



# Occupational Health Policy

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<b>Version</b>	<b>Date</b>	<b>Comments</b>
V7.1	July 2024	Reviewed, updated, and modernised by Head of Occupational Health
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V7.5	28 October 2024	Updated following Unison Regional Branch Committee suggestions, agreed with Head of Occupational Health.
V7.6	7 November 2024	Approved at SPF
V8.0	25 November 2024	Approved at CRG

## POL128 – Occupational Health Policy

Version	Date	Comments
V8.1	2 January 2025	Amendment to driving category standards in line with the Driving Standards Policy and Driving Licence Procedure (Section 6.14.1)
V8.1	9 January 2025	Approved at SPF
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<b>Valid Until Date</b>	<b>30 November 2027</b> (no change from Version 8.0)
<b>Equality Analysis</b>	Completed 7 October 2024
<b>Linked procedural documents</b>	<p>Infection Prevention and Control Policy  Attendance and Sickness Absence Policy  Induction Procedure  Vaccination Transport and Storage  Managing Stress and Enhancing Psychological Well-being  Display Screen Equipment (DSE Users Policy)  Drug, Alcohol and/or Other Substance Misuse Policy  Driving Standards Policy  Driving Licence Policy</p> <p><b>Trust Guidance Documents:</b>  Prevention and management of occupational exposure to blood-borne viruses  Safe handling and disposal of sharps  Guidance for staff requested to attend an inquest as a witness  Procedure for Trust staff attending inquests  Health and Safety Policy</p>
<b>Dissemination requirements</b>	All Trust workers by intranet
<b>Part of Trust's publication scheme</b>	Yes

The East of England Ambulance Service NHS Trust (EEAST) 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.

All Trust policies can be provided in alternative formats.

East of England Ambulance Service Trust recognises its obligation of supporting the requirements of the Modern Slavery Act 2015 and any future legislations. A prime objective of the Trust is to eradicate modern slavery and human trafficking and recognises the significant part it must play in both combatting it and supporting victims. The Trust is also committed to ensuring that its supply chains and business activities are free from any ethical and labour standards abuse.

## Contents

Paragraph		Page
1.	Introduction	5
2.	Purpose	5
3.	Scope	5
4.	Duties	5
5.	OH Service – six key functions	8
6.	Mandatory Trust requirements	10
7.	Statutory requirements	14
8.	Additional services provided by Occupational Health	14
9.	Support	15
10.	OH records	15
11.	Non-compliance with this policy	16
12.	Policy review	16

## Appendices

Appendix A	Occupational Health Service Specifications	17
Appendix B	Equality Impact Assessment	19
Appendix C	Monitoring Table	22

## 1. Introduction

- 1.1 At EEAST we recognise our responsibility towards safeguarding and promoting the health, safety and welfare of our workers and others that work with us under the Health and Safety at Work Act 1974.
- 1.2 We also recognise the recommendations made by the Boorman Report (2009), and the Secretary of State commissioned Improving Health and Wellbeing Programme (2018), and in doing so is committed to the wider Health and Wellbeing of our workers.
- 1.3 The Occupational Health Service (OH Service) is an independent, confidential advisory service, which is available to support staff and provide advice to managers with the aim of improving the health, safety and welfare of all individuals within the organisation.

## 2. Purpose

- 2.1 The purpose of this policy is to outline the purpose and functions of the OH Service in meeting our organisational needs in the context of its commitment to the health and wellbeing of our staff as well as legislative and Department of Health (DOH) guidance requirements.
- 2.2 The OH Service also aims to provide a 'fit for purpose' workforce, and to assist in our target of managing attendance and health, including by supporting worker's back to work and reducing sickness absence.

## 3. Scope

- 3.1 This policy applies to all our EEAST workers, including employees, prospective employees, casual workers (bank), volunteers – who shall be collectively referred to as 'workers' throughout this document.
- 3.2 This policy does not apply to agency workers, who should refer to the Agency Workers Policy and their employer for support.

## 4. Duties

- 4.1 The Trust Board is responsible for ensuring:
  - adequate resources are available to support and promote the health and wellbeing of its workers in order that, as a minimum, it meets its statutory requirements,

## POL128 – Occupational Health Policy

- compliance with the OH aspects of Health and Safety legislation, Department of Health and NHS Executive Standards.

