



***Please Note: This policy is currently under review and is still fit for purpose.***

# HEALTH AND SAFETY POLICY

This procedural document supersedes: CORP/HSFS 1 v.6 – HEALTH AND SAFETY POLICY



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Target audience:	Trust wide

### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 7	15 October 2018	<ul style="list-style-type: none"> <li>• Policy amended to reflect responsibility change for lead Director.</li> <li>• Change to Divisional format from Care Groups</li> </ul>	Neil Donegan
Version 6	August 2015	<ul style="list-style-type: none"> <li>• This Policy has been amended to incorporate Care Groups and amalgamate some issues.</li> <li>• References made to guidance documents.</li> </ul>	N P Donegan
Version 5	May 2011	<ul style="list-style-type: none"> <li>• Reference to changes of management structure to include Clinical Service Units (CSUs).</li> <li>• Additional information in the <b>Health and Safety</b> section under paragraphs 1 to 4 in accordance with CORP/COMM 1 v.5.</li> <li>• Items re-numbered in section 2.</li> <li>• Consolidation of new Policy Addendum shown in Appendix 2.</li> </ul>	I. Soulsby

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## 1. INTRODUCTION

The Health and Safety Policy is a legal document required in accordance with Section 2(3) of the Health and Safety at Work etc. Act 1974 which states that:

“Except in such cases as may be prescribed, it shall be our duty as the employer to prepare and as often as may be appropriate revise a written statement of his general policy with respect to the health and safety at work of our employees and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of our employees.”

## 2. PURPOSE

This document has been developed to satisfy the requirements of the legislation and ensure that all members of staff are familiar with our direction for health and safety.

This document outlines:

- The statement of our general policy,
- The organisation, duties and responsibilities of each employee,
- The arrangements in place to ensure the duties and responsibilities can be carried out safely and efficiently.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 Chief Executive

The Chief Executive is accountable to the Board for the implementation of the Health and Safety Policy.

### 3.2 Management Board

Each member of the Management Board is responsible for the implementation of the Health and Safety Policy within the wards and departments under their control. In particular they have to:

- 3.2.1 Ensure that managers are familiar with the policy and implement it, drawing upon the advisory services on health and safety which have been established within our organisation.
- 3.2.2 Ensure that all staff are aware of the training initiatives that are available regarding health and safety within our organisation and to ensure that all on-the-job training for staff is effective and provides for safe systems of work.

- 3.2.3 Integrate risk control in the design and operation of new accommodation, plant or equipment for their departments, as well as when methods of service provision are revised.
- 3.2.4 Set objectives as part of the performance review process with their responsible managers with the aim of improving health and safety and to review performance against those objectives.
- 3.2.5 Ensure that the management structure that exists within our organisation is used to permit full discussion on health and safety matters with a view to it influencing safe systems of work.
- 3.2.6 To ensure that all accidents or incidents which are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) are notified within the appropriate timescales and to ensure that where accidents/incidents occur, then appropriate investigations are made to identify the cause and to make recommendations to prevent a recurrence.

### **3.3 Director of Estates and Facilities**

The Director of Estates and Facilities will be the nominated Executive Director with the responsibility for health and safety. In addition to the duties listed above, he/she has the following additional responsibilities:

- 3.3.1 To ensure that a system of monitoring the implementation of the policy within our organisation is in operation and that the implications of the policy form an integral part of our Development Strategy.
- 3.3.2 To co-ordinate the production and publication of documents giving information and guidance on matters of health and safety, including information on regulations and approved Codes of Practice as well as our procedures on health and safety.
- 3.3.3 To ensure that arrangements for the training of Trade Union/Professional Association appointed safety representatives are undertaken in order to ensure that where consultation on health and safety matters takes place that consultation is effective.

### **3.4 Divisional/Departmental Managers**

Each Divisional/Departmental Manager is responsible to their Divisional Manager/Director for the implementation of the Health and Safety Policy within their area of responsibility and in particular, has to:

- 3.4.1 Ensure that their managers and employees are familiar with the policy and implement it, drawing upon the advisory services on health and safety which have been established within our organisation.
- 3.4.2 Establish and maintain healthy and safe working conditions and systems of work and integrate risk control into the design and operation of new accommodation, plant or equipment within their areas of responsibility.

