



Health and Safety Policy

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Danny Daniel	1 October 2008	Danny Daniel, Health, Safety & Security Manager
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V6.0	August 2011	Approved at Executive Management Team
V6.1	January 2015	Amended in line with organisational structure changes
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V7.3	August 2018	Amended by Health, Safety and Security Officer, in line with comments from H&S Team
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Equality Analysis	Yes
Linked procedural documents	Risk Management Strategy Manual Handling Policy Managing Stress and Enhancing Psychological Wellbeing Learning & Development Policy Violence and Aggression Policy Occupational Health Policy DSE Users - VDU Policy Security Policy Lone Working Policy
Dissemination requirements	All staff via email, intranet and through Line Managers for staff who do not have access to IT.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

This Policy is to ensure so far as is reasonably practicable, the health, safety and well-being of the East of England Ambulance Service Trust NHS Trust staff, visitors and the general public, as well as satisfying the requirements of the of relative legislation.

2. Purpose

The Chief Executive is responsible to the Trust Board for ensuring that safe systems of work, Trust policies, arrangements and procedures on health, safety and welfare, safe conditions, training, information and instructions are all in place. The Chief Executive has made the following statement concerning the approach which the Trust takes to Health and Safety:

“The East of England Ambulance Service NHS Trust is committed, to ensuring the health, safety and welfare of all its people when reasonably practicable. We fully accept our responsibility for contractors, visitors or other persons who may be affected by our activities. The successful implementation of this policy and other Health and Safety arrangements and procedures requires total commitment from all levels within the organisation; from the Board to the workforce. We will take reasonable steps to ensure that our statutory duties are met at all times, in line with the relevant statutory provisions.

All our people will be given such information, instruction and training, as is necessary, to enable the safe performance of their work activities. Each individual has a legal obligation to take reasonable care for his/her own and others health and safety, to adhere to all statutory provisions and to co-operate with any Safe Systems of Work or Code of Practice introduced by the Trust in the interests of Health, Safety and Welfare.

Policies, arrangements and procedures will be reviewed periodically to ensure that the aims and objectives are achieved and, if necessary revised in the light of legislative or organisational requirements.”

3. Duties

3.1 Duties within the Organisation

The Chief Executive has nominated the Director of Clinical Quality and Improvement to oversee all matters relating to health, safety and welfare.

The Executive Directors will set standards for Health, Safety and Welfare (Key Performance Indicators (KPIs)) across the Trust in line with the Risk Management Strategy.

The Trust's Health, Safety and Welfare policies and arrangements will support and complement the Trust's Risk Management Strategy.

3.1.1 Training

The Director of Clinical Quality and Improvement is responsible for ensuring the adequate provision of training for matters related to health, safety and wellbeing to all staff via:

- The Health and Safety Team, who are responsible for identifying training needs for all staff through a training needs analysis (TNA). The training needs analysis must take into account the major source of risk to staff from a Health and Safety perspective (e.g.: Manual Handling, Violence and Aggression).
- It is the responsibility of the Health and Safety Team to ensure the TNA and contents remain current, and fit for purpose.
- The appropriate commissioning of training and development will be done in consultation with the Organisational Development Team.

3.1.2 Managers Responsibilities

Managers are the individuals charged by the Executive Directors with monitoring health, safety and welfare matters and for identifying objectives and priorities for action, as well as those identified in the Trust Risk Management Strategy. Each Senior Locality Manager (SLM) is responsible for setting up a local partnership forum for their locality where Health, Safety, Welfare and Security will be discussed as a standing agenda item. A County staff side representative should be included in this group.

Senior Managers are responsible for ensuring that health and safety policies, arrangements and procedures etc, are implemented. They are responsible for:

- setting standards so that the strategies and policies of the organisation are implemented effectively;
- developing KPI's to ensure effective monitoring, recording of incidents and ensure that effective actions are taken to prevent re-occurrence;
- the maintenance of a local risk register;
- the identification of training in health, safety and welfare for staff to include manual handling, slips, trips and falls (including falls from height) and violence and aggression which are the three main incident types affecting the Trust;
- ensuring that Risk Assessments are completed for staff, patients, visitors and others to identify any local risk, and ensure that they are placed on the risk register and that where Corporate risks are identified the Director of Nursing and Clinical Quality and the Director of Workforce and OD are notified. Following on from the assessment any significant risk identified should be communicated to all staff, contractors and visitors who are likely to visit Trust premises. These risk assessments should include:
- storage;

- manual handling;
- violence and aggression;
- slips, trips and falls (to include falls on level ground and falls from height), examples of which are:
 - falls from vehicle including tail lifts
 - uneven surfaces
 - falls from equipment
 - overturning equipment
 - environmental issues e.g. ice,
 - pot holes
 - stairs, steps and ladders
- ensuring that suitable funds are made available for identified high risk areas which eliminate or minimise the risks identified;
- ensuring that all risk assessments are reviewed every five years and/or if the nature of the work changes and/or if developments suggest that the assessment is no longer valid (for example, following an incident investigation).

All staff will have access to the Health, Safety and Security Manager, Occupational Health and Staff Side Health and Safety Representatives; qualified, competent people who can provide specialist advice on health and safety matters.

The Safety and Risk Lead reports to the Director of Clinical Quality and Improvement to ensure that statutory arrangements are in place and provide professional advice to the Trust, including:

- Ensuring the implementation and monitoring of Health and Safety Policies, arrangements and procedures etc;
- Ensuring the processes for local risk assessment are in place, in conjunction with Managers;
- Ensure managers are provided with the appropriate information, instruction and training on health, safety and welfare, to ensure compliance with the Health and Safety at Work etc., Act 1974 and relevant statutory provisions and the Trust training matrix;
- Ensure sample audits are undertaken to ensure compliance with Trust Policies and procedures;
- Undertaking incident investigations as necessary;
- Working with the People Development and Education Department to identify training needs for Health, Safety and Welfare;
- Ensuring that all relevant documentation, as required by Health and Safety Legislation is kept up to date and reported to the appropriate bodies, within the time scales required; and ensure that staff are provided with guidance on preventative measures to take in relation to hazards faced within the Trust.

All Managers are responsible for ensuring that health and safety policies, arrangements and procedures etc. are communicated and implemented. Managers are responsible for:

- Monitoring workplace(s), to ensure safe working conditions. Where hazards or risks are present, managers must ensure that these are identified, assessed and suitable action is taken.
- Ensuring staff, contractors and visitors are aware of safety procedures and any known hazards on site. Where information is passed to these persons they should sign to say that they have received and understood the information given;
- Ensuring that substances are stored, used, transported and disposed of in accordance with a suitable risk assessment , ensuring all plant and equipment is maintained, inspected and tested as required in consultation with Estates and Fleet Managers;
- Ensuring that required training, information, instruction and supervision is provided. Prior to the introduction of new equipment/processes and on an ongoing basis.
- Ensuring that all accidents/near misses/violent incidents are properly reported, recorded and investigated and appropriate steps are taken to rectify any risks to health, safety, welfare and security of staff and Trust premises;
- Holding, as necessary, meetings with appointed Health and Safety Representatives;
- Ensuring that any dangerous or potentially dangerous situation or practice is immediately brought to the attention of a senior manager and the Health, Safety and Security Manager; and
- Ensuring that statutory reporting to enforcement agencies is completed within the specified timescale.

3.1.3 Staff Responsibilities

Every employee must comply with the Health & Safety at Work etc., Act 1974, and relevant statutory provisions, plus all health, safety and welfare policies, arrangements and procedures of the Trust. This includes:

- Remembering that accident prevention is the responsibility of every employee;
- Taking reasonable care for their own and others' health, safety and welfare;
- Using Personal Protective Equipment provided in the interest of safety;
- Complying with any Health and Safety information, instructions and training issued by the Trust;
- Using work equipment provided in accordance with the information, instructions and training given;
- Reporting all accidents/near misses/violent incidents within 24 hours where possible and assist in their investigation as required;
- Not undertaking any task for which they are not authorised and competent to perform
- Not to use any equipment or machinery unless they have been trained in its safe use;
- Maintaining a level of fitness that enables you to undertake your work safely;
- Ensuring that dynamic risk assessments are carried out for each and every job done, so as to avoid any foreseeable hazards e.g. significant manual handling operations, slips, trips and falls, violence and aggression etc.;
- Co-operate with Managers investigating incidents so that any learnings can be identified to prevent re-occurrence; and
- Assisting management in the identification of any training needs.

The Trust recognises their responsibilities under the Safety Representatives and Safety Committees Regulations 1997 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended) and will ensure that their statutory obligations are met.

The Trust actively encourages the election of Health and Safety Representatives for each department, to represent and advise all members of staff in the workplace. It recognises the important role they can play in ensuring the Trust meets its legislative obligations and acting as exemplars in relation to health, safety and welfare. The Trust has a Health and Safety Committee comprising of Managers and Senior Safety Representatives. It is agreed that Health and Safety Representatives shall:

- Familiarise themselves with the Trust's Health and Safety policies and procedures;
- Support line managers in accident/near miss investigations;
- Liaise with managers to ensure health and safety policies, arrangements and procedures are implemented, complied with and reviewed;
- Assist with workplace safety inspections;
- Attend relevant Health & Safety meetings and disseminate information to the colleagues they represent; and
- Submit in writing, to their line manager, concerns or suggestions on health, safety and welfare.

3.1.4 Occupational Health and Wellbeing Team Responsibilities

Qualified Occupational Health Nursing staff will assist the Director of People and Culture and Senior Managers to identify and assess the risks to health in the workplace and also assist in the development of strategies and policies which aim to reduce the risks to health in the workplace. The Trust has a separate agreed policy covering Occupational Health and Wellbeing which includes:

- Assessing candidates pre-employment to ensure that their health will not be put at risk in their proposed employment and that they will not pose a risk to others;
- Post-employment screening;
- Confidentiality;
- Blood borne infections;
- Provide Management with Occupational Health advice as required;
- Providing access for staff healthcare offered by the Trust as appropriate; and
- Providing or arranging health surveillance and audits as required.

4. Definitions

The Trust	East of England Ambulance Service NHS Trust
The Policy	The Trust's Health and Safety Policy
Staff	Includes contractors, visitors and volunteers working on behalf of the Trust.

5. Welfare

- 5.1 The Trust provides a Staff Support scheme with the aim of supporting staff in the workplace. This is freely available to every member of staff and consists of employee counselling, critical incident debriefing and trained supporters.
- 5.2 The Trust accepts its responsibilities under the Workplace (Health, Safety and Welfare) Regulations 1992 and will ensure that these responsibilities are met.

6. Further guidance on health and safety

Is available from:

- Directors, Managers, the Safety and Risk Lead, the Health and Safety Team.
- Any elected Health and Safety Representatives, the County Representatives and the senior staff side Safety Representative.
- The Occupational Health Provider
-

7. Raising Awareness

The Trust raises awareness of the prevention and reduction of health and safety issues, through a number of mechanisms. The routes used are aimed at reaching as large an audience as possible.

- Team Briefings
- EAST24
- Need to Know
- Clinical Update
- Annual Workbooks
- Annual Professional Update training
- Notice Boards
- Email Communications
- Social media

8. Monitoring

- 8.1 The Trust's Health & Safety Committee will review health, safety and welfare activities and practices. This may involve the use of:

- Workplace inspections
- Minutes of meetings (For example: Local Partnership Forums, Estates, Vehicle Working Group)

- RIDDOR reports
- Accident/near miss statistics/investigations;
- Staff absence statistics along with Human Resources;
- Interrogation of local risk registers; and
- Records of local Health and Safety discussions.

8.2 Outcome of Health and Safety Committee meetings will be reported to the Quality Governance Committee at quarterly intervals.

8.2 For more details on monitoring see Appendix 1.

9. Key Performance Indicators

The Directors of the Trust will be setting up Key Performance Indicators which will be monitored by the Health and Safety Committee at each quarterly meeting.

10. Review

This Policy will be reviewed every two years by the Health and Safety Committee or earlier if prompted by changes in legislation or Organisational changes.

11. Additional References

Health and Safety at Work etc., Act 1974
Management of Health and Safety at Work Regulations 2003
Workplace (Health, Safety and Welfare) Regulations 1992
Safety Representatives and Safety Committees Regulations 1977 (as amended)
Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
Manual Handling Operations Regulations 1992
Provision and Use of Work Equipment Regulations 1998
Lifting Operations and Lifting Equipment Regulations 1998
Control of Substances Hazardous to Health Regulations 2002
Health and Safety (Display Screen Equipment) Regulations 1992
Health and Social Care Act 2012 (Regulated Activities) Regulations 2014

Appendix 1

Health & Safety Mandatory Training

To ensure that health and safety is managed across the whole of the East of England a certain level of competence is required. This can only be achieved by ensuring that the Trust has provided a level of training to staff commensurate with their responsibilities which are detailed in the health and safety related policies of the organisation.

The table below outlines the level of training required to assist staff to fulfil these roles and responsibilities. It is also a legal requirement to provide suitable and sufficient training for these roles and responsibilities.

The Health and Safety at Work etc Act 1974 requires you to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of your employees. The training outlined below is suitable and sufficient based on the level of management responsibilities in the Health and Safety Policy.

Level of Management	Training deemed appropriate by the HSE	Internal/external training
CEO, all Directors, Non-Executive Directors	IOSH, Directing Safely or equivalent 1 day External provider	Training is provided by an external provider
Senior Managers	IOSH Managing Safely level qualification or equivalent. 3-4 days External provider	Training is provided by an external provider
Other Staff with Management Responsibilities	IOSH Managing Safely level qualification or equivalent 3-4 days. External provider	Training is provided by an external provider
Other Staff with Management Responsibilities	Risk assessment, Incident Investigation training and RIDDOR training, COSHH (in departments where staff are likely to come in contact with hazardous substances) and PUWER (in departments where equipment is used).	Currently being provided (when possible) internally.

<p>All Staff</p>	<p>All clinical staff will attend training within their initial course and then receive refresher training on a 3 yearly basis, All other staff will complete this training by e-learning completing the national content then refresher on a 3 yearly basis.</p>	<ul style="list-style-type: none"> • Internal
<p>Health and Safety Officer and Specialist</p>	<ul style="list-style-type: none"> • NEBOSH Diploma or equivalent 	<ul style="list-style-type: none"> •



APPENDIX 2 – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
This policy	The Policy is the responsibility of the Trust Board assisted by the Health and Safety Committee which is chaired by the Director of Clinical Quality and Improvement who is the nominated Director for Health Safety and Security in the Trust	This Policy will be reviewed every two years or when circumstances indicate that it is no longer valid	Every two years	Health & Safety Committee Minutes Board Minutes	Minutes of Meetings	The Director of Clinical Quality and Improvement and the Safety and Risk Lead will monitor this policy.	The policy will be communicated to all staff via the internal intranet. That staffs that do not have access to this format will be informed by their manager and a copy of the policy will be placed on the premises notice board.
Duties of staff	Each individual within the Trust have their duties identified within the policy	Managers at all levels of the organisation are responsible to ensure compliance with this policy. Inspections are carried out by Trade Union and managers and audits are undertaken of a percentage of the Trust's properties. All incident reports are investigated and learnings and	Quarterly by Trade Union. Annually by managers. Between 5-10% audits undertaken throughout the year.	Inspection reports Inspection reports Audit reports.	The Health & Safety Committee receive quarterly reports of all key issues identified during these inspections and action is taken where local agreement has not been reached.	Managers act on recommendations. Where this does not happen it is escalated to the next level.	Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.



What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Risk Assessments with regard to both staff, visitors, patients and falls from height.	Where the Trust has control over premises or what staff do, managers are responsible for undertaking risk assessments. Where the Trust does not have control, staff are required to undertake dynamic risk assessments to minimise risks to themselves, patients and others.	The Trust has an agreed risk proforma which is used.	The Trust reviews risk assessments every 5 years or where a situation deems the risk assessment invalid. These assessments are also reviewed following an incident to a member of staff, patients or others.	Risk assessments. Local managers have the responsibility for populating their local risk register and advising staff and others of the findings of the risk assessment. All staff are required to report incidents to themselves, patients or others on the Trust DATIX incident reporting system.	Any issues are reported to the Health & Safety Committee as necessary. Slips, trips and falls, Manual Handling and Violence and Aggression are mandatory reporting requirement for the Health & Safety Committee which meets quarterly.	The Safety and Risk Lead and the Health and Safety Officer will work with managers to ensure that an action plan is developed and agreed.	Where changes are required they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.
Training	Managers, Health and Safety Committee, Organisation Development (OD),	Training needs analysis, attendance sheets	Annual training needs analysis and on a needs basis.	Attendance sheets, training needs analysis .	Monthly	The Health and Safety Team and OD report this to the appropriate	Any required changes to practice will be identified and actioned within a specific time



	, Health and Safety Team					managers and groups for actions	frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons learned will be shared with all the relevant stakeholders.
What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Awareness	Managers, O D, Safety and Risk Lead and the Health and Safety Officer	Individual briefings, East24, Need to Know, email, notice boards. Local managers are also responsible for ensuring that any local areas where slips, trips or falls could occur are communicated to anybody else likely to visit the premises.	Health & Safety Information is sent out on a regular basis and managers and staff are reminded annually of the areas that are required to be kept clear of ice and snow.	Emails, information sheets and postings on the Trust's intranet site.	The Health & Safety Committee receive quarterly reports on all slips, trips and falls incidents so that trends etc may be identified to reduce the number of slips, trips and falls.	The Health & Safety Committee, Health and Safety Working Group, Safety and Risk Lead and the Health and Safety Officer will work with managers to ensure that an action plan is developed and agreed with timelines.	Where changes are required, they will be communicated to all staff using the Trust email system, the intranet or via managers for those staff who do not have access to PCs.



Appendix 3 - Equality Impact Assessment Summary

Guidance Notes

Equality Impact Assessments (EIA) and Equality Analysis are processes by which we assess or test the impact of the way we provide our services be it services to our communities or staff. They are relevant to all of our services, policies and procedures and functions. They are a legal requirement and adhere to the EDS2 and Equality Act 2010.

EIA's are primarily used to help us demonstrate that we have considered equality and is designed to make us challenge our own assumptions about whether a policy or service is fair to all? We need to ensure and provide evidence that people are not being excluded or treated unfairly. We collect this evidence via equality analysis.

Providing information

We have a wealth of information that we can call on to help us assess the impact of our services, policies and procedures from an equality perspective. This could include data that is routinely collected. It can also include minutes from management or team meetings. It could simply be conversations we have with our staff and communities / service users who have used a particular service. Information could come from outside the service I, such as our partners or visitors. Anything that helps inform our understanding can be included.

Protected Characteristics

Through the EIA process, we are asking managers and staff to think seriously about equality based on the protected characteristics which we are bound by law to consider:

Race
Gender
Age

Religion/belief
Disability
Gender re-assignment

Marriage/Civil Partnership
Sexual orientation
Pregnancy/maternity

Action Plans

You may find that you need more information to help make a full assessment. Please put down what information you need and identify in the action plan, how you intend to collect it. When completing your action plan it is important that you clearly state where within existing management structures those actions will be performance monitored.

Guidelines	
Written policy involving staff and patients	X
Strategy	
Changes in practice	



Department changes	
Project plan/Action plan	
Other (please state) Training Programme	

Please do not view EIAs as a simple tick box exercise designed to placate or meet the needs of some bureaucratic government department and something which can be ignored. Should we ever face a legal challenge on the grounds of discrimination, we will be asked to demonstrate to the courts that we have met the full requirements of the law. The completed EIA is ours/your written evidence of our commitment to equality, diversity, inclusion and human rights.



Equality Impact Assessment

EIA Cover Sheet																	
Name of process/policy	Health and Safety Policy																
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL027																
Person responsible for process/policy	Ajay Kumar (Health and Safety Officer) Tracy Nicholls (Director – Clinical Quality and Improvement)																
Directorate and department/section	Clinical Quality																
Name of assessment lead or EIA assessment team members	Ajay Kumar, Amanda Marsh																
Has consultation taken place? Was consultation internal or external? (please state below):	Internal – The policy was submitted to the Health and Safety Committee for approval. The Health and Safety Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc. The minutes of the policy are also available on the intranet for staff to view																
The assessment is being made on: Please tick whether the area being assessed is new or existing.	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state) Training programme.</td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state) Training programme.	
Guidelines																	
Written policy involving staff and patients	X																
Strategy																	
Changes in practice																	
Department changes																	
Project plan																	
Action plan																	
Other (please state) Training programme.																	



Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to ensure so far as is reasonably practicable, the health, safety and well-being of the East of England Ambulance Service Trust NHS Trust staff, visitors and the general public, as well as satisfying the requirements of the of relative legislation.

The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate "Due Regard" in all aspects of our business

Who does the policy/procedure/practice/event impact on?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Who is responsible for monitoring the policy/procedure/practice/event? Director – Clinical Quality and Improvement

What information is currently available on the impact of this policy/procedure/practice/event?

The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed and approved by the Health and Safety Committee (the Committee is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.).

Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?

No. I have reviewed the contents of the policy and its impact with the EDI Team. However, I will review the policy the external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.



Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes

Race	<input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>	Marriage/Civil Partnership	<input checked="" type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input checked="" type="checkbox"/>
Age	<input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>

Please provide evidence:

The policy aims to ensure as far as reasonably practicable, the health, safety and well-being of the staff at East of England Ambulance Trust.

Currently, there is no evidence that the policy will have a negative impact. The policy will be reviewed on a regular basis to minimise the risk of any negative impact.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics?

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>

Please provide evidence:

No. The policy is aimed to protect staff regardless the characteristics mentioned above.

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?



Who - Ajay Kumar
How- Regular review of the policy
By – Every two years (earlier , if required)
Reported to – Director- Clinical Quality and Improvement