### 4.2 Occupational Health (OH) is responsible for:

- advising whether workers are sufficiently fit and healthy to be able to carry out the role they are employed (or engaged) to do,
- recognising that worker health and wellbeing is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment,
- being both efficient and responsive to the needs of workers and managers,
- providing independent advice to managers where workers are unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence,
- ensuring that the process for managing the risks associated with body fluid exposure (BFE) is implemented,
- ensuring that the provisions outlined within this policy are implemented appropriately,
- keeping the provisions within this policy in line with employment legislation, best practice people management principles and NHS guidelines.

### 4.3 Managers are responsible for:

- ensuring they are aware of the range of OH Services available, such as physiotherapy, talking therapy, wellbeing support. (Details of the range of OH Services are provided at Appendix A and on our intranet),
- ensuring that any workers they are responsible for have the appropriate immunisation/vaccination clearance necessary to undertake their role and take appropriate action if clearance cannot be confirmed,
- assessing health and safety risks to workers and others and identifying preventative and protective measures as required by health and safety law,

## POL128 – Occupational Health Policy

- ensuring that the correct reporting procedure following a body fluid exposure (BFE) is adhered to,
- ensuring that they are aware of any health and wellbeing needs of the worker where applicable,
- managing and supporting workers who experience health issues, with advice from the OH Service and an HR representative as appropriate,
- ensuring that workers comply with this policy and any periodic health surveillance requirements,
- encouraging workers to attend OH when required to do so in accordance with their contractual obligation, taking appropriate action where they fail to comply,
- championing the health and wellbeing agenda, encouraging workers to address their own health and wellbeing.

4.4 HR and Trade Union Representatives are responsible for providing advice and guidance to workers on the application of this policy and procedure.

4.5 Workers are responsible for:

- ensuring they are aware of the range of support measures that are available to them. (Details of the range of OH Services are provided on our intranet),
- co-operating with our Health and Safety Policy and complying with any risk assessment requirements related to their role,
- ensuring awareness of and complying with the Trusts IPC guidance
- ensuring that they complete/attend IPC training relevant to their role and responsibilities as detailed at induction, probationary period, and/or appraisal,
- ensuring that they have the appropriate immunisation/vaccination clearance necessary to undertake their role (individuals who are unwilling to receive Government Green Book and CQC mandated health care worker vaccinations, and do not have a medical reason for this, may not be permitted to work with patients in a face-to-face role),

## POL128 – Occupational Health Policy

- being available for telephone and/or face-to-face appointments wherever possible, and in accordance with their contractual/work obligations,
- where unavailable for an appointment, cancelling /rearranging the appointment at least 24 hours before, to prevent a cost being incurred for missed appointments,
- complying with OH advice on fitness to work and rehabilitation to work programmes,
- reporting to their manager and OH any aspect of their health and or medication which may affect their ability to work safely and competently whilst performing their role,
- being advocates of good health and wellbeing.

## 5. OH Service - six key functions

### 5.1 Prevention of ill health caused or exacerbated by work:

- Assist in ensuring that EEAST complies with all existing and proposed health related legislation.
- Provide practical and confidential health support for all workers, as required.
- Provide advice to managers and workers in relation to any policy related to OH.
- Undertake appropriate immunisation programmes.

### 5.2 Timely intervention (easy and early treatment for the main causes of sickness absence):

- Provide advice and treatment where appropriate in response to workplace injuries, e.g., needle stick injuries.
- Provide psychological support and advice including referral as appropriate to counselling services.
- Provide access to physiotherapy services as appropriate to support an early return to work.

### 5.3 Rehabilitation – to help stay at work or return to work after illness.



## POL128 – Occupational Health Policy

- Assist in the assessment of fitness for workers to perform their specific role.
- Support managers to manage health related issues.
- Advise and assist in the management of workers with either short- or long-term absence, including rehabilitation programmes, redeployment, and ill health retirement.

### 5.4 **Health assessments for work – to help manage attendance, retirement and related matters.**

- Provide pre-placement health screening and assessments to ensure that workers are fit for their role.
- Provide health surveillance in the workplace to ensure that the working environment will not adversely affect health.

### 5.5 **Work with the Wellbeing Team to promote health and well-being, using work as a method to improve health and well-being, and using the workplace to promote health.**

- Provide a service which contributes to EEAST's business needs.
- Promote and protect the health, safety and welfare of all workers.
- Develop a proactive OH Service.
- Promote health and wellbeing, including lifestyle changes such as stopping smoking, healthy eating, regular exercise and safe alcohol consumption.
- Provide active advice and guidance to prevent ill health.
- Ensure compliance with external statutory requirements and ensure all cases of occupational disease are recorded, reported and monitored in keeping with legislation.

### 5.6 **To provide a quality OH service compliant with governing bodies, such as the CQC and SEQOHS.**

- Undertake audit, quality assurance and evaluation of services to contribute to EEAST's training and development programmes.
- Improving and maintaining quality of services.

### 5.7 **A list of Occupational Health Service Specifications can be found at Appendix A.**

## 6. Mandatory Trust requirements

6.1 EEAST aims to ensure that the OH Service provides a comprehensive, equitable and confidential service tailored to meet the specific needs of our workers in respect to the specific work they carry out.

6.2 A number of service provisions are mandatory, and it is these requirements which form the core OH Services provided.

### 6.3 Health Clearance on receipt of employment offer

6.3.1 Included in an offer of employment will be details which allow a candidate to submit their health declaration online. These will be job role specific and will include one or all the following:

- health questions aimed at assessing compliance with DVLA Group 1 and/or Group 2 requirements,
- standard health check questions for workers who are new to the NHS in keeping with DH guidelines issued March 2007,
- questions to obtain information about their occupational history, detailing previous exposure to infections and /or infection risks.
- questions to obtain relevant vaccination and immunisation history.

*OH will assess these questionnaires and advise managers and HR on any reasonable adjustments or vaccinations that are required prior to commencement of employment.*

### 6.4 Vaccination and Immunisations

6.4.1 The OH Service has a duty to ensure that workers are assessed on their relevant vaccination and immunity history and to ensure that they are immunised appropriately according to the role undertaken, and in accordance with the UK Health Security Agency Green Book on Immunisation.

6.4.2 If prospective workers are unwilling to receive Government Green Book and CQC mandated health care worker vaccinations, and do not have a medical reason for this, an OH report may deem them unfit to work with patients in a face-to-face role.

### 6.5 Hepatitis B Vaccination

6.5.1 In line with Green Book recommendations, a course of three vaccinations is recommended and will be offered to all workers whose role may involve contact with blood and body fluids, unless they can show satisfactory evidence of immunity.

6.5.2 Workers who have had their vaccines will then be expected to attend OH for a blood test 6-8 weeks after the third vaccine to confirm immunity.

## 6.6 **‘Non-Responders’ to the Hepatitis B Vaccination**

6.6.1 Where results indicate that a Hepatitis B immunity level is of less than 10miu/ml, despite multiple vaccinations, individuals are likely to be deemed as ‘non-responders’.

6.6.2 In the event of a needlestick injury they should attend Accident and Emergency (A&E) for a risk assessment, in line with the IPC guidance for all employees / workers.

## 6.7 **Measles, Rubella and Chicken Pox**

6.7.1 Workers will be required to provide evidence of immunity to Measles, Rubella and Chicken Pox. Evidence accepted by OH includes print outs from GP, red book or previous OH departments.

6.7.2 Workers who do not have evidence will be required to have a blood test to confirm their immunity. If they are not immune, they will be required to complete a vaccination course via OH or their GP.

*If they choose to complete the vaccinations elsewhere, they will be required to provide evidence to OH.*

## 6.8 **Tetanus (DTP)**

6.8.1 Workers are advised to have had 5 doses of Tetanus (DTP) and show evidence to OH. If required, then staff should attend their GP for a booster.

6.8.2 If workers do not know their DTP status, they should attend A&E in the event of a skin puncture incident, in line with the IPC guidance for all employees / workers.

## 6.9 **Tuberculosis**

6.9.1 Workers are required to show evidence of a BCG vaccination for immunity to Tuberculosis (TB). A scar check can be accepted as

evidence. Those who have not had a BCG will be required to have a blood test to ensure that they are not an active or latent carrier of TB.

## 6.10 **Blood Borne Virus (BBV) Transmission**

6.10.1 BBVs include Hepatitis B, Hepatitis C and HIV. The OH Service will aim to minimise the risk of BBV's in accordance with DOH guidance according to the risks identified for a specific job role.