- 3.4.3 Ensure that all levels of staff participate in the established training programs regarding health and safety and that on-the-job training of all employees in safe methods of work is undertaken.
- 3.4.4 Investigate accidents/incidents involving employees under their direct control and recommend steps necessary to prevent or minimise recurrence. Ensure that all accidents/incidents are reported on Datix.
- 3.4.5 Set objectives as part of the performance review process within their areas of responsibility for responsible managers with a view to improving the health and safety at work and to review performance against these objectives.
- 3.4.6 To establish where appropriate consultative forums to discuss health and safety matters incorporating the role of Trade Union/Professional Association appointed safety representatives.

### **3.5 Supervisory Management**

Each supervisor is responsible to their Divisional/Departmental Manager for the implementation of the Health and Safety Policy for the area under their control and in particular has to:

- 3.5.1 Implement the Health and Safety Policy as it affects all employees under their direct control and monitor day to day operational activities to ensure that the implications of the policy form an integral part of the programs and general activities under their direct control.
- 3.5.2 Ensure that employees have received adequate training and are not required to carry out any work for which they have not received suitable instruction.
- 3.5.3 Ensure that you know the rules, regulations and any permit to work system applicable to your work. Special attention must be given to young persons and new employees.
- 3.5.4 Participate in the implementation and maintenance of safe and healthy working conditions and systems of work.
- 3.5.5 Investigate accidents involving employees under their direct control and recommend steps necessary to prevent or minimise recurrence.

\*The term 'Supervisory Management' means all levels of management from first line supervisors up to but not including Divisional/Departmental Managers.\*

### **3.6 Head of Procurement**

The Head of Procurement, in addition to the responsibilities listed under item 5 above, is required to:

- 3.6.1 Ensure that the relevant information is made available from suppliers on health and safety hazards which may be associated with the use of articles and substances supplied through the Supplies function.

### **3.7 Health and Wellbeing**

3.7.1 The Occupational Health Physician, with the Senior Nurses (Health and Wellbeing) and Manager Health and Wellbeing, is responsible for conducting pre-employment health examinations, providing advice on job placements, advising on the fitness of employees returning to work after serious illness and injury and giving personal advice to staff in health matters relating to work.

Taking into consideration PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)

3.7.2 The Senior Nurses, Health and Wellbeing will be responsible for the drawing up and implementation of staff immunisation policies and programs.

### **3.8 Director of Infection Prevention and Control**

The Director of Infection Prevention and Control leads the Infection Control Team who are responsible for the prevention and control of infection in the hospital to patients, staff and visitors through surveillance, audit, education, liaison, the formulation of infection control policies and the prompt recognition and management of outbreaks. (For further direction see Appendix 2 with regard to Infection, Prevention and Control Policy Addendum 2 January 2009).

### **3.9 Health and Safety Adviser**

3.9.1 The Health and Safety Adviser will co-ordinate the safety activities within the Trust. The Health and Safety Adviser is responsible for advising senior and line managers and other employees on health and safety matters, to ensure legislative compliance for the Trust.

3.9.2 He/she will participate as a member of all appropriate health and safety committees and will give assistance and advice on safety audits and inspections, risk assessment and training.

3.9.3 He/she will assist managers in planning for health and safety including the setting of objectives, deciding priorities, monitoring performance and reviewing, including the provision of technical support to senior and line managers

### **3.10 Manual Handling Lead**

3.10.1 The Manual Handling Lead will ensure that management systems are in place so that all manual handling activities are appropriately risk assessed and controlled to prevent injury.

3.10.2 Ensure that where necessary manual handling accidents or near miss incidents are investigated and appropriate remedial action taken as required.

3.10.3 Provide a comprehensive manual handling training programme to include induction and refresher training.

### **3.11 Local Security Management Specialist (LSMS)**

3.11.1 The LSMS acts as the Competent Person and will advise on workplace violence, aggression and security issues and will participate as a member of all appropriate committees for such advice. He/she will recommend improvements and promote good practice.

### 3.12 Employees

Employees have a duty under the Health and Safety at Work Act 1974 to:

- 3.12.1 Take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions;
- 3.12.2 Co-operate with their employer (the Trust) to enable the employer to comply with its duties under the Act;
- 3.12.3 Not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

## 4. PROCEDURE

Within the Trust there are many hazards associated with the work that is carried out. It is essential that action is taken to eliminate the dangers associated with the work, wherever possible, and the following information indicates the arrangements made for implementing the health and safety policy.

### 4.1 Planning and Design of Accommodation, Plant, Equipment and Operational Services

The control of health and safety hazards is best achieved when accommodation, plant or equipment is being determined for future use. If designs are undertaken with health and safety in mind, accommodation, plant and equipment is commissioned with hazards either eliminated or reduced.

