



Health and Safety Policy (Appendix Q) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy

DOCUMENT INFORMATION	
Author:	John Dunn, Head of Risk and Security
Ratifying committee/group:	Health, Safety and Risk Group
Date of ratification:	25 th July 2018
Date of Issue:	26 th July 2018
Review due by:	July 2021
Version:	V6

Contents (this is an automatic table, use the headings throughout the document and then **right** click on the table and select update field, then update entire table)

1.	Introduction	3
2.	Scope.....	3
3.	Equality statement.....	3
4.	Aim.....	3
5.	Roles and Responsibilities	4
5.1	Trust Board	4
5.2	Chief Executive	4
5.3	Executive Directors	4
5.4	Managers and Supervisors	4
5.5	All staff	5
5.6	The Risk Team.....	5
6.	Definitions	6
7.	Categories of incidents reportable to the Health and Safety Executive.....	6
8.	Timeframes for the reporting of incidents to the Health and Safety Executive	9
9.	Road Traffic Incidents	10
10.	Work-related Stress.....	10
11.	Training	10
12.	Equality and Diversity.....	10
13.	Monitoring.....	10
14.	Consultation and Review.....	11
15.	Implementation (including raising awareness).....	11
16.	References	11
17.	Associated documentation	11
18.	Appendix 1: Review Table.....	13
19.	Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies	15
20.	Appendix 3: Equality Impact Assessment Form Section One – Screening....	18
21.	Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment.....	22
22.	Appendix 5: Ratification Checklist	26

1. Introduction

- 1.1 The Trust recognises its responsibilities under the Health and Safety at Work Act 1974 and also its responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to report all 'notifiable incidents' arising out of or in connection with work within the specified timeframes to the Health and Safety Executive (HSE).
- 1.2 This policy sets out the Trust's arrangements regarding the reporting of 'notifiable incidents' in accordance with RIDDOR to the Health and Safety Executive (HSE).

2. Scope

- 2.1 This policy applies to all who work for or on behalf of the Trust. It also applies to anyone who is adversely affected by the activities of the Trust and as a result of this sustains an injury or disease that is reportable, under RIDDOR, to the Health and Safety Executive (HSE).

3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

- 4.1 The aim of this policy is to:
 - Ensure that the Trust has framework whereby all 'notifiable incidents' are identified and reported to the HSE within the specified timeframes
 - Ensure staff and management are aware of the process by which incidents are reported
 - Inform all managers and staff within the Trust about the types of injuries, diseases

and dangerous occurrences that are covered under the RIDDOR and which must be reported to the HSE

- Inform all managers and staff within the Trust about the necessity and importance of reporting all incidents but in particular those incidents which are reportable to the HSE
- Ensure that 'notifiable incidents' are investigated
- Ensure that the Health, Safety and Risk Group receive a report on the number of 'notifiable incidents' which are reported to the HSE.

5. Roles and Responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated health and safety policies.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall accountability for ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved and that effective machinery is in place for the achievement of the policies concerned with health, safety, welfare and environmental protection.

- 5.2.2 He is also responsible for ensuring that:

- Trust policies are reviewed as appropriate in order to secure continuing compliance with existing policies, current legislation and any changes in the law
- the allocation of the resources necessary to maintain sound and efficient health and safety arrangements
- the effective implementation of this policy within the Trust.

5.3 Executive Directors

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Managers and Supervisors

- 5.4.1 Managers and Supervisors are responsible for:

- advising their staff that they should report all incidents immediately or within 24 hours of the incident occurring
- bringing this policy to the attention of their staff

- informing the Risk Team if one of their staff is off work as a result of an incident at work and is likely to be off for over seven days, not including the day of the incident; and/or they anticipate one of the staff is going to be off work for over seven days as a result of an injury at work
- informing the Risk Team if one of their staff is unable to do their full range of duties for over seven days (not including the day of the incident) as a result of an incident at work or an injury sustained at work
- investigating any incidents reported by their staff; and in particular any incidents involving their staff which have been reported to the HSE as per RIDDOR
- working with other departments in the Trust to prevent a similar incident occurring;
- providing, upon request, a report to the Health, Safety and Risk Group on the investigation into any incidents involving their staff which have been reported to the HSE.

