals) regulations 1996
  - Control of substances Hazardous to Health (COSHH) Regulations 2002
  - Electricity at Work Regulations 1989
  - Noise at Work Regulations 1989

- Personal Protective Equipment at work Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Reporting of Injuries and Dangerous Occurrences Regulations 1995
- Regulatory Reform Order (Fire Safety) 2005
- HSG65 – Successful Health and Safety Management Standard

## **8. NHS South Tees CCG equality statement**

8.1 NHS South Tees CCG is committed to promoting human rights and providing equality of opportunity; not only in our employment practices, but also in the way we commission or provide services. The organisation also values and respects the diversity of our employees and the communities we serve. In applying this strategy, the organisation will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

8.2 This Strategy aims to be accessible to everyone regardless of age, disability (physical, mental or learning), gender (including transgender), race, sexual orientation, religion/belief or any other factor which may result in unfair treatment or inequalities in health or employment.

8.3 Throughout the development of this Strategy, NHS South Tees CCG has sought to promote equality, human rights and tackling health inequalities by considering the impacts and implications when writing and reviewing the Strategy. The impact of this strategy is subject to an on-going process of review through the Equality Impact Assessment.

## **9. Equality Impact Assessment**

9.1 In accordance with our equality duties an Equality Impact Assessment has been carried out on this strategy. There is no evidence to suggest that the strategy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights. (Please see appendix 2)

All employees should be treated fairly and with respect.

## **10. Implementation**

10.1 The Strategy will be circulated to all individuals identified with specific responsibilities and will be communicated to all staff by the most appropriate means. All line managers are required to share the contents of this Strategy with their staff.

- 10.2 For health and safety management to be effective within the organisation, this strategy will become a living document and a natural “part of everyday working practice”

## 11. Training Implications

- 11.1 The sponsoring director will ensure that the necessary training or education needs and methods required to implement the Strategy are identified and resourced or built into the delivery planning process.
- 11.2 Training and education are key to the successful implementation of this Strategy and embedding a culture of a safe working environment in the organisation. Staff will have the opportunity to develop more detailed knowledge and appreciation of the role of Health and Safety through:
- Policy/strategy manuals
  - Induction
  - Line manager
  - Specific training courses

## 12. Monitoring, Review and Archiving

### 12.1 Monitoring

The Governing Body will agree with the Head of Governance a method for monitoring the dissemination and implementation of this strategy. Monitoring information will be recorded in the strategy and policy database.

### 12.2 Review

12.2.1 The Governing Body will ensure that this strategy document is reviewed in accordance with the timescale specified at the time of approval.

12.2.2 Staff who become aware of any change which may affect a strategy should advise their line manager as soon as possible. The governing body will then consider the need to review the strategy, policy or procedure outside of the agreed timescale for revision.

12.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the ‘document history’ table on the front page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the strategy / policy must always follow the original approval process.

### 12.3 **Archiving**

The Governing Body will ensure that archived copies of superseded strategy / policy documents are retained in accordance with Records Management Code of Practice for Health and Social Care 2016.

### Implementing the Aims and Objectives

A more detailed implementation plan will be developed for each year of the strategy.

AIM	OBJECTIVE	ACTIONS
<p>Developing the culture, values and behaviours that reflect the type of organisation that we all want to work in – an open, fair and just culture, focused on learning not blame and with clear underpinning values and behaviour</p>	<p>We will provide strategic leadership for health, safety and wellbeing to ensure that this is fully integrated into daily activity.</p>	<p>a. ensure that health and safety management is embedded as an integral part of the management approach to the achievement of our objectives.</p> <p>b. provide top-down commitment to health and safety, in order to progress the effective health and safety working arrangements as the daily norm.</p> <p>c. the management of health and safety is seen as a collective and individual responsibility, managed through the agreed Committee structures.</p> <p>d. A supportive and ‘fair blame’ culture and approach is maintained and staff are encouraged to report health and safety problems and incidents with a view to individuals and the organisation learning lessons to prevent recurrence.</p> <p>e. appropriate training and development is provided to all staff in the application of this Strategy and the approach to health and safety.</p> <p>f. To continue working towards structured programmes of health, safety and wellbeing improvement.</p>



AIM	OBJECTIVE	ACTIONS
<p>Improving staff health, safety and wellbeing in order to reduce work-related ill health and injuries</p>	<p>We will work with staff, the health and safety team and NHS Property Services, to provide a continuously improving and safe working environment.</p>	<p>a. continued communication and consultation with the CSU, NHSPS and other organisations to proactively manage health and safety issues, including ensuring there is safe egress and access.</p> <p>b. ensure there is a safe working environment without risks to health, including ensuring that plant and equipment are safe and there are safe arrangements for the use, handling, storage and transport of articles, materials and substances.</p> <p>c. ensure a preventative approach to musculo-skeletal injuries through DSE assessments, provision of mandatory training and advice on posture.</p> <p>d. ensure continued provision of Occupational Health services, including regular health checks.</p> <p>e. provide opportunities to engage in activities promoting good health and wellbeing (eg. eye checks relating to DSE assessments, healthy eating, sporting activities, mental health, mindfulness, health promotion on key risk factors and conditions – musculoskeletal, smoking, alcohol, cancer, obesity, heart disease etc).</p>

AIM	OBJECTIVE	ACTIONS
<p>Improving our systems, arrangements and approach to good health and safety management in line with statutory requirements and good practice.</p>	<p>We will review our policies and processes to support the delivery of the CCG's duties. These reviews will be informed by legislation and learning from incidents, accidents, audits and spot checks.</p>	<ul style="list-style-type: none"> <li>a. provide support to managers and staff in achieving levels of competency and health and safety knowledge.</li> <li>b. ensure that staff undertake mandatory health &amp; safety training.</li> <li>c. involve staff in learning from accidents and incidents.</li> <li>d. review policies and procedures in light of legislation, lessons learned and good practice examples.</li> <li>e. workplace risks will be assessed to ensure safe systems of work are in place.</li> <li>f. Key performance indicators relating to health and safety will be agreed and monitored.</li> <li>g. Health &amp; Safety Audits will be undertaken annually and actions monitored.</li> <li>h. a programme of spot-checks will continue to ensure that appropriate health &amp; safety measures (including back care) are in place.</li> <li>i. ensure that health &amp; safety management is a cohesive element of the internal control systems and that there is accurate levels of reporting to the Governance &amp; Risk Committee are in place.</li> </ul>

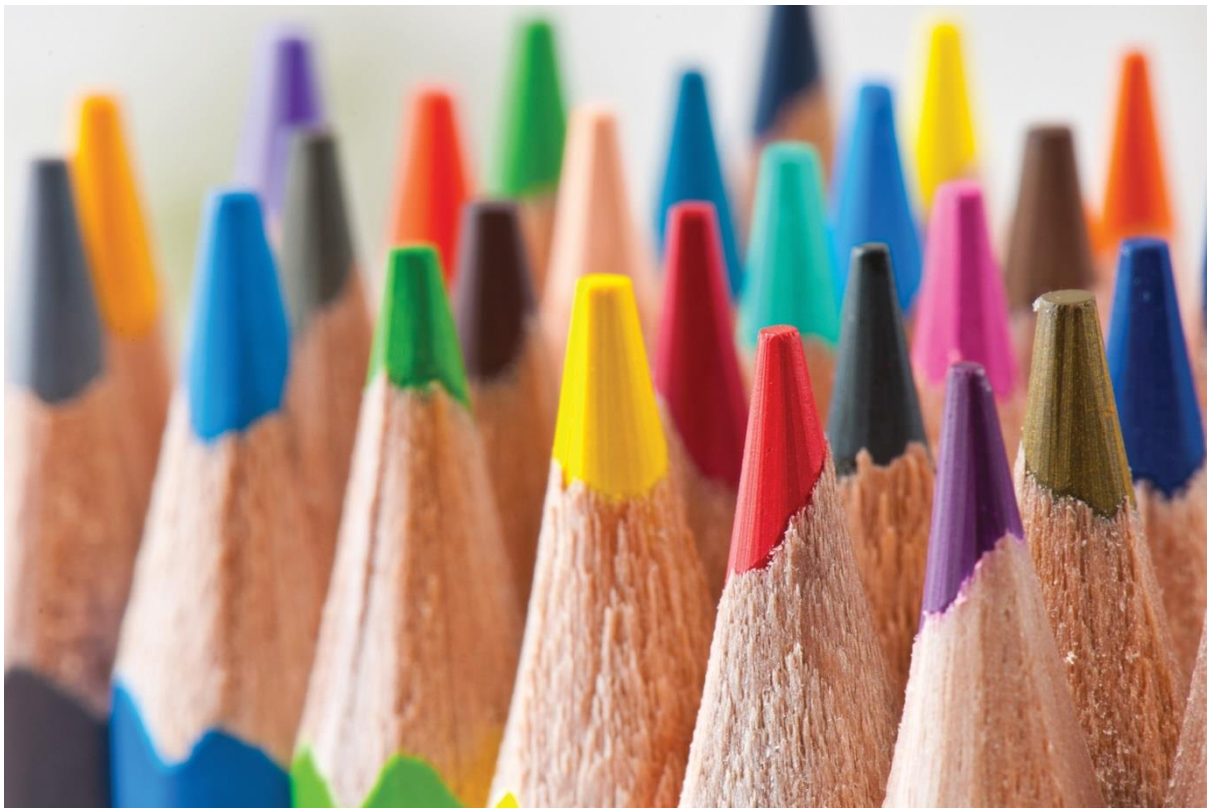
AIM	OBJECTIVE	ACTIONS
<p>Improving how we successfully engage with staff on health, safety and wellbeing.</p>	<p>We will work with staff to encourage the improvement of physical and mental wellbeing.</p>	<p>a. proactive use of team meetings to share concerns and learning.</p> <p>b. continue to respond to the results of staff survey.</p> <p>c. continued engagement in organised health and wellbeing activities; ensuring the benefits of these are communicated appropriately.</p> <p>d. build upon the outcomes of the Health Needs Assessment undertaken with staff in order to target activities and priority areas as identified by our staff..</p> <p>e. Building upon this approach, we will continue to include the Commissioning Support Unit staff that are 'embedded' into the CCG in our health and wellbeing activities.</p> <p>f. We will broaden our approach to good health and wellbeing to help our staff encourage their families and friends to do the same.</p> <p>g. As part of our approach to sharing knowledge and promoting good health, we will work with partners to promote good health and wellbeing in the wider community.</p>



