

Unclassified

Health and Safety Risk Assessments Procedure

Document Information

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|---|----------------------------|--------------------------|-----------|
| Date of Issue: | March 2017 | Next Review Date: | June 2026 |
| Version: | 4.1 | Last Review Date: | May 2024 |
| Author: | Corporate Safety Team | | |
| Director Responsible | Workplace Director | | |
| Approval Route | | | |
| Approved By: | Date Approved: | | |
| Health and Safety Committee | 12 th June 2024 | | |
| Links or overlaps with other policies: | | | |
| Health and Safety Policy Control of Substances Hazardous to Health (COSHH) Management of Fire Safety and Evacuation Policy Security Policy and Procedures Display Screen Equipment (DSE) Procedure Risk Management Strategy Risk Management Policy Guidelines for Assessing and Manging Ligature Points New and Expectant Mothers Risk Assessment Procedure Management of Noise at Work Procedure Slips, Trips and Falls Management Procedure Sharps Clinical Management Procedure Trust Health and Safety Procedures not listed above | | | |
| We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership. | | | |
| We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy. | | | |

Amendment History

| Issue | Status | Date | Reason for Change | Authorised |
|-------|-------------|--------------|---|-----------------------------|
| 4.0 | Full review | January 2024 | Due for review | Health and Safety Committee |
| 4.1 | Amendment | May 2024 | Agreement for standardisation of Risk Assessment form and scoring across Devon NHS Trusts | Health and Safety Committee |
| | | | | |

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1. Introduction

- 1.1 As part of the compliance with the Management of Health and Safety at Work Regulations 1999 the Trust must ensure that working environments and all its work activities are suitably and sufficiently assessed to ensure adequate controls are implemented and applied with the ultimate aim of eliminating risk to staff, patients, contractors, visitors and others.

Risk assessment is an integral part of managing Health and Safety (H&S) within the Trust.

This procedure identifies, instructs, and advises all levels of management in carrying out suitable and sufficient H&S risk assessments.

Other specialist risk assessments, such as the Control of Substances Hazardous to Health (COSHH), Fire, Lone working, New and Expectant Mothers, Sharps, Ligature, and the Display Screen Equipment risk assessments are covered under their separate procedures.

2. Responsibilities

- 2.1 The Trust H&S Policy outlines the responsibilities for the Trust Board, Chief Executive, Directors, Managers, Employees and others for all H&S policies, procedures and working guidelines, and has the same relevance to this procedure.
- 2.2 The Chief Executive has overall responsibility for ensuring the H&S of the Trust employees, and this responsibility is co-ordinated through the H&S Committee and other sub-groups. It is the responsibility of these groups to take the lead on issues surrounding H&S, including implementation of policies, procedures, risk assessments, monitoring, and review.
- 2.3 Senior managers including Associate Directors of Nursing, System Directors, Medical Directors and Clinical Directors must:
- Ensure that this procedure is adopted in all areas under their control. They should also ensure that this process is cascaded to staff and that it is complied with.
 - Ensure that that in order to meet the needs of the Trust, sufficient staff are trained to carry out H&S risk assessments within their area of responsibility
 - Ensure departmental managers are aware of this procedure and comply with its requirements
 - Ensure that there are adequate processes in place to manage the control H&S within the departments/wards of the division
- 2.4 Line Managers hold the responsibility for completing the H&S risk assessments or delegating the duty to a suitably competent person(s). If the duty is delegated the line manager retains the responsibility for ensuring compliance is monitored and gaps addressed promptly.

Line managers will ensure that relevant information relating to identified risks is given to those who may be exposed to hazards and associated risks during their work activities.

Where the risk assessment identifies training is required the line manager must ensure this training is provided.

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- 2.5 Employees are responsible for:
- Co-operating with managers regarding the implementation of this procedure, including attending any training required/provided
 - Correctly following the controls outlined on the assessments and following all training and written SOPS/guidance in order to reduce risk
 - Take reasonable care of their own H&S and that of others who may be affected by their acts or omissions

3. Definitions

- 3.1 **Risk Assessment**
A careful examination of what could cause harm by identifying the hazards present in the working environment and work activities and evaluating the extent of the risk involved so that decisions can be made to ensure sufficient precautions are taken and implemented.
- 3.2 **Hazard**
Is something that has the potential to cause harm, for example this could be chemicals, machinery, electricity, or biological samples or it can be the actual working practices or the working environment
- 3.3 **Consequence**
The effects and severity of the harm that could be/will be caused if the risk is realised
- 3.4 **Likelihood**
The likelihood of a specific undesired event actually occurring (i.e. How often)
- 3.5 **Severity**
The level of the physical effects arising from the hazard occurring and the estimation of the severity of harm that could be caused to all of those who may be affected. The severity is the most likely level of harm (how bad) arising if the hazard is realised.
- 3.6 **Harm**
Includes death, major injury, minor injury, additional treatment, damage to or loss of property or services.
- 3.7 **Risk**
The combination of the likelihood and the severity of the hazard being realised.
- 3.8 **Risk Score/Rating**
This is the calculation of the likelihood x severity, taking into account existing current controls.
- 3.9 **Suitable and Sufficient**
Suitable - proper, appropriate, fit. *Sufficient* – enough to meet a need or purpose, adequate.
The assessment should identify the risks arising from or in connection with the work activities and the level of detail provided should be proportionate to the risk.
- 3.10 **Competent Person**
A person who has acquired competency through training, qualifications or experience the knowledge and skills to carry out a full and proper assessment.
- 3.11 **Reasonably Practicable**
The Health and Safety Act expects all employers to do everything ‘reasonably practicable’ to protect people from harm. This means balancing the level of risk

against the measures needed to eliminate or control the real risk in terms of money, time or effort. However, action is not needed to be taken if it would be grossly disproportionate to the safety benefit and level of risk.

4. Risk Assessment Process

- 4.1 A risk assessment always seeks to answer some simple, related questions: What could go wrong? How badly could it go wrong? Who might be affected? How often might this happen? Is there a need for action?
- 4.2 Risk assessment follows 5 simple steps:



4.3 Step 1 – Identify the Hazards

First you need to work out how people could be harmed. Consider the following:

- Use the checklist attached to this procedure (Appendix 2) to help you identify hazards
- Map or describe the activity to be assessed
- Walk around your workplace and consider what could cause harm
- Ask your colleagues - they may be aware of things that are not obvious to you
- Talk to your Safety Representatives
- Check manufacturer’s instructions for equipment you may have in your work area
- Consider Hazard Data Sheets for chemicals you use

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- Have a look back over your incident forms and sickness absence records as they often help identify hazards and trends
- Also consider long term hazards such as noise, chemicals, stress, etc as well
- Use the Health and Safety Inspection Checklist to help you identify hazards

4.3 Step 2 - Decide who might be harmed and how

For each hazard you must consider who might be harmed; this helps you identify the best way of managing the risk.

Consider people by job title or group e.g. nurses, drivers, patients, maintenance staff, contractors, visitors and others who may not be present all the time.

4.4 Step 3 - Evaluate the Risks and Decide on Precautions

Having considered the hazards, you can then decide what to do about them. Consider the consequences of the harm caused if the risk is realised, and probability of the both the likelihood and severity. The law requires you do everything 'reasonably practicable' to protect persons from harm.

First, consider what you are already doing; think about what controls you already have in place and how your work is organised. Compare this with good practice and see if there is more you should be doing to bring yourself up to standard.

Use the scoring matrix (Appendix 3) to evaluate the risk assuming the controls are in place.

When controlling risks use a hierarchy of control measures to reduce the risk:

- 1) Elimination or avoidance - get rid of the hazard completely
- 2) Substitute or reduce – for instance diluting or switching a chemical to a less hazardous one
- 3) Separation and isolation - prevent access to the hazard
- 4) Control - provide training, instruction and supervision and organise work to reduce exposure to the hazard
- 5) Issue personal protective equipment (PPE), e.g. goggles, gloves, footwear – this should always be the last option to consider

Use the checklist attached to this procedure to help you identify suitable control measures.

4.5 Step 4 - Record your Findings and Implement them

Use the Trust H&S General Risk Assessment Form (TSF/S001) to record your findings for the risk assessment. Remember it is putting the results of your risk assessment into practice that makes the difference.

When listing any further actions that are required remember to include clear, realistic timescales, a person responsible for completing the action and prioritise in order to tackle the most important things first.

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The findings of the risk assessment must be communicated to the staff it relates to - use the risk assessment form to share the risk assessment results as this may help you divide the actions required to get other people to help you.

4.6 Step 5 - Review and update your Risk Assessment

Risk assessments must be fit for purpose and line managers must ensure that the risk assessment is relevant to the work activity and work environment. It is important to review and update your risk assessments whenever there is a change in the work process, environment, workplace, following an incident or change to legislation.

Risk assessments must be reviewed at regular intervals not exceeding 1 Year with the review details clearly recorded.

5. Escalation of Risks

5.1 There will be some risks that cannot be dealt with at the local level due to many factors, and these risks should be escalated to the Risk Officer as soon as it is clear that the risk cannot be controlled locally.

These will include:

- Any risk that cannot be managed within the Directorate, Division, System, or Area
- Any risk where the necessary adjustments cannot be funded from within the Directorate, Division, System, or Area's budgets
- Any risk that has a residual risk score of 15 or more in accordance with the risk scoring matrix

5.2 These risks must be recorded on the risk register and should be managed by the Executive Team or Trust Board.

5.3 It is important to note that the escalation of a risk will not negate the responsibilities of the risk owner or their System/Directorate.

6. Distribution

6.1 This policy document will be made available to staff via ICON, the Trust Website and signposted in the Staff Bulletin.

6.2 Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

7. References

The following references and further reading are applicable to this document:

- The Management of the Health and Safety at Work Regulations 1999
- Good practice and pitfalls in risk assessment - HSE RESEARCH REPORT 151

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8. Appendices

Appendix 1: Examples of Health and Safety Hazards and Controls

Appendix 2: Risk Scoring Matrix

Appendix 3: Risk Assessment Form (example)

Appendix 4: Rapid Equality Impact Assessment

Appendix 1

Examples of Health and Safety Hazards & Controls

Hazards:

| | |
|--|---|
| Machinery | Low/high temperature work environment |
| Dust | Manual handling objects |
| Bodily fluids | Manual handling patients |
| Biological agents (legionella, TB etc.) | Microwaves and radio frequencies |
| Obstructions | Noise |
| Breach of confidentiality | Pressure vessels |
| Compressed air | Sharp objects e.g. tools, needle sticks etc |
| Confined Spaces | Chemicals |
| Contact with hot objects/surfaces/substances | Sources of Stress |
| Lone working | Storage/stacking of goods |
| Electricity | Fumes |
| Asbestos | Violence and Aggression |
| Loading/unloading vehicles | Ultra violet light |
| Excessive hours/ unsocial hours | Access and egress |
| Falling objects | Flammable gas cylinders |
| Fall from height | Vehicles |
| Fire | Weather (rain, snow, ice, wind, temp.) |
| Slip and trips | Vibration (body or hand, finger) |
| Radiation | Patients |

Controls:

| | |
|---|--------------------------------------|
| Eliminate activity | Improved security |
| Eliminate/ substitute substance/materials | Training |
| Agreed procedure for activity | Personal Protective Equipment |
| Change way activity is carried out | Barrier area |
| Machine guarding | Safety signage |
| Permit to work | Health surveillance |
| Method statements | Improved housekeeping reduce clutter |
| Provide suitable plant/tools/equipment | Improved communications |
| Plant/tool maintenance | Debrief following activity |
| Specific information | Specialist advice/ support |

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|--------------------------------|--------------------------|
| Perform under supervision only | Housekeeping improvement |
| Fall protection | Fire precautions |
| Standard Operating Procedures | Safe systems of Work |

Appendix 2

Health and Safety / Workplace Risk Assessment Scoring Matrix and Guidance

Risks are scored using a risk scoring or grading matrix. The Trust has adopted a 5x5 matrix with the risk scores taking account of the Consequence and Likelihood of a risk occurring. The scoring of risk is a 3-step process.

Step 1 (Table 1) –The Consequence (possible impact) score has five descriptors. The examples given in table 1 are not exhaustive, and consequences should reflect the nature, needs, and activity being assessed.

Table 1: Consequence (C) Level

| Limited 1 | Minor 2 | Moderate 3 | Severe 4 | Catastrophic 5 |
|---|--|---|--|--|
| Negligible Damage to Property, Equipment or Minor/No Injury | None Reportable Injury, Minor Loss of process or Slight Damage to Property | Reportable Injury, Moderate Loss of Process or Limited Damage to Property | Major Injury, Critical Loss of Process, Serious Damage to Property | Single or Multiple Fatalities, Catastrophic Loss of Business |

Step 2 (Table 2) – The Likelihood table has five descriptors. The examples given in table 2 are not exhaustive and the Likelihood should reflect the frequency of exposure to the risk, the person(s) exposed competency level(s) and whether they have all the necessary equipment available to carry out the task/process in a safe manner.

Table 2: Likelihood (L) scores (broad, time-framed and probability descriptors of frequency)

| Descriptor | Extremely Unlikely 1 (< One per year) | Unlikely 2 (One per year) | Possible 3 (Monthly) | Somewhat Likely 4 (Weekly) | Very Likely 5 (Daily) |
|---|---------------------------------------|--|------------------------------------|---|--|
| Likelihood How often might it/does it happen | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |

Step 3 (Table 3) – This is the decision the assessor(s) make(s) when deciding if this revised, post new control measures score is acceptable in the context of the process. This should be consulted on with stakeholders (SME's) if required i.e. the risks are complicated or far reaching or the assessor feels unable/unwilling to carry the level of risk. By multiplying the Consequence and Likelihood scores together a total Health and Safety risk score will be created (table 3). The score will then determine the level of risk.

CONSEQUENCE score x LIKELIHOOD score = RISK score

Table 3: Risk scoring (RS) = Consequence x Likelihood (C x L)

| Likelihood → | Extremely Unlikely 1 | Unlikely 2 | Possible 3 | Somewhat Likely 4 | Very Likely 5 |
|---|----------------------|--------------------|--------------------|--------------------|--------------------|
| Consequence ↓ | | | | | |
| 5 – Single or Multiple Fatalities, Catastrophic Loss of Business | 5 Low | 10 Moderate | 15 High | 20 High | 25 High |
| 4 - Major Injury, Critical Loss of Process, Serious Damage to Property | 4 Low | 8 Moderate | 12 Moderate | 16 High | 20 High |
| 3 – RIDDOR Reportable Injury, Moderate Loss of Process or Limited Damage to Property | 3 Low | 6 Low | 9 Moderate | 12 Moderate | 15 High |
| 2 – Non RIDDOR Reportable Injury, Minor Loss of process or Slight Damage to Property | 2 Low | 4 Low | 6 Low | 8 Moderate | 10 Moderate |
| 1 – Negligible Damage to Property, Equipment or Minor/No Injury | 1 Low | 2 Low | 3 Low | 4 Low | 5 Low |

It should be emphasised that If a risk requires the establishment of a **new** or **significantly enhanced** risk mitigation/control the risk may need to be managed through an action plan on the operational risk register.

Some Guidance on Severity Score (examples to consider)

| Risk Type | Limited | Minor | Moderate | Severe | Catastrophic |
|---------------------------|---|--|---|---|--|
| Patient Experience | Unsatisfactory patient experience not directly related to patient care Peripheral element of treatment or service suboptimal Informal complaint/inquiry | Unsatisfactory patient experience – readily resolvable Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Minor implications for patient safety if unresolved | Mismanagement of patient care Repeated failure to meet internal standards Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Major patient safety implications if | Serious mismanagement of patient care Multiple complaints/independent review Non-compliance with national standards with significant risk to patients if unresolved | Totally unacceptable level or quality of treatment/service Inquest /ombudsman inquiry Gross failure of patient safety if findings not acted on |