5.5 All staff

5.5.1 All staff are responsible for:

- taking reasonable care of their own health and safety and that of others and should not act in a way that puts themselves or others at risk
- reporting any incidents, particularly any 'notifiable incidents' immediately or within 24 hours using the Trust's Incident reporting system, Datix
- advising the Trust in the approved manner, on the first day of sick leave, that they are going to be off work.

5.6 The Risk Team

5.6.1 The Risk Team, and in particular the Non-Clinical Risk Manager, are responsible for:

- identifying all 'notifiable incidents' which should be reported to the HSE
- reporting all 'notifiable incidents' to the HSE via the designated F2508 form
- informing all relevant managers that a 'notifiable incident' involving one of their staff has been reported to the HSE
- informing Occupational Health of the reports made to the HSE in accordance with RIDDOR
- assisting the manager, where appropriate, with the investigation into incidents reported to the HSE
- informing and inviting managers who have investigated 'notifiable incidents' to present their report to the Health, Safety and Risk Group
- providing either a monthly, bi-monthly and quarterly report on the numbers and type of 'notifiable incidents' that have been reported to the HSE to the following: Health, Safety and Risk Group, the Quality and Safety Committee and the Contract Quality Review Meeting
- liaising with the HSE in connection with any RIDDOR incident.

6. Definitions

- 6.1 A 'notifiable incident' is any incident, injury, disease or dangerous occurrence that has to be reported to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

7. Categories of incidents reportable to the Health and Safety Executive

- 7.1 Under RIDDOR, the Trust has a duty to report five broad categories of incident arising 'out of or in connection with' work or work activities, these are:

- **Fatalities**
- **Major injuries** such as certain physical injuries (e.g. breaking an arm/leg)
- Incidents which incapacitate an employee for **over seven days** (such as the spraining of an ankle and/or physical violence)
- **Diseases** (such as occupational asthma, allergy to latex)
- **Dangerous occurrences** (such as an electrical fault which causes a fire or explosion).

Each of these categories will be considered more fully below.

7.2 Duty to report fatalities:

- 7.2.1 The Trust has a duty to report a fatality of:

- a Trust employee if it occurs whilst they are at work
- a self-employed person if it occurs whilst they are either working on Trust premises and/or on behalf of the Trust
- a member of the public if it occurs whilst they are on Trust premises.

- 7.2.2 All of these fatalities if they arise out of or in connection with work or work activities must be reported to the HSE **immediately** by telephone and a report (F2508 form) completed and sent to the HSE.

- 7.2.3 The Trust's Risk Team Health will do this immediately once the fatality has been reported to them.

- 7.2.4 A fatality of a patient due to medical reasons is not reportable to the HSE.

7.3 Duty to report major injuries:

- 7.3.1 The Trust has a duty, within 10 days of the incident occurring, to notify the HSE of the following types of major injuries:

- Fatality: if an employee is killed whilst at work (notify the HSE immediately)
- Fractures to limbs, other than fingers, thumbs or toes
- Amputation
- Dislocation of shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours

- Any other injury leading to hypothermia, heat-induced illness or unconsciousness which requires resuscitation or admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- Acute illness requiring medical treatment, or loss of consciousness due to absorption of any substance by inhalation, ingestion or through the skin
- Acute illnesses requiring medical treatment due to exposure to a biological agent or its toxins or infected material.

7.4 Duty to report injuries to people not at work

7.4.1 The Trust has a duty to report to the HSE, **within 10 days**, any injury to a person not at work (member of the public/patient/patient's relative, carer, etc.) if it arises out of or in connection with the work activities of the Trust and results in them being taken to hospital (irrespective of whether they receive treatment or not).

7.4.2 If a person who is not at work is injured on a Trust premises as a result of an accident arising out of or in connection with work and sustains a major injury listed above then this must be reported to the HSE.

7.5 Duty to report an 'over seven day injury':

7.5.1 The Trust has a duty to report to the HSE, **within 15 days**, any accidents at work (including an act of physical violence) which results in a Trust employee or a self-employed person (working at or for the Trust) going off work for over seven days (not including the day of the injury).

7.5.2 An 'over seven day injury' is one which is not major but which results in the injured person being away from work **or** unable to do the full range of their normal duties for **more than seven days** (including any days they would not normally be expected to work, such as week-ends, rest days or holidays) but not counting the day of the injury.

7.5.3 Examples of 'over seven day injuries' include:

- A clinician suffers a back injury when lifting a patient and is incapacitated from work or unable to do the full range of their normal duties for 'over seven days' (not including the day of the injury)
- A receptionist trips over in the office and sprains his/her ankle and is incapacitated from work or unable to do the full range of their normal duties for 'over seven days' (not including the day of the injury)
- A clinician or non-clinician is assaulted by a patient and is incapacitated from work or unable to do the full range of their normal duties for 'over seven days' (not including the day of the injury) due to the injury sustained and the shock.

7.6 Duty to report work-related diseases:

7.6.1 If a Doctor or the Occupational Health Department notifies the Trust that a member of staff suffers from a work related disease that has been contracted at work or arising from work activities then the Trust has a duty to report this, **within 10 days** of receiving this information or the incident occurring, to the HSE.

7.6.2 Reportable Diseases include:

- Some skin diseases, such as occupational dermatitis

- Occupational asthma or respiratory sensitisation
- Infections such as hepatitis, tuberculosis, legionellosis and tetanus
- Any other infection reliably attributable to work with biological agents or potentially infected material
- Other conditions, such as occupational cancer and certain musculoskeletal disorders.

7.6.3 Examples of Reportable Diseases include:

- A clinician contracts Tuberculosis (TB) after attending to a patient with TB
- A display screen equipment user suffers from work-related upper limb disorder
- A clinician suffers dermatitis associated with wearing latex gloves
- A clinician becomes Hepatitis B positive after contamination with blood from an infected patient.

7.6.4 Examples of diseases which are not reportable:

- A clinician becomes colonised with Methicillin-resistant Staphylococcus Aureus (MRSA) after treating a patient infected with MRSA
- A clinician catches chicken pox after dealing with patients who have chicken pox where he/she has worked, but whose child also has chicken pox.

7.6.5 Types of reportable diseases consist of:

- Certain poisonings from acrylamide monomer; arsenic; benzene; beryllium; cadmium; carbon disulphide; diethylene dioxide; ethylene oxide; lead; manganese; mercury; methyl bromide; nitrochlorobenzene; oxides of nitrogen, phosphorus
- Some skin diseases such as occupational dermatitis due to work with glutaraldehyde; biocides, anti-bacterials, preservatives or disinfectants; organic solvents, anti-biotic or other pharmaceuticals and therapeutic agents
- Occupational dermatitis due to work with oxidising agents such as domestic bleach or reducing agents; soaps and detergents; and any other known irritants or sensitising agents, particularly chemicals bearing the warning 'may cause sensitisation by skin contact' or 'irritating to the skin'
- Skin cancer, chrome ulcer, oil folliculitis/acne
- Occupational asthma due to work with isocyanates, proteolytic enzymes, anti-biotics, glutaraldehyde
- Lung diseases including farmer's lung, pneumoconiosis, asbestosis, lung cancer, mesothelioma
- Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus
- Other conditions such as: occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome
- Inflammation, ulceration or malignant disease of the skin and/or bones due to work with ionising radiation
- Blood dyscrasia due to work with ionising radiation.

7.7 Infections

7.7.1 For the purposes of RIDDOR, an infection is the entry and multiplication of an infectious agent in the body causing a damaging reaction in the tissue.

7.7.2 The Trust would only need to report a case of infection listed above only when it is attributable to the work that a person does.

7.8 Duty to report dangerous occurrences

7.8.1 The Trust has a duty to report, **within 10 days** of them occurring the following dangerous occurrences:

- Collapse, overturning of load bearing parts of lifts lifting equipment
- Explosion, collapse or bursting of any closed vessel or associated pipe work
- Electrical short circuit or overload causing fire or explosion
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of a material beyond a site boundary, injury caused by explosion
- Accidental release of a biological agent likely to cause human illness
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period
- Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall
- A dangerous substance being conveyed by road is involved in a fire or released
- Unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false work
- Explosion or fire causing suspension of normal work for over 24 hours
- Sudden or uncontrolled release in a building of:
 - 100kg or more of a flammable liquid
 - 10 kg or more of a flammable liquid above its boiling point
 - 10 kg or more of a flammable gas
 - 500kg of these substances if released into the open air.
- Accidental release of any substance which may damage health.

Please note, the above list is not exhaustive.

