

**NHS North Lincolnshire Clinical
Commissioning Group**

Pandemic Influenza Plan

**Review Date: August 2020
Version Number: 2.0
Executive Director – Clare Linley**

Version Control Sheet

Version	Date	Author	Status	Comment
1.0	Nov 2015	J Killingbeck	Approved	Re-write of existing plan based on latest guidance
2.0	August 2018	Hazel Moore – Head of Nursing Gary Johnson – Risk Manager	Changes for approval	Major re-write to reflect latest guidance and CCG responsibilities

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1.0 Introduction

Pandemic Influenza remains the highest risk on the national risk register. While the severity and impact of future pandemic influenza remains unpredictable, it is likely that once a novel influenza virus emerges, global spread will ensue rapidly, affecting large numbers of the population due to there being little or no immunity to the strain. However, until such an event occurs, the severity of the virus and the proportion of the population that is more adversely affected remains unknown.

Preparations for an influenza pandemic are on-going with all NHS organisations having a responsibility to plan for, respond to, and recover from, ensuring that as far as possible, essential and critical services are maintained. Following the 2009 pandemic (although less severe than previous pandemics in the 20th century), lessons were learnt and included in the revised Department of Health (DH) UK Influenza Preparedness Strategy (2011). Given the unpredictable nature and potential severity of a future influenza pandemic, the response must be flexible and proportionate whilst building on existing business continuity arrangements.

The Civil Contingencies Act (CCA) (2004), places a statutory duty on emergency frontline responders to prepare, respond to and recover from significant incidents and emergencies. Further there is also an expectation that Clinical Commissioning Groups (CCG's) as Category Two Responders under this legislation, will collaborate, coordinate and cooperate in planning for and responding during an incident. CCG's have a role in supporting NHS England (NHSE) and providers of NHS funded care in planning for and responding to an influenza pandemic.

The content of this plan relates specifically to an influenza pandemic. In the event of an Avian or other animal influenza situation or outbreak, the CCG will be guided by Public Health England (PHE), Department for Environment Food and Rural Affairs (DEFRA) and the Animal and Plant Health Agency (APHA) which is an executive agency of DEFRA who will lead the initial response.

1.1 NHS Pandemic Strategic Objectives

In a pandemic NLCCG will support the NHS strategic objectives which are to:

- Provide the public with information.
- Contain the emergency – limiting its escalation or spread.
- Maintain critical and normal services at an appropriate level in response to pressures during the pandemic.
- Protect the health and safety of personnel.
- Promote self-help and recovery.
- Maintain timely and appropriate reporting of the situation to inform decisions.
- Restore normality as soon as possible.
- Evaluate the response and identify lessons to be learned

2.0 Policy Statement

NLCCG will comply with Yorkshire and Humber Local Resilience Forums (HLRF) and Local Health resilience partnerships (LHRP) pandemic Influenza Framework 2017.

The plan will be activated on declaration of the Detect stage by NHSE/Public Health England (PHE).

3.0 Roles and Responsibilities

As Category two responders under the Civil Contingencies Act (2004), and in line with arrangements for other major incidents and emergencies, CCGs have a role in supporting NHS England and Providers of NHS funded care in planning for and responding to an influenza pandemic. The primary role of the CCG is to manage local pressures in provider organisations during a pandemic and respond to requests for support from NHS England.

CCG's have a responsibility to provide assurance to their Governing Body, NHSE and the Local Health Resilience Partnership (LHRP) that suitable arrangements are developed, tested and maintained for responding to any Major Incident which could include an influenza pandemic.

3.1 Chief Operating Officer

The Chief Operating Officer (COO) is responsible for emergency preparedness, resilience and response for the CCG including the major incident and business continuity planning, 'ensuring that the organisation is properly prepared and resourced for dealing with a major incident or civil contingency event' (Emergency Officers' for Emergency Preparedness, Resilience and Response (EPRR) 2012).

3.2 NLCCG Pandemic Influenza Lead (Director of Nursing and Quality)

The Director of Nursing and Quality as NLCCG Pandemic Influenza Lead is responsible for quality assurance and improvement in terms of infection prevention and control. They will lead the CCG response and will liaise with NHS England and Humber Local Resilience Forum/ Local Pandemic Group. This role is supported by the Head of Nursing and the Associate Medical Director.

3.3 Specialist Nurse Infection Prevention and Control

The Specialist Nurse for infection prevention control will be responsible for providing advice on the infection prevention and control arrangements and will monitor potential issues in the event of an incident e.g. anti-viral drug status, Personal Protective Equipment (PPE) stock levels etc.

3.4 North of England Commissioning Support (NECS)

North of England Commissioning Support (NECS) – will provide specialist pharmaceutical advice to the CCG and Providers, including community pharmacies regarding the effective use of medicines and other medicines management issues relating to the CCG Flu Plan. This may involve members of the medicines management team;

- Providing telephone/email advice and answer any technical questions that GPs and community pharmacies may have.
- Cascading prescribing guidance to GPs within the CCG locality as per national guidance.
- Cascading prescribing guidance for antivirals to community pharmacies as per national guidance.
- Providing support to maintain a stock pile of antivirals. The CCG will liaise with selected pharmacies to store these medicines and they will directly receive the supply of antivirals from NHS England on behalf of the CCG.
- Delivering with partners, training to GPs, nursing homes and community pharmacies on how to control the spread of pandemic flu.

3.5 Senior Managers

It is the role of Senior Managers to ensure that critical services are maintained and up to date business continuity plans are in place. Each manager should be aware of the following staff information to aid their decision making during an Influenza Pandemic, i.e. whether staff:

- Have dependents
- Have underlying health conditions that may make them more at risk from influenza
- Have any difficulties with how and when they travel in to work

3.6 All Staff

Staff will be requested to provide personal details in order to support business continuity management plans. Staff are also responsible for managing their own health and are encouraged to take advantage of the support available to them by the CCG. If they are unwell they must promptly report to their line manager in accordance with the NLCCG Absence Management Policy.

3.7 NLCCG Pandemic Response Team

In the event of a major incident, the following individuals may be required to act as members of a team responsible for the emergency planning and response:

- Chief Operating Officer.
- Director of Nursing and Quality.
- Head of Nursing.
- Associate Medical Director.

- Specialist Nurse Infection Prevention and Control.
- Member of the Communications Team.
- North of England Commissioning Support Medicines Management team (NECS).
- Commissioning Manager -NHS111/Directory of Services (DoS).

The list is not exhaustive and representatives can be added depending on the nature/severity of the outbreak. This team will manage the limited resources and redirect staff to maintain critical functions. They will have responsibility for ensuring all actions relating to the pandemic are carried out: reporting; to the CCG Directors and attending the Public Health England incident management team meetings.

The CCG Pandemic Response Team will ensure that detailed records of all decisions made and actions taken are kept, support from a trained loggist may be required. There is a requirement that records are stored securely following the pandemic.

3.8 Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

RDaSH will provide a response for the vaccination of school children aged 5-19 years in the event of a pandemic.

3.9 GP Practices

GP Practices will be asked to support the local pandemic response. They will be asked to assist with a vaccination service for target groups, and recording the uptake on the ImmForm.

3.10 Local Pandemic Group

It is expected that the Local Pandemic Group will be chaired by the Director of Public Health, to lead and coordinate the local response to pandemic influenza. Membership will include senior representatives from partner organisations including key health and social care commissioners and providers. The group will activate the local Pandemic Plan in response to the emerging local situation.

Yorkshire and the Humber Command, Control and Coordination (C3) Group will provide leadership and will command, control and coordinate the strategic NHS response across Yorkshire and the Humber.

4.0 Seasonal Influenza Plans

NLCCG will work with North Lincolnshire Council to support seasonal influenza vaccination campaigns for the general public and will develop internal promotion for CCG staff. We will also support providers to ensure access to influenza vaccination, maximising the uptake among those individuals who are eligible to receive it.

The Specialist Nurse for Infection Prevention and Control will attend the Joint Seasonal

Influenza meetings and the CCG will monitor the uptake of vaccinations. They will also monitor the spread of the virus through the North Yorkshire & Humber Health Protection Care Home and Hospital Daily Outbreak reports and act upon concerns as appropriate.

All staff within the CCG will be offered an annual seasonal influenza vaccination free of charge. The CCG will support the national target for vaccination and aim to encourage at least 70% of staff to take advantage of the support available.

5.0 Pandemic Influenza Plans

Modelling of the impact of a pandemic influenza is available to support the Humber LRFs and LHRPs Pandemic Influenza Plan. This suggests that roughly one half of all people may display symptoms of some kind (ranging from mild to severe).

The following tables provide indicative figures for the cumulative impact of pandemic influenza across Yorkshire and the Humber (2011 Census population figures) based on worst case scenario modelling and assuming a normal distribution of cases over a pandemic wave lasting 12-16 weeks:

- 50% of the population will become unwell (symptomