FIRE SAFETY POLICY

Version 3.0

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Name of Policy:	Fire Safety
Date Issued:	15th May 2019
Date to be reviewed:	2 years from date of issue or sooner if required

Policy Title:	Fire Safety
Supersedes: (Please List)	Fire Safety Policy V2.0
Description of Amendment(s):	Policy reviewed, changes to job titles, added bribery paragraph, no material changes.
This policy will impact on:	All staff and visitors to Hull CCG Premises
Policy Area:	HR & Corporate Policies
Version No:	3.0
Author:	Helen Johnson, Health & Safety Advisor
Effective Date:	15th May 2019
Review Date:	May 2021, or before if required.
Equality Impact Assessment Date:	Attached
APPROVAL RECORD	Integrated Audit and Governance Committee	14th May 2019
Consultation:	T Yel (Staff Side – GMB)	27th March 2019

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1. Introduction

Fire is a destructive force that not only threatens the life of staff and visitors, but causes damage to property and disrupts business. Even a relativity minor fire can have significant implications in relation, for example, to loss or damage to records or equipment, property and personal effects.

The consequences of fires in premises can be especially serious because of the dangers and difficulties associated with the emergency evacuation of staff and patients, some of whom are likely to have restricted mobility.

The aim therefore, must be to ensure that, if possible, outbreaks of fire do not occur, but if and when they do, they are rapidly detected, effectively contained and quickly extinguished. Rapid and effective means of evacuating all premises must be in place and a thorough understanding of fire procedures is therefore essential for all staff, particularly for those with management responsibilities.

2. Purpose

The purpose of this document is to provide guidance to staff on fire safety. Hull Clinical Commissioning Group (hereafter the CCG) is committed to providing a fire safe environment for all patients and visitors, its own staff and everyone based at its premises.

This will be achieved by ensuring CCG premises meet mandatory and statutory fire precaution standards and through a framework of policies, procedures and training. The management of fire safety is an ongoing process. Standards will be kept under constant review and the impetus for improvement maintained.

The CCG accepts that a fire safety strategy requires a high level of management commitment, professional competence and adequate resources.

3. Scope

This policy applies to all employees of the CCG, any staff who are seconded to the CCG, contracted and agency staff and any other individual working on CCG premises.

This policy applies to all CCG premises whether owned or leased, and forms part of the overall risk management strategy.

To this end, this policy will be circulated to representatives of tenant and contractor organisations.

4. IMPACT ANALYSES

4.1 Equality

The CCG is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and

- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached at Appendix 2. As a result of the initial screening, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage.

The application of this policy will be monitored alongside recruitment monitoring data to ensure fair application.

4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 01482 866800 or email at nikki.cooper1@nhs.net, Due consideration has been given to the Bribery Act 2010 in the review of this policy document and no specific risks were identified.

5. NHS CONSTITUTION

5.1 The CCG is committed to:

- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

5.2 This Policy supports the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

6. Responsibilities

6.1 Chief Officer

- The Chief Officer is responsible for compliance with all statutory fire safety requirements and Fire Code.

- The Director of Quality and Clinical Governance/Executive Nurse is responsible for assisting the Chief Officer in the discharge of these responsibilities, and is nominated as having responsibility for fire matters at CCG Board level.

6.2 Fire Safety Advisor

- The Fire Safety Advisor will ensure processes, policies and procedures are in place to comply with statutory requirements such as the Regulatory Reform (Fire Safety) Order 2005. They will:

- Ensure that regular reports are presented to the Health & Safety Group informing them of the current state of fire safety in premises for which the CCG is responsible.

- Ensure that fire related incidents are reported and investigated and actions are taken to mitigate any risks and address any issues identified from this process

- Receive reports following Fire Risk Assessments and ensure that action is taken to mitigate risks and address the issues identified.

- Review and revise, where appropriate, all policies and procedures relating to fire safety.

6.3 Line Managers

- Line managers are responsible for ensuring that fire safety procedures and particular instructions are brought to the attention of all staff and observed by them.

- They should ensure that every member of staff participates in mandatory fire training at the required intervals.

- Line managers have a responsibility to communicate and co-operate with other tenants in shared buildings.

- Line managers will ensure that any concerns raised by staff are taken up with the Fire Safety Advisor.

6.4 Fire Wardens

- Fire Wardens will be identified at each site for which the CCG holds responsibility. Their identity will be recorded in the Fire Folder and are also identified on staff notice boards.

- Fire Wardens will ensure that the premises are evacuated, that the whereabouts of all individuals is ascertained and that information which may be of assistance is promptly reported to the fire service on alarm activation.