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## **Introduction - Equality Impact Assessment**

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010

Advance equality of opportunity between people who share a protected characteristic and those who do not

Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



**STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	Lee Crowe
<b>Title of service/policy/process:</b>	Health and Safety Strategy
Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.	
<b>Who will be affected by this policy/service /process? (please tick)</b>	
<input type="checkbox"/> Consultants <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
If other please state:	
<b>What is your source of feedback/existing evidence? (please tick)</b>	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input checked="" type="checkbox"/> Other	
If other please state:	
<ul style="list-style-type: none"> <li>• Health and Safety at Work Act</li> <li>• Management of Health and Safety at Work Regulations</li> <li>• Health and Safety Guidance HSG65</li> <li>• Feedback from CCG staff and regular service line meetings between NECS/CCG.</li> <li>• Health Needs Assessments as part of North East Better Health at Work programme</li> </ul>	

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	Not applicable
Patient Surveys	Policy has no impact on patients
Staff Surveys	Staff Surveys to include questions around H&S Health Needs Assessments cover health and wellbeing topics
Complaints and Incidents	Strategy will ensure that systems are in place should there be any complaints received or Incidents regarding Health and Safety and that the CCG has robust systems in place around H&S Management
Results of consultations with different stakeholder groups – staff/local community groups	Only applicable to staff within CCG
Focus Groups	Only applicable to staff within CCG
Other evidence (please describe)	



## **STEP 2 - IMPACT ASSESSMENT**

**What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)**

**Age** A person belonging to a particular age

The Strategy will ensure that individuals of all ages are considered in relation to Health Safety and Wellbeing tasks.

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This Strategy has a positive impact on any staff who have a physical/Mental impairment by considering their needs regarding H&S& W and the subsequent policies and procedures that underpin the Health, Safety and Wellbeing Strategy.

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

As far as we are aware there are no members of staff to whom this applies. Should there be a member of staff undergoing gender reassignment/transgender the content within the strategy does not include vocabulary that should cause offense

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

The Strategy has no impact on marriage or civil partnership

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

The Strategy can be accessed by all staff via the Website and policies/procedures are in place which underpin the strategies aims. Health and safety risk assessments would be carried out as required for any pregnant staff member.

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There are no requirements for translation within the current staff group should the staff group characteristics change then versions in other languages can be obtained.

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Risk assessments and training can be arranged for staff unavailable due to religious or other reasons.

**Sex/Gender** A man or a woman.

There is no discriminations between males and females within the strategy

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Strategy uses appropriate language no additional considerations are required.

**Carers** A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Risk assessments and training can be arranged for those staff that have caring responsibilities and there is also online training which can be accessed whilst working within the CCG or at home.

**Other identified groups** such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Other groups have been considered however as the Strategy is for staff there are no additional impacts on health inequalities.





### **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

**How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?**

**Please list the stakeholders engaged:**

Shared procedure with Governance Colleagues within CCG. Regular service line meetings with CCG to discuss any H&S issues that arise.



### **STEP 4 - METHODS OF COMMUNICATION**

**What methods of communication do you plan to use to inform service users of the policy?**

- Verbal – stakeholder groups/meetings       Verbal - Telephone
- Written – Letter                       Written – Leaflets/guidance booklets
- Email     Internet               Other

**If other please state:**

### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

**Tick to confirm you have you considered an agreed process for:**

- Sending out correspondence in alternative formats.
- Sending out correspondence in alternative languages.
- Producing / obtaining information in alternative formats.
- Arranging / booking professional communication support.
- Booking / arranging longer appointments for patients / service users with communication needs.

**If any of the above have not been considered, please state the reason:**

As this is a staff policy needs have been considered internally and appropriate recommendations made.



### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce Characteristics	May require other formats such as braille, size of font etc. May also need to consider if face to face training takes place that accessibility of training venues is sufficient.



### **STEP 6- ACTION PLAN**

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access Strategy	Age, Disability	Alternative formats provided if required, font size adjustment. As part of reasonable adjustments on appointment.	All staff can access the strategy for reference	CCG/NE CS H&S	On receipt of individual request

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	CCG Governance Colleagues	NECS Health and Safety Team	Regular Service Line Meetings



### **SIGN OFF**

<b>Completed by:</b>	<b>Lee Crowe</b>
<b>Date:</b>	<b>June 2018</b>
<b>Signed:</b>	
<b>Presented to: (appropriate committee)</b>	<b>Governance &amp; Risk Committee</b>
<b>Publication date:</b>	