It is the Trust's policy that new projects are not considered complete until they have been deemed to be safe to operate by the Director of Estates and Facilities.

### 4.2 Safe Systems of Work

To ensure the safety of employees, patients and members of the public, and to prevent damage to equipment, safe systems of work will be established. Safe Systems of Work will be identified through the process of risk assessment. It is essential that all staff fully implement and follow safe systems of work if accidents are to be avoided.

### 4.3 Information, Instruction, Training and Supervision

The Trust has a legal duty to provide adequate information, instruction and training to staff to ensure their health and safety at work. The Trust will therefore undertake the following:

- A comprehensive program of induction training for all new starters.
- Adequate training for managers and supervisory staff and employees including temporary staff, as well as the provision of repeat training at regular intervals.



- The provision of training on the introduction of new or changed equipment, new technology or new or changed systems of work.

Health and Safety information will be communicated in various ways:

- By poster campaigns, Notice Boards and newsletter.
- By the circulation of relevant information to named individuals.
- By the dissemination of Hazard and Safety Notices etc.
- By means of various safety committees.

Each employee will be given instruction on the health and safety risks that may be associated with the job they have to perform and they will be instructed and supervised in safe systems of work and procedures to follow to ensure the health and safety of themselves and others.

#### **4.4 Accident Reporting and Investigation**

Accidents that do occur, whether they cause personal injury or not, should be reported on the Datix system and investigated to establish the causes so that preventative action can be taken.

Injured persons should always obtain medical treatment via their local first aider, the Health and Wellbeing Department or Accident and Emergency.

Employees are instructed in the interest of their own, and others health and safety to report accidents, near misses and any hazardous situations to their managers or supervisors.

Some accidents, incidents and diseases may need to be reported to the authorities under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR), these will be highlighted to certain management levels during the reporting process on Datix. It is important to enter as much information as possible when completing the reports. For further information on this please contact the Health and Safety Adviser.

#### **4.5 Safety Audits and Inspections**

Regular safety audits will be carried out as part of the Trust Risk Audit programme. These may be carried out by the Health and Safety Adviser together with the Manager concerned.

Accredited Safety Representatives may carry out their own safety inspections in accordance with the Safety Representatives and Safety Committees Regulations 1977.

Audits may also be carried out by external agencies such as the Health and Safety Executive.

#### **4.6 Risk Assessments**

The prime objective of the Management of Health and Safety at Work Regulations 1999 is to ensure that all persons are safe and their health is protected whilst they or others are performing their work duties in the work place. To achieve these aims, risk assessments must be

regularly performed by competent persons.

Risk Assessments will be carried out in all areas for the following as applicable and there are Policies or Guidance documents available as defined below:

- CORP/RISK 30 – Risk Identification, Assessment and Management Policy
- Health & Safety Risk Assessment Format ([here](#))
- CORP/HSFS 7 - Control of Substances Hazardous to Health (COSHH) Guidance
- CORP/HSFS 4 - Manual Handling Policy
- CORP/HSFS 5 - Aggressive and Violent Behaviour Towards Staff Policy
- CORP/EMP 31 – Health and Wellbeing Policy
- CORP/HSFS 20 - Musculoskeletal Disorders (MSD) – Prevention and Management Policy
- CORP/HSFS 8 – Non-Patient Slips, Trips and Falls Guidance
- CORP/HSFS 21 – Ionising and Non-Ionising Radiations Safety
- CORP/HSFS 10 (A) – Asbestos Policy
- CORP/HSFS 12 – Safe Use of Display Screen Equipment Guidance
- CORP/HSFS 3 - Lone Working Policy

These will be carried out by designated risk assessors.

Any significant findings as a result of risk assessments should be recorded.

Risk assessments should only be carried out by those persons identified as risk assessors who have been trained as such.

Written records of risk assessments should be maintained at Ward/Department level and should be reviewed as appropriate. (See Risk Assessment Policy).

#### **4.7 Health Surveillance**

Risk assessments may identify circumstances in which health surveillance is required by specific health and safety regulations. In addition a health surveillance programme may be required where the assessment shows:

- 4.7.1 There is an identifiable disease or adverse health condition related to the work concerned;

- 4.7.2 Valid techniques are available to detect indications of the disease or condition;
- 4.7.3 There is a reasonable likelihood that the disease or condition may occur under the particular condition or works; and
- 4.7.4 Surveillance is likely to further the protection of the health of the employee.

Health Surveillance will be carried out by the Occupational Health Department in accordance with Health and Safety Executive and Department of Health Guidelines and local policies.

## 5. TRAINING/SUPPORT

Sect 2(2) (c) of the Health and Safety at Work Act 1974 requires that employees are given adequate information, instruction, training and supervision to ensure their health and safety at work.

To fulfil this duty the Trust will undertake the following:

- 1 A comprehensive programme of induction training for all new starters.
- 2 The provision of repeat training at regular intervals.
- 3 Ensure that managers are adequately trained.
- 4 Ensure that training is provided for those who may change roles or those returning to work from a long absence.
- 5 Provision of adequate training for all temporary staff.
- 6 Ensure that training is provided on the introduction of new or changed equipment, new technology or new or changed systems of work.
- 7 Maintenance of accurate training records for all individuals.

Training needs will differ between staff groups. These must be identified at ward or department level.

Health and safety training will be carried out in-house either at departmental level (e.g. on induction) or Trust-wide, by those persons competent to do so. There may be a requirement for certain members of staff to attend specialised external courses.

Accredited Health and Safety Representatives should undergo training as arranged by their Unions or Professional Bodies. The Trust has a duty to give safety representatives reasonable time off with pay to attend such training as may be necessary.

### 5.1 Capabilities and Training

Managers, when allocating work to staff, should ensure that the demands of the job do not

exceed the staff member's ability to carry out the work without risk to themselves and others. This is especially important with agency and bank staff.

Managers should take account of the staff member's capabilities and the level of their training, knowledge and experience. If additional training is needed, then it must be provided.

## **5.2 Local procedures for serious and imminent danger and for danger areas**

In addition to the Trust policies for fire, bomb threat or other emergencies. Each manager must establish local procedures to be followed by staff where situations presenting serious or imminent danger could arise. The local procedures must set out clear guidance on when staff and others in the work place should stop work and how they should move to a place of safety.

The risk assessments should identify the foreseeable events that need to be covered by these local procedures especially fire or bomb risks.

Each manager will ensure that the local procedures, where necessary, take account of the responsibility of specific staff that have tasks to perform in the event of emergencies (i.e. shut down of plant that may otherwise compound the danger).

Each manager shall ensure that the local procedures set out the role and responsibility of the competent person nominated to implement the detailed actions. The local procedures should also ensure that all staff know who the relevant competent persons are and understand their role.

Where specific emergency situations are covered by health and safety regulations then the manager will ensure that the local procedures should reflect any requirements imposed on them by such regulations. The manager will ensure that the emergency procedures cater for the fact that emergency events can occur and develop rapidly, thus requiring staff to act without waiting for further guidance. The local procedures should specify when and how they are to be activated, so that staff can proceed in good time to a place of safety.

Each manager shall ensure that the local emergency procedures are written down clearly setting out the limits of action to be taken by staff. These local procedures shall form part of the induction training for competent staff.

Managers must satisfy themselves that all advice is sought and that the workplace is safe before work returns to normal after an emergency has occurred.

## **5.3 Information for employees**

Managers shall provide all their staff with comprehensible and relevant information on:

- 5.3.1 The risks to their health and safety which has been identified by a risk assessment.
- 5.3.2 What preventative and protective measures they must adopt to perform their work safely.
- 5.3.3 The procedure to adopt in the event of serious and imminent danger to

persons at work.

- 5.3.4 The names of the persons nominated by them as competent and responsible persons.
- 5.3.5 The risks notified to them by other managers who share the responsibility for the management of the same work place.

#### 5.4 Health and safety plans

Care Groups/Departments should establish specific health and safety plans in accordance with existing policies which identify clear objectives and targets within specified timescales. The plan should also include:

1. A programme of any training identified for the coming year;
2. Programs for risk assessment and audit;
3. Any action or equipment, identified through risk assessment, costed and prioritised by risk.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
The Trust's health and safety performance will be continually monitored so as to check the present system for safety in the workplace and to ensure that any shortcomings are identified and dealt with	Divisional Managers	Monthly	Reported to the health and safety committee who meet quarterly. They will set any actions required.
Setting of objectives in health and safety and the establishment of systems which monitor progress in achieving the set objectives	Divisional Managers Ward/Department Managers	Annually	Via Datix statistics and reported to the health and safety committee quarterly.
Safety audits and inspections	Health and Safety Adviser	Ad-Hoc as required/ on request	Reported to ward managers following visit. Can be escalated to Divisional managers and Directors if felt necessary.

## 7. DEFINITIONS

The majority of the terminology used is explained in the body of the document; however some terms need further explanation:

- Hazard** - That which has the potential to injure or harm.  
**Risk** - The likelihood that the harm will happen.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 3

## 9. REFERENCES

- A. *The Health and Safety at Work Act 1974*
- B. *The Management of Health and Safety at Work Regulations 1999*
- C. *The Management of Health and Safety at Work - Approved Code of Practice (HSE 2000)*

## APPENDIX 1

### LIST OF INTERNAL SPECIALISTS WHO ARE ABLE TO PROVIDE ADVICE ON HEALTH AND SAFETY MATTERS

- 1 General Health and Safety Advice**  
Health and Safety Adviser
- 2 Control of Infection and Communicable Diseases**  
Director of Infection Prevention and Control  
Consultant in Communicable Disease Control  
Consultant Microbiologists  
Clinical Nurse Specialists - Infection Control
- 3 Environmental Monitoring, Waste Disposal, Work Equipment, Personal Protective Equipment**  
Health and Safety Adviser  
Waste Co-coordinator
- 4 Ionising Radiation (including medical exposure)**  
Radiation Protection Advisers for Ionising Radiation & Nuclear Medicine  
Medical Physics Experts  
Radiation Lead Radiographer  
Lead Radiation Protection Supervisor  
Radiation Protection Supervisor, Mammography, Diagnostic Radiology and Nuclear Medical Imaging
- 5 Manual Handling & Musculoskeletal Disorders (MSDs)**  
Manual Handling Lead  
Staff Physiotherapist  
Health and Safety Adviser
- 6 Safe Storage, Distribution and Administration of Pharmaceutical Preparations**  
Chief Pharmacist  
Pharmacy - Medicines Information
- 7 Fire Safety**  
Fire Safety Adviser
- 8 Control of Substances Hazardous to Health**  
Health and Safety Adviser  
Manager Health and Wellbeing  
Senior Nurses, Health and Wellbeing  
Estates Engineering Department

- 9 Violence & Aggression**  
Local Security Management Specialist (LSMS)  
Health & Safety Adviser
  
- 10 Display Screen Equipment**  
Health and Safety Adviser  
Clinical Specialist Physiotherapist
  
- 11 Stress**  
Health and Wellbeing  
Human Resources Business Partner  
Health and Safety Adviser



## APPENDIX 2

### Infection Prevention and Control – Policy Addendum 2 January 2009

The Health Act – Code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI) sets out criteria for compliance by all NHS Managers and Staff to ensure that patients are cared for in a clean and safe environment to minimise the risk of HCAI.

#### Infection Control Standards for the Clinical Environment

##### Duty of Care and Accountability

- The provision of a safe environment within healthcare premises is a statutory obligation upon employing authorities and forms part of the Trust's hospital risk management strategy. The Department of Health and other organisations have given clear direction regarding the infection control process to be deployed within Trusts. Employers therefore have a legal obligation to protect Patients, Visitors and Staff from these hazards.
- The environments in which patients are cared for must be maintained and designed so that the risks of transmission of infection are reduced to a minimum.
- The Director of Estates and Facilities, Estates Managers, Project Officers, Consultant Designers and Engineers must liaise with the Director of Infection and Prevention Control (DIPC), the Infection Control Team (ICT) or the lead Nurse Specialist for advice regarding new developments or proposed changes, upgrades and refurbishment within the built environment or proposed changes in working methods or procedures.

**Ref:** Infection Control in the Built Environment HFN30

### APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Health and Safety Policy	Estates and Facilities	Neil P Donegan	Existing Policy	August 2018
1) <b>Who is responsible for this policy?</b> Name of CSU/Directorate – Estates and Facilities				
2) <b>Describe the purpose of the service / function / policy / project/ strategy?</b> - To ensure all Trust staff are aware of their H&S duties and responsibilities				
3) <b>Are there any associated objectives?</b> Legislation, targets national expectation, standards – Compliance with Policies and legislation				
4) <b>What factors contribute or detract from achieving intended outcomes?</b> – Behaviour and understanding				
5) <b>Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A</li> </ul>				
6) <b>Is there any scope for new measures which would promote equality?</b> [any actions to be taken] – N/A				
7) <b>Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) <b>Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a <b>Detailed Equality Analysis form in Appendix 4</b>				
<b>Date for next review:</b> August 2021				
<b>Checked by:</b> Sean Tyler			<b>Date:</b> 20/08/2018	