- Fire Wardens will also carry out weekly/monthly checks on fire extinguishers, and will carry out weekly sounding of the fire alarm (unless this is covered elsewhere by a shared tenancy agreement)

6.5 All Staff

- All staff have a responsibility to ensure they are familiar with the fire evacuation routine, location of fire alarm operating points, firefighting equipment and how to use them. The above will apply to sites where the staff are based, as well as those sites which they visit on a regular basis.

- All staff will complete mandatory fire training annually.

- Staff should be encouraged to report to managers instances where properly agreed fire safety procedures are not being implemented or observed, i.e. anything affecting the integrity of escape routes and fire compartments, continued use of faulty equipment etc.

- In the event of fire, staff should follow the site Evacuation Procedure, taking additional direction from site designated Fire Wardens as required.

7. Statutory Requirements

The main Acts and regulations which have a bearing on fire safety are:

- The Regulatory Reform (Fire safety) Order 2005
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Building Act 1984

Each of these statutes contains provisions which stipulate that non-compliance is a criminal offence and set out the penalties for such offences. The penalties on conviction include fines, imprisonment or both. Those with managerial responsibility within the CCG, as well as the corporate body, may be prosecuted.

8. Fire Risk Assessments/Audits

8.1 All premises will be the subject to a comprehensive fire risk assessment (required by the Regulatory (Fire Safety) Order 2005), which will:

- Identify potential hazards
- Determine if any individuals, (patients, staff or visitor) are at significant risk
- Evaluate the risks and determine whether the existing safety provisions are adequate and appropriate and, if not, put forward proposals for removing, replacing or reducing the risks found

All identified risks will be documented and systematically analysed and prioritised for action as necessary.

8.2 All relevant staff and visitors should receive information on systems put into place to minimise risk and, where appropriate, staff training is to be undertaken to facilitate this and reduce knowledge gaps.

8.3 The assessment will be in writing and kept in a 'fire file' and made available to authorised inspectors on request.

8.4 The assessment will be reviewed on a regular basis and revised if significant changes to the premises, procedures, processes or equipment lead to new or increased hazards invalidating the original assessment.

8.5 At least annually, the Fire Safety Advisor will audit the premises against the risk assessment in order to ensure continuing compliance with the Regulatory Reform (Fire Safety) Order 2005. The audit is to be recorded and retained with the copy of the risk assessment.

9. Fire Equipment

The CCG will provide a range of suitable fire equipment at each site which is appropriate to the nature of the fire risks in the vicinity.

At all CCG sites, a record will be maintained of fire equipment tests and checks. These records will be kept with the 'fire file' and will be kept for at least 3 years. The records will include:

- Tests and maintenance on fire alarm and detection systems, emergency lighting and firefighting equipment
- The date of the test or maintenance and who carried them out
- Details of defects and action taken
- Date defects rectified and by whom.

10. Fire Reporting Procedure

- In the event of fire, the action of staff will be in accordance with the fire evacuation procedure formulated for the premises. The fire and rescue service must be notified of all fire incidents.

- All fire incidents and false alarms will be reported by the manager/Nominated Fire Officer for the premises to the Fire Safety Advisor. Any fire or false alarm of a malicious nature or doubtful origin must be reported to the police and a crime number obtained.

11. Evacuation Procedures and Plans

Each of the CCG premises will have their own Evacuation Procedure which will be prepared having regard to the premises' fire risk assessment and set out, amongst other things, details of the action to be taken by persons in case of fire, the procedure to be followed during evacuation and the arrangements for calling the fire brigade and informing them of any special risks. A copy of a generic Evacuation Procedure can be found in Appendix 1.

Each site will identify an adequate number of persons (the Fire Wardens) responsible for supervising and putting into effect the plans and conduct of fire drills. The identity of these persons will be recorded in the site Fire Folder.

When formulating an Evacuation Procedure, particular attention will be paid to the needs of staff, visitors and patients who may suffer physical or sensory disability. For such persons, a Personal Emergency Evacuation Plan (PEEP) should be prepared and placed in the Fire Folder

Fire action notices complementing the Evacuation Procedures will be prominently displayed in key locations such as by fire alarm call points and in staff rooms.

12. Staff Training

Effective fire training and participation in the fire drills for all personnel, without exception, is of vital importance.

It is the duty of senior managers to ensure that ALL staff, including those who work part-time, agency personnel and visitors receive instruction in fire safety and, if appropriate, specific instruction on the risks and procedures relative to their workplace.

Every member of staff on CCG premises must:

- Understand the character of fire, smoke and toxic fumes
- Know the fire hazards involved in the working environment
- Practice and promote fire prevention
- Know instinctively the right actions to take if fire breaks out or smoke is detected

- Be familiar with the evacuation procedures and escape routes appropriate to their location (consideration should be given to what hours are to be worked and all effort should be made to ensure that information and training is given to staff as soon as possible after commencement of employment).

All staff should, as soon as practicable after appointment, undertake an induction course which will include a fire safety module. Thereafter, all staff are to receive fire safety training at least annually, which may be either face-to-face or via an online solution.

The Fire Safety Advisor and designated Fire Wardens will receive more comprehensive training, appropriate to their additional responsibilities.

Full fire evacuation drills are to be carried out twice-yearly to test the effectiveness of evacuation procedures and fire safety training.

13. Risk Minimisation

13.1 Electrical Equipment - Electrical equipment accounts for a significant proportion of fire incidents in healthcare premises. To minimise the potential risk of fire, the following should always be observed:

- Unless it is designed to be permanently connected to the mains supply, electrical equipment should be switched off and preferably unplugged or isolated when not in use or when it is unattended, especially overnight.

- No attempt should be made by non-competent persons to carry out any unauthorised adjustment, modification or repair to equipment or wiring.

- Any suspect electrical equipment or electrical wiring must be withdrawn from service immediately and reported to the person responsible for electrical maintenance in the facilities department.

- Any electrical equipment used on CCG premises must have suitable electrical testing carried out (PAT testing)

13.2 Arson Prevention and Control - Arson is increasing in all types of premises, including healthcare premises, and is recognised as a major cause of fires.

- Health premises, and their externally and internally located storage areas, are vulnerable to arson attacks from intruders, patients with disturbed patterns of behaviour, employees and others who may enter sites, including contractors.

Stores, including those containing pharmaceuticals, may be targets for thefts and fires may be started to conceal the theft.

- The activities of arsonists can be limited by the alertness of staff to persons acting suspiciously and to the activities of known fire raisers amongst patients and by the regular removal of combustible waste to designated secure storage and disposal areas.

13.3   Fire Hazards during Alteration Work - premises undergoing alteration, extension, repair or maintenance are particularly vulnerable to fire. Some items which need careful consideration are:

- Structural fire and smoke barriers such as walls, doors, ceilings, etc. may be incomplete or temporarily removed and alternative safeguards may be necessary

- Accumulation of flammable waste such as packing materials.

- Storage and use of combustible building materials which may constitute a temporary high fire load in an unsuitable area

The Fire Safety Advisor should be kept advised of work being undertaken, particularly if external contractors are involved and will investigate any specific concerns addressed to them.

13.4   Storage and Use of Flammable Materials

- Flammable liquids give off vapours that, under certain conditions, can ignite or explode. Aerosol sprays may contain a flammable product or expellant and if the spray comes into contact with ignition sources, a flame thrower effect can result.

- Large stocks of flammable substances including cleaning materials, foams, plastics and rubber should be held in designated storage areas. Only sufficient quantities for daily use should be kept within the workplace.

- Flammable liquids should be kept in suitably labelled, securely capped containers and not left standing in direct sunlight or where they may be knocked over.

- When using flammable liquids or aerosols, care is to be exercised to ensure that the liquid or spray cannot come into contact with hot surfaces or other ignition sources.

In addition to those practices identified above, general "Good Housekeeping" practices can reduce the likelihood of fire. Some of the particular practices which are to be observed are as follows:

- Immediate removal of waste packing materials to external storage to await collection.

- Storage of equipment and packages in designated areas only

- Regular checks to ensure that storage is never permitted in corridors, escape routes, near a fire exit, firefighting equipment or fire alarm call points

- Regular checks for the accumulation of rubbish in out of sight spaces

- When leaving places of work, checking for possible causes of fire, such as non-essential electrical equipment left on or plugged in, gas appliances or other heating sources left on. Vulnerable doors and windows should be secured against intruders

- As is required by law, all CCG premises are strictly "Non Smoking" and this should be robustly enforced.

14. Monitoring Compliance with and Effectiveness of this Policy

- Compliance with, and effectiveness of this policy will be monitored by the Fire Safety Advisor who will annually audit the premises against the risk assessments and the policy to ensure continuing compliance with the Regulatory Reform (Fire Safety) Order 2005. The audit is to be recorded and retained with the copy of the risk assessments. Reports will also be submitted to the Health and Safety Group, and the Integrated Audit & Governance Committee as and when required.

- Fire training records shall be monitored to review compliance with the policy regarding annual fire training.

15. References
- The Regulatory Reform (Fire Safety) Order 2005.
- The Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999.
- The Building Act 1984. Available at: www.opsi.gov.uk

16. Review

16.1 This Policy will be reviewed two years from the date of implementation, except where legislation changes apply, or if there has been a significant event.

PREMISES NAME

Evacuation Procedure

IF YOU DISCOVER A FIRE, SEE SMOKE OR SENSE AN UNUSUAL SMELL OF BURNING:

RESCUE anyone from immediate danger.

ALERT everyone in the vicinity. Immediately break glass at nearest fire alarm point.

CONFINE the fire by closing all doors and windows in the area of the suspected fire.

EVACUATE patients and visitors

During working hours, while the alarm will automatically be raised with the Fire Service, they will not respond until confirmation (validation) is received from the site that there is evidence of a fire. If there is clear evidence of a fire in progress, you must telephone 999, giving the address and postcode as well as any information regarding the nature and location of the fire. Such a telephone call MUST NOT delay your own or others' evacuation of the site – use a mobile telephone to call from the external assembly point.

If you have been trained and feel comfortable and confident to do so, attack the fire with the equipment provided without taking any personal risk.

Only tackle the fire if;

- You have been trained in the use of fire fighting equipment b. You are certain you are using the appropriate extinguisher c. You can do so safely, with your exit route behind you

- The fire is small and only developing slowly

- If possible and without taking any personal risk, remove any oxygen cylinders or other potential accelerants from the immediate area of the fire.

- NEVER hesitate to activate the Fire Warning System by activating a break-glass call point if you believe there may be a fire. Time is critical in a fire situation and you will never be reprimanded for acting "in good faith".

On hearing the Fire Alarms

All persons except designated Fire Wardens, including staff should leave the building and go to the ASSEMBLY POINT.

DO NOT stop to collect personal belongings.

On leaving any room please close all doors and, if possible, windows too.

DO NOT re-enter building unless instructed to do so by the Fire Warden or a member of the Fire Service.

Staff are responsible for patient safety and should immediately establish the whereabouts of all patients and visitors and assess each individual's means of evacuation. Staff should pay particular attention to people with reduced mobility, disabilities or impairments (see below for guidance).

It is the responsibility of any staff that have patients and visitors with them to ensure that they are evacuated, in a calm manner, to the nearest fire exit. Visitors who are attending a meeting are the responsibility of the meeting chair and must be accounted for on arrival at the assembly point.

THE ASSEMBLY POINT FOR PREMISES **NAME** IS………………….. Nominated Fire Officer/Warden

The Nominated Fire Officer/Warden will:

- Put on a fluorescent tabard for identification purposes

- Proceed to the assembly point and coordinate a roll-call via Fire Wardens from each area.

- Undertake the following areas of responsibility, which may be delegated to Fire Wardens as appropriate;
    - Go to the fire alarm panel to ascertain the location of the fire.
    - Confirm that, if required, the Fire Service has been called
    - Communicate with any individuals within the refuge areas (via communications device on fire panel) as appropriate
    - Stand at main entrance to prevent access by the public
    - Ensure vehicular access not restricted (for Fire Service)
    - Maintain safety of staff at Assembly Point

- Liaise with the Fire Service to provide information on;
    - Who is unaccounted for and where they were last seen
    - The location of the fire
    - The nature of the fire
    - Any special hazards (oxygen, clinical waste etc)

On conclusion of the incident the Nominated Fire Officer should;

- Complete an Alarm Activation Record (Red Folder), bearing in mind that any and all evacuations are an opportunity for learning and improving our systems;
- Liaise with the building operators to ensure that all systems are reset.

Fire Wardens

The Fire Wardens will have undertaken more intensive fire training and will liaise with the Nominated Fire Officer/Warden. Their duties will include;

- Put on a fluorescent tabard for identification purposes
- Sweep search their designated area
- On discovery of or reasonable suspicion of a fire, report it immediately to the Fire Brigade by telephoning 999 or to the other wardens via a walkie-talkie (where applicable), who will telephone 999.

- Proceed to assembly point
  (with any signing in sheets/records) to carry out the roll-call
- Report outcome of roll-call to Nominated Fire Officer/Warden including information on any persons who are unaccounted for and/or persons who are located in the refuge area(s).
- Accept delegated duties from the Nominated Fire Officer/Warden in order to facilitate the management of the incident.

All staff should be familiar with the contents of the CCG Fire Policy and should undertake mandatory fire training at the prescribed intervals.

EVACUATION OF PEOPLE WITH DISABILITIES OR IMPAIRMENTS

Any member of staff with a disability or an impairment, which may affect their ability to evacuate the site in case of fire, should have a Personal Emergency Evacuation Plan (PEEP), carried out. This should be regularly reviewed.

Mobility impairment

A responsible member of staff should be nominated to escort those who need assistance from the building, or who may be slower to evacuate the site. The staff member should ensure that other persons are able to evacuate the building unimpaired, while those who travel at a slower pace continue their evacuation to a place of safety.

Evacuation Chairs are provided at all sites and refuge areas are available within stairwells.

Evacuation Chairs should only be used by staff who are fully trained in their use and who are confident in their operation.

The refuge area provides 60 minutes of protection. The communication device located adjacent is available when the fire alarm is in "alarm" mode and provides a means of communication to the Fire Brigade via the fire panel. Persons who are located within a refuge area should only leave the area on instruction from the Fire Brigade or when the building has otherwise been declared "safe" by the Nominated Fire Officer.

Staff may remain with a disabled person within the refuge area if they are willing and comfortable to do so.

Visual impairment

People with a visual impairment may require assistance in descending the stairs. The helper should descent first, with the person's hand on their shoulder. The helper may also need to assist with identification of and access to the assembly point.

Hearing impairment

Staff should be aware that people with a hearing disability may not be aware of the alarm and should be escorted from the building.

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Fire Safety Policy V3.0
Date of Analysis:	13th March 2019
Completed by: **(Name and Department**)	Helen Johnson, Health & Safety Advisor
What are the aims and intended effects of this policy, project or function?	To ensure that all staff and visitors to Hull CCG premises are aware of fire prevention, and are aware of how to carry out an evacuation should the need arise. To ensure that Hull CCG meets its obligations under the Regulatory Reform (Fire Safety) Order 2005 and any other relevant legislation
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No changes to previous policy
Please list any other policies that are related to or referred to as part of this analysis	Hull CCG Health & Safety Policy
Who will the policy, project or function affect?	All staff and visitors to Hull CCG premises
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	This policy has been agreed with the local staff side representative Toni Yel
Promoting Inclusivity and Hull CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives: 1. Ensure patients and public have improved access to information and minimise	This policy ensures that all staff and visitors, regardless of any protected characteristics, are aware of relevant fire safety matters.

communications barriers
2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job
3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve
4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs

Equality Data	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'*. Examples of *Equality Data* include: (this list is not definitive) 1: Recruitment data, e.g. applications compared to the population profile, application success rates 2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement	Yes [X] No [ ] Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). If you answered No, what information will you use to assess impact? **Please note that due to the small number of staff employed by the CCG, data with returns small enough to identity individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.**

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason[1]* exists (see footnote below – seek further advice in this case)
Gender	X			This policy applies to all, regardless of gender
Age	X			This policy applies to all, regardless of age
Race / ethnicity / nationality	X			The policy applies to all staff regardless of race/ethnicity/nationality Analysis of employee data indicates that the percentage of white employees is reflective of the local population. However, the proportion of BME staff is lower than that of the local population it serves All staff require competencies which include the ability to read and understand English or to request the information in another format available to them
Disability		X		The policy applies to all regardless of disability, but specifically addresses the needs of

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1.   [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

				those with any disability or condition which may restrict their ability to carry out an independent evacuation of the premises. Review of arrangements for disabled staff is a standard agenda item on quarterly fire warden meetings, with minutes going the to H&S. A review is also done following any alarm activation.").
Religion or Belief	X			The policy applies to all, regardless of religion or belief
Sexual Orientation	X			The policy applies to all regardless of sexual orientation
Pregnancy and Maternity	X			The policy applies to all regardless of pregnancy and maternity
Transgender / Gender reassignment	X			The policy applies to all regardless of transgender/gender reassignment
Marriage or civil partnership	X			The policy applies to all regardless of marriage or civil partnership

Action Planning:				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
Apprentices and Volunteers to the CCG may need additional support in interpreting the policy and	Managers to ensure that apprentices and young people are offered additional support in order to understand the policy	Line Managers	ongoing	Next Policy Review - June 2020

com[letting the risk assessment.				
Review effectiveness of evacuation procedures for disabled staff during fire drills. Ensure any issues raised are incorporated into the policy on next review (or sooner if required)	Reports following evacuations and fire warden meetings be reviewed by the H&S group and considered at next policy review	H&S Advisor	Ongoing	June 2020

Sign-off
All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs
I agree with this assessment / action plan
Signed:
Date: 03.05.19