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| | | | | | |
|---|---|---|---|---|---|
| | | | findings are not acted on | | |
| Patient Safety | Minimal injury requiring no/minimal intervention or treatment. | Low harm injury or illness, requiring minor/short-term intervention. Increase in length of hospital stay by 1-3 days | Moderate injury requiring professional intervention Increase in length of hospital stay by 4-15 days | Severe injury leading to long-term incapacity/disability Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects | Incident leading to death Multiple permanent injuries or irreversible health effects |
| Health & Safety | No time off work | Requiring time off work for <3 days | Requiring time off work for 4-14 days RIDDOR / MHRA / agency reportable incident | Requiring time off work for >14 days Major Injury | Multiple permanent injuries or irreversible health effects |
| Workforce | Short term low staffing level temporarily reduces service quality (< 1 day) | Ongoing low staffing level reduces service quality. | Late delivery of key objective / service due to lack of staff. Minor error due to insufficient training. Ongoing unsafe staffing level. | Uncertain delivery of key objective / service due to lack of staff. Serious error due to insufficient training. | Non-delivery of key objective / service due to lack of staff. Loss of key staff. Very high turnover. Critical error due to insufficient training. |
| Performance, Business Objectives | Interim and recoverable position Negligible reduction in scope or quality Insignificant cost increase | Partial failure to meet subsidiary Trust objectives Minor reduction in quality / scope Reduced performance rating if unresolved | Irrecoverable schedule slippage but will not affect key objectives Definite reduction in scope or quality Definite escalating risk of non-recovery of situation Reduced performance rating | Key objectives not met Irrecoverable schedule slippage Low performance rating | Trust Objectives not met Irrecoverable schedule slippage that will have a critical impact on project success Zero performance rating |
| Service Delivery & Business Continuity | Loss/interruption of >1 hour | Loss/interruption of >8 hours | Loss/interruption of >1 day | Loss/interruption of >1 week | Permanent loss of service or facility |

| | | | | | |
|---|---|---|--|--|---|
| Financial | No or minimal impact on cash flow | Readily resolvable impact on cash flow Loss of 0.1–0.25 per cent of Trust’s annual budget | Individual supplier put Trust “on hold” Loss of 0.26–0.5 per cent of Trust’s annual budget | Major impact on cash flow Purchasers failing to pay on time Uncertain delivery of key objective Loss of 0.6–1.0 per cent of Trust’s annual budget | Critical impact on cash flow Failure to meet specification/ slippage Non-delivery of key objective/ Loss of >1 per cent of Trust’s annual budget |
| IM&T | Information system issue affecting one service user | Information system issue affecting one department Poor functionality of trust wide system, readily resolvable and not impacting service delivery | Information system issue affecting one division Poor functionality of trust wide system impacting service delivery, but readily resolvable. | Information system issue affecting more than one division. Poor functionality of trust wide system impacting service delivery, not readily resolvable | Complete failure of trust wide information system that directly impacts service delivery. |
| Reputational | Rumours | Local Media – short term | Local Media – long term | National Media < 3 days | National Media ≥ 3 days. MP Concern (Questions in House) |
| Statutory Duty & Inspections | No or minimal impact or breach of guidance/ statutory duty Minor recommendations | Non-compliance with standards reduced rating. Recommendations given. | Single breach in statutory duty Challenging external recommendation Improvement notice | Enforcement Action Multiple challenging recommendations Improvement notices Critical report | Prosecution Multiple breaches in statutory duty Complete systems change required Severely critical report |

Possible Actions to follow:

Low risk (Green)

With a current risk score between 1 and 6 the activity should be monitored with any available measures implemented immediately and further action planned for when resources permit. This risk should be dealt with by the manager of the location of the risk.

Moderate risk (Yellow)

With a current risk score of between 7 and 12 - review safety measures. Consult with the Corporate Safety Team and the Trust Risk Officer. Inform, instruct and train staff. Introduce and implement new or a higher level of control measures as soon as possible to reduce the level of risk. This risk should be managed by the Directorate/Care Group supporting the manager of the location of the risk.

High risk (Red)

All activities where the current risk scores above 12 the risk assessment **MUST** be re-evaluated, further controls such as changing the process/task/substance and issuing warnings/instructions must be implemented as soon as possible to reduce the level of risk and if it is considered necessary stop the activity.