8. Timeframes for the reporting of incidents to the Health and Safety Executive

8.1 The time frames for the reporting of incidents to the Health and Safety Executive (HSE) are as follows:

- **Fatalities** arising out of or in connection with work have to be reported **immediately** by telephone to the HSE and a report (F2508 form) must be completed and sent to them **within 24 hours**.
- All major injuries (with the exception of 'over seven day' injuries) and certain diseases and dangerous occurrences have to be reported to the HSE **within 10 days**.
- 'Over seven day' injuries (not including the day of the injury) have to be reported to the HSE **within 15 days**.

8.2 As there is strict liability attached to these regulations, a failure to report to, or a late report to the Health and Safety Executive can result in the Trust being prosecuted in a criminal court of law.

9. Road Traffic Incidents

9.1 Road traffic incidents arising from the movement of a vehicle on a road are only reportable where either the injured person was engaged in, or a person was injured as a result of:

- Exposure of a substance being conveyed by a vehicle
- Vehicle loading and unloading activities but not picking up or dropping off passengers
- Construction, demolition, alteration, repair or maintenance activities on or alongside public roads
- An accident involving a train.

9.2 Although a road traffic incident may not be reportable under RIDDOR to the HSE, it would not prevent them from investigating the incident.

10. Work-related Stress

10.1 Any reported incidents of work-related stress are not reportable to the HSE under RIDDOR because work-related stress is held to be psychological in nature and not physiological.

10.2 However, if an employee goes off work with stress as a result of a particular single incident and is experiencing post-traumatic stress disorder then this could be reportable. In such cases, the Manager of the individual who has gone off on sick leave as a result of such an incident would have to discuss this incident with the Risk Team.

11. Training

11.1 The Trust recognises the importance of Training and Education in increasing awareness of risk and safety issues. On Induction, all staff will receive information, instruction and training and in relation to health and safety, reporting incidents and 'notifiable incidents' under RIDDOR.

12. Equality and Diversity

12.1 An equality and diversity impact assessment has been carried out, please see appendix 3.

13 Monitoring

13.1 The effectiveness of this policy will be monitored in the following way.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of notifiable incidents reported to the HSE every	a) Report from the Risk Team.	a) Non-Clinical Risk Manager.	Health, Safety and Risk Group.	Annually as minimum.

quarter or two months. b) The number of notifiable incidents reported to the HSE within the designated timescales.	b) Report form the Risk Team. c) Audit on 10% of the notifiable incidents reported to the HSE.	b) Non-Clinical Risk Manager. c) Head of Risk and Security.		
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14. Consultation and Review

- 14.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.
- 14.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Health, Safety and Risk Group	22/7/14 to 11/8/15	N
All managers and staff	22/7/15 to 11/8/15	Y

15. Implementation (including raising awareness)

- 15.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters.
- 15.2 Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

16. References

- Health and Safety at Work Etc. Act 1974
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- Management of Health and Safety at Work Regulations 1992 (Amended 1999).

17. Associated documentation

- 17.1 The Trust documentation associated with this policy is as follows:
- Health and Safety Policy & Procedures
 - Adverse Incident Reporting and Investigation Policy
 - Risk Management Strategy

- Management of Violence and Aggression Policy & Procedures

18. Appendix 1: Review Table

Version	Reason for change	Overview of change
V4	Review of Policy	<p>Adoption of new policy template.</p> <p>Complete re-writing of the policy, which included making amendments to all of the sections.</p> <p>Amendments to the duties and responsibilities of the: The Board, Executive Directors, Managers and Supervisors, Employees, The Risk Team.</p> <p>Inclusion of new sections 5, 6, 7, 8, 9, 11, 13, 14, 15 and 16.</p>
V4	Following consultation	<p>In section 4.4.1, additional bullet point included which states:</p> <p>Informing the Risk Team if one of their staff is unable to do their full range of duties for over seven days (not including the day of the incident) as a result of an incident at work or an injury sustained at work</p> <p>In Appendix 2, reference to Director of Patient Care changed to Director of Quality and Patient Care.</p> <p>Reference to Director of IT changed to Associated Director of Information Management and Technology (IM&T).</p> <p>Reference to the Director Operations is changed to Chief Operating Officer.</p> <p>Reference to Information and IT policies being dealt with by IT Steering Group and the Quality and Safety Committee is changed to the IM&T Control Board and the Audit Committee.</p>
V5	Inclusion of Equality statement	<p>Inclusion of the Equality statement as approved by the Health, Safety and Risk Group on the 28/1/2016.</p>
V6	Review of policy	<p>Section 1.1: Reference to RIDDOR 1995 (amended 2012) changed to RIDDOR 2013 both here and throughout the policy.</p> <p>Section 3: removal of 3.4 Employees exercising their rights and entitlements</p>

		<p>under these regulations will suffer no detriment as a result.</p> <p>Section 6: Reference to RIDDOR 1995 (amended 2012) changed to RIDDOR 2013.</p> <p>Section 19: Reference to Director of Quality and Patient Care changed to Director of Patient Care and Service Transformation, here and throughout this section.</p> <p>Reference to Information Governance Steering Group Changed to Information Management and Technology (IM&T) Control Board.</p> <p>Reference to Clinical Review Group changed to Patient Safety Group.</p> <p>Section 16: Reference to RIDDOR 1995 (amended 2012) changed to RIDDOR 2013.</p> <p>Section 20: Equality Impact Assessment chart amended so that reference to Positive and Negative impact and reasons are in bold type.</p> <p>Change of phone number.</p> <p>Disability, Sexual Orientation and Religion/ Belief put in bold type; and removal of reference to Trans people.</p> <p>Section 21: Change of phone number; and insertion of EQIA Action Plan.</p> <p>Section 22: Date of Equality Impact Assessment – new date added; and Name of Accountable Group Chair added.</p>
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19. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operating Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology (IM&T) Control Board	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operating Officer	As appropriate	Quality and Safety Committee	Committee decision

Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision
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20. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Reporting of Injuries, Disease and Dangerous Occurrences Regulations.

Officer completing assessment: John Dunn, Head of Risk and Security

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
To provide a framework within the Trust for managing the reporting of 'notifiable incidents' to the Health and Safety Executive (HSE) in accordance with RIDDOR.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>The organisational objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place:</p> <ul style="list-style-type: none"> • for the reporting and investigation of all incidents to the Trust • for the identification of 'notifiable incidents' and the reporting of these incidents to the Health and Safety Executive; • for the investigation of all 'notifiable incidents' • for the provision of a either a monthly, bi-monthly or quarterly report on the numbers and types of 'notifiable incidents' to the Health, Safety and Risk Group, the Quality and Safety Committee and the Contract Quality Review Group.
3. Who will be the main beneficiaries of the strategy/function/policy?
Staff, Managers, Patients.
<p>1. Use the table overleaf to indicate the following:-</p> <ol style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	N/A	N/A	No impact either positive or negative identified.
	Men	N/A	N/A	No impact either positive or negative identified.
RACE	Asian or Asian British People	N/A	N/A	No impact either positive or negative identified.
	Black or Black British People	N/A	N/A	No impact either positive or negative identified.
	Chinese people and other people	N/A	N/A	No impact either positive or negative identified.
	People of Mixed Race	N/A	N/A	No Impact either positive or negative identified.
	White people (including Irish people)	N/A	N/A	No impact either positive or negative identified.
DISABILITY	Disabled People	N/A	N/A	No impact either positive or negative identified
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	N/A	N/A	No impact either positive or negative identified
AGE	Older People (60+)	N/A	N/A	No impact either positive or negative identified
	Younger People (17 to 25) and children	N/A	N/A	No impact either positive or negative identified
RELIGION/BELIEF	Faith Groups	N/A	N/A	No impact either positive or negative identified
	Equal Opportunities and/or improved relations	N/A	N/A	No impact either positive or negative identified

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Use clear, simple language.		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Use clear, simple language.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
N/A.		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn		
Date: 17/7/2018		

21. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Reporting of Injuries, Diseases and Dangerous Occurrences Policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	

Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality Orientation	
Age	
Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....
.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....
.....
.....
.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

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.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

Policy Title	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Policy
Author's Name and Job Title	John Dunn, Head of Risk and Security
Review Deadline	11/8/2015
Consultation From – To (dates)	22/7/15 to 11/8/15
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	Y (22/7/15) and 17/7/2018.
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	25 th July 2018
Date Policy is Active	26 th July 2018
Date Next Review Due	July 2021
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle, Chief Operations Officer