6.10.2 All workers have a professional duty to report instances where the transmission of BBVs may have occurred so that:

- testing may be performed,
- appropriate treatment commenced, if required,
- restriction to practice applied, if advised necessary by the OH Clinician.

6.10.3 OH will advise workers who have been exposed to BBVs as a result of a 'sharps' incident or a body fluid splash of the appropriate course of action.

6.10.4 In relation to the process for the management of inoculation incidents managers and workers should refer to the Infection Prevention and Control Management Policy which is available on our intranet, and [NHS England's IPC Manual for England](#).

6.10.5 OH will anonymously report all reported cases of BBV exposure and their causes to the Infection Prevention and Control (IPC) Group for possible changes in practice and for any lessons to be shared.

6.10.6 The Training Team, through the IPC group, identifies training needs for workers in relation to inoculation incidents and utilises this information to draw up a training needs analysis.

6.10.7 All clinical workers are required to attend mandatory, corporate and local inductions which include information on the safe handling and disposal of sharps and the prevention and management of occupational exposure to blood-borne viruses.

## 6.11 **Exposure Prone Procedures**

6.11.1 Exposure prone procedures (EPPs) apply to health care workers (HCWs) where there is a risk of them bleeding into a patient's open tissue; EEAST will follow the United Kingdom Health Security Agency

POL128 – Occupational Health Policy  
Guidance (UKHSA) regarding who requires EPP clearance and will monitor and/or review accordingly.

6.11.2 The majority of HCWs do not perform EPPs. All patient facing workers will be offered a test for BBV which will include HIV, Hepatitis B and Hepatitis C can still work, supportive approach if positive result.

## 6.12 **HIV, Hepatitis B and Hepatitis C**

6.12.1 Patient facing staff in non EPP roles will be offered the opportunity to have a test for HIV, Hepatitis B and Hepatitis C as appropriate to their role

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/382152/health\\_clearance\\_tuberculosis\\_hepatitis\\_hiv.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf)

6.12.2 The OH Service is required to confirm to the Recruitment Team when a candidate is fully EPP cleared prior to that candidate's date of commencement of employment.

## 6.13 **Changes to BBV status**

6.13.1 Workers are reminded that they have a personal responsibility for their own health and wellbeing, and this includes ensuring that the OH Service is made aware of any changes to their BBV status.

6.13.2 Further information can be found in our Infection Prevention and Control (IPC) Policy and the IPC Manual.

## 6.14 **Fitness to drive, including under blue light conditions.**

6.14.1 In accordance with the Driving Standards Policy and/or the Driving Licence Policy, if you:

- drive under blue light conditions and/or drive a patient-carrying vehicle you will be required to meet the DVLA Group 2 medical standards of health and fitness,
- drive a Trust vehicle for other business reasons you will be required to meet the DVLA Group 1 medical standards of health and fitness.

6.14.2 You may be asked to contact the DVLA by OH and/or your GP. If you are asked to contact the DVLA your OH report may contain advice that you are unable to drive any Trust vehicle until there is a confirmation from the DVLA that you are fit to drive.

*You and your line manager should also refer to the Driving Standards Policy and the Driving Licence Policy for further information.*

- 6.14.3 If the DVLA state that you are fit to drive, this does not override OH advice, and you may need to wait for OH confirmation as well before returning to driving.

## 7. Statutory requirements

- 7.1 NHS organisations are required to ensure that workers have access to an OH Service as defined in the NHS England Growing Occupational Health and Wellbeing Together Strategy.
- 7.2 The statutory requirements that apply to OH Services include clinical, health and safety, data protection and relevant workplace legislation.
- 7.3 It is within these legislative requirements and guidelines, that the OH Service will base its service provision.
- 7.4 The OH Service will also be mindful to ensure compliance with other relevant future guidelines, including Government, Department of Health (DoH) and/or legislative changes.

## 8. Additional services provided by OH

- 8.1 In addition to, and in support of, EEAST's mandatory and statutory requirements, OH will undertake the following:
- provide advice in the event of ill health relating to its workers,
  - provide advice on rehabilitation for work and/or redeployment within EEAST, where available,
  - provide advice and support on applications for ill health retirement,
  - provide information about EEAST's Health and Wellbeing Department including its OH Services as part of our corporate induction for new staff,
  - provide advice and information aimed at promoting the benefits of physical, social and mental wellbeing to its service users,
  - undertake job specific individual health assessments as necessary and advise managers and individuals accordingly if there are any suggested modifications or adjustments to fit the job or workplace to the individual,

- contribute to EEAST's policies and procedures where OH advice is required,
- support the annual programme of flu vaccinations,
- contribute to the delivery of proactive wellbeing activities which promote physical and mental wellbeing if required.

## 9. Support

9.1 The services below are provided on an equitable basis to all workers from the first day in post with the aim of assisting workers to maintain good health, assist in keeping workers at work or facilitate their timely return to work after a period of absence. The following support is offered and available to our workers.

### 9.2 Body fluid exposure line

9.2.1 Access to a dedicated phone line/online reporting system to report and seek advice on body fluid exposure, including needlestick injuries.

### 9.3 Visual Display Unit (VDU) Glasses

9.3.1 Workers should refer to the Display Screen Equipment (DSE) Users Policy including Visual Display Unit (VDU) which is available on the intranet.

9.3.2 On receipt of the completed Display Screen Equipment (DSE) Assessment, the Wellbeing Team will issue a corporate eye care voucher to be redeemed at EEAST's chosen optician.

***The voucher must be presented at your optician appointment; therefore, you should not make / attend an appointment until it has been received. No costs can be paid retrospectively.***

## 10. OH records

10.1 OH records will be stored in a secure database in accordance with GDPR regulations. OH reports will be provided to the referring manager and any other managers named on the referral with the worker's consent. HR and Occupational Health team members will have access to all OH records.

10.2 Workers have the right to withdraw consent at any time if they do not wish to share reports with the Trust, or certain individuals.

## POL128 – Occupational Health Policy

- 10.3 If workers do not wish to share their report, then the relevant process will continue in accordance with the appropriate policy, e.g., Attendance and Sickness Absence Policy and Procedure.
- 10.4 Internal and external sharing of OH reports will only be carried out with the consent of the worker.
- 10.5 Workers who wish copies of their OH records should complete a Subject Access Request.
- 10.6 OH may need to contact the worker's GP for further information – consent will be sought for this.
- 10.7 OH may need to break confidentiality and contact a GP or other clinician/manager if there is a risk of immediate harm to the worker.

## 11. Non-compliance with this policy

- 11.1 Non-compliance with this policy may be managed in accordance with the Trust's Disciplinary Policy.

## 12. Policy Review

- 12.1 This policy will be reviewed on a three yearly basis or amended in the light of new legislation and/or guidance.



## Appendix A

### Occupational Health Service Specifications

Service Category	OH Service
Management Referral	Occupational Health Adviser Consultation (OHA) 60 minutes - remote or face-to-face (f2f)
	OHA review consultation 30 minutes. Remote or f2f
	Occupational Health Physician (OHP) Consultation 60 minutes. Remote or f2f.
	Occupational Health Physician appointment for ill health retirement (IHR)
New Starter	New starter health questionnaire (NSQ)
	New starter follow up call (FME)
	New starter call - immunisations
Immunisations	OHA onsite clinics
	Hepatitis B vaccines and blood test
	Measles and Rubella blood test and vaccines
	Chicken pox – history, blood test, vaccine
	Tuberculosis (TB) – history, QuantiFERON blood test
	Tetanus – advice
Body fluid exposure (BFE)	Provision of BFE advice line – 9-5 office hours only
	Blood tests post exposure at 6,12 and 24 weeks for Hep B, Hep C and HIV
	Psychological support post exposure
	OH advice for exposure to other diseases / viruses
EPP	Exposure prone procedure blood tests – HIV, Hep B, Hep C for advanced clinicians/HART/SORT. Optional for other health care workers

## POL128 – Occupational Health Policy

<b>Service Category</b>	<b>OH Service</b>
Counselling/Mental Health support	Referral for Talking Therapy 6-8 sessions
	Referral for Trauma focussed support – 12 sessions
	Referral for Psychological Welfare support with RMN – 30 minutes
HART/SORT	Health checks for new starters
	Regular routine health checks – frequency to be agreed
	Return to work health checks
DSE (Display Screen Equipment)	DSE assessments
	In house training for DSE coaches
Night Worker assessments	Night worker questionnaires to all staff working nights
	Telephone consultation follow up calls (FME)
Physiotherapy	Onward referral to Physiotherapy
	Initial assessment +3 sessions of physiotherapy per person per annum
	Functional Capacity Assessment – to be agreed if required.
Additional Services with prior arrangement and funding agreement from locality	Case Conference
	Specialist Medical Report
	CT/MRI scan
	Consultant appointment - orthopaedic, psychiatric
	Neurodiverse support, diagnosis
	Workplace coaching
	Ergonomic assessments

## Appendix B

## Equality Impact Assessment

EIA Cover Sheet			
Name of process/policy	Occupational Health Policy		
Is the process new or existing? If existing, state policy reference number	Existing (POL128)		
Person responsible for process/policy	HR		
Directorate and department/section	People Services		
Name of assessment lead or EIA assessment team members	HR Policy Subgroup		
Has consultation taken place? Was consultation internal or external? (please state below):	Internal consultation through HR Policy Subgroup members		
The assessment is being made on:	Guidelines		
	Written policy involving staff and patients	X	
	Strategy		
	Changes in practice		
	Department changes		
	Project plan	X	
	Action plan		
	Other (please state)		

Equality Analysis																						
<p>What is the aim of the policy/procedure/practice/event?</p> <p><b>This policy aims to outline the purpose and functions of the OH Service in meeting our organisational needs in the context of its commitment to the health and wellbeing of our staff as well as legislative and Department of Health (DOH) guidance requirements. The OH Service also aims to provide a 'fit for purpose' workforce, and to assist in our target of managing attendance and health, including by supporting worker's back to work and reducing sickness absence.</b></p>																						
<p>Who does the policy/procedure/practice/event impact on?</p> <table border="0"> <tr> <td><b>Race</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Religion/belief</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Marriage/Civil Partnership</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>Gender</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Disability</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Sexual orientation</b></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>Age</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Gender re-assignment</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Pregnancy/maternity</b></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					<b>Race</b>	<input checked="" type="checkbox"/>	<b>Religion/belief</b>	<input checked="" type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input checked="" type="checkbox"/>	<b>Gender</b>	<input checked="" type="checkbox"/>	<b>Disability</b>	<input checked="" type="checkbox"/>	<b>Sexual orientation</b>	<input checked="" type="checkbox"/>	<b>Age</b>	<input checked="" type="checkbox"/>	<b>Gender re-assignment</b>	<input checked="" type="checkbox"/>	<b>Pregnancy/maternity</b>	<input checked="" type="checkbox"/>
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<p>Who is responsible for monitoring the policy/procedure/practice/event? <b>HR</b></p>																						
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p><b>Having reviewed and updated the policy and completed a full consultation process, no negative impact was raised, and with the evidence available there is no negative impact.</b></p>																						
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? <b>No</b></p>																						
<p>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/No, if yes please provide evidence/examples:</p> <table border="0"> <tr> <td><b>Race</b></td> <td><input type="checkbox"/></td> <td><b>Religion/belief</b></td> <td><input type="checkbox"/></td> <td><b>Marriage/Civil Partnership</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Gender</b></td> <td><input type="checkbox"/></td> <td><b>Disability</b></td> <td><input type="checkbox"/></td> <td><b>Sexual orientation</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Age</b></td> <td><input type="checkbox"/></td> <td><b>Gender re-assignment</b></td> <td><input type="checkbox"/></td> <td><b>Pregnancy/maternity</b></td> <td><input type="checkbox"/></td> </tr> </table> <p>Please provide evidence:</p>					<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>	<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>	<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>
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**This policy is designed to be inclusive of all EEAST workers, including employees, Casual Workers (bank), Volunteers.**

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so, please provide evidence/examples: **No**

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

Please provide evidence:

**Having reviewed and updated the policy and completed a full consultation process, no negative impact was raised, and with the evidence available there is no negative impact.**

#### **Action Plan/Plans – SMART**

Specific

Measurable

Achievable

Relevant

Time Limited

#### **Evaluation Monitoring Plan/how will this be monitored?**

Who – see **Monitoring Table**

How

By

Reported to

## Appendix B - Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Regular monitoring of the effectiveness of the OH Services	Head of HR Occupational Health and team	Any outsourced OH service providers will provide regular management information, and regular contract meetings will be held.	Annually	KPI data	Reported to and discussed at People Committee where required	Head of Occupational Health will address any actions or changes required.	Any change in practice will be identified and: process updated with HR People Partnering team HRBP / line manager training implemented policy updated where required.