Appendix 3

Example of Health and Safety Risk Assessment Form (Word formats)

Please use full forms – available to download and save from Trust policies and procedures pages

Word

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/Health%20and%20Safety%20Risk%20Assessment%20Form%20TSF%20-%20S001.docx

| TSDFT Health and Safety / Workplace Risk Assessment Form | | | | | | | | | | Torbay and South Devon NHS Foundation Trust | |
|--|---|--|--|--------------------|---|---|--|---------------------|---|--|----------------------------------|
| <Insert title > Risk Assessment | | | | | | | | | | | |
| Risk Assessment | | | | | | | | | | | |
| Risk Assessment Guidance: 1) Identify the hazards; (2) Decide who may be harmed and how and quantify the level of risk using the Trust H&S risk matrix (below); (3) Evaluate existing control measures and record what else needs to be done to control the risks; (4) Set out the further actions required to be implemented to reduce the risk and complete the residual risk score. Detail actions complete by and by whom, and initial off when this is done; and, (5) Review and update this risk assessment annually or promptly when there are changes to products / processes in the workplace or following an accident. | | | | | | | | | | | |
| Division/Care Group/Directorate: | | | | Location: | | | | Date: | | | |
| Section/Dept/Site: | | | | | | | | | | | |
| Assessor Team: | | | | | | | | | | | |
| Task / Activity: | | | | | | | | | | | |
| Responsibility for completing risk assessments is the function and responsibility of Line Management, however this task may be delegated to a competent person or persons. The Assessor should be competent in their knowledge of the activity, process and trained in risk assessment techniques. | | | | | | | | | | | |
| Who is at Risk = A: <u>Employee</u> , B: Patient, C: Contractor/Maintenance, D: Member of the Public/Others. | | | | | | | | | | | |
| <i>The below identified control measures will be implemented including, where appropriate, safe systems of work.</i> | | | | | | | | | | | |
| Risk Assessor's signature: | | | | | | | | Date: | | | |
| Director or nominated Senior Manager's signature: | | | | | | | | Date: | | | |
| ID | What are the Hazards identified? (something with the potential to cause harm/damage) | Who could be harmed (A, B, C, D) and how? (the potential harm that could result) | Existing Control Measures in place to Eliminate /Reduce/Mitigate the Risk? | Current Risk Score | | | Further Actions Required to Control Eliminate / Reduce Mitigate the Risk | Residual Risk Score | | | Action by whom and by what date? |
| | | | | C | L | R | | C | L | R | |
| 1 | | | • | | | | • | | | | |
| Revision 09/05/2024 | | | | | | | | | | TSDFT / S002a | |
| | | | | | | | | | | Page 1 of 5 | |
| | | | | | | | | | | Authorised By H&S Committee | |

Appendix 4
Rapid Equality Impact Assessment (for use when writing policies and procedures)

| | | | | | |
|---|---|----------------------|---|-----------------------------|---|
| Policy Title (and number) | Health and Safety Risk Assessment Procedure | | Version and Date | 4.1 May 2024 | |
| Policy Author | Corporate Safety Team | | | | |
| An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected. | | | | | |
| EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i> | | | | | |
| Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below) | | | | | |
| Age | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Disability | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Sexual Orientation | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Race | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Gender | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Religion/Belief (non) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Gender Reassignment | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Pregnancy/ Maternity | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Marriage/ Civil Partnership | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees) | | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Please provide details for each protected group where you have indicated 'Yes'. | | | | | |
| VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion | | | | | |
| Is inclusive language ⁵ used throughout? | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are the services outlined in the policy/procedure fully accessible ⁶ ? | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the policy/procedure encourage individualised and person-centered care? | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Could there be an adverse impact on an individual's independence or autonomy ⁷ ? | | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If 'Yes', how will you mitigate this risk to ensure fair and equal access? | | | | | |
| EXTERNAL FACTORS | | | | | |
| Is the policy/procedure a result of national legislation which cannot be modified in any way? | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?) | | | | | |
| To facilitate a standardised approach to policy documents across the Trust | | | | | |
| Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions? | | | | | |
| Members of the Corporate Safety team Members of the Trust Health and Safety Committee | | | | | |
| ACTION PLAN: Please list all actions identified to address any impacts | | | | | |
| Action | | | Person responsible | Completion date | |
| | | | | | |
| AUTHORISATION: | | | | | |
| By signing below, I confirm that the named person responsible above is aware of the actions assigned to them | | | | | |
| Name of person completing the form | Senior Corporate Health and Safety Advisor | | Signature | SE | |
| Validated by (line manager) | Corporate Safety Manager | | Signature | KW | |

Any issues Please contact Diversity & Inclusion Lead

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
² Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
⁶ Consider both physical access to services and how information/ communication in available in an accessible format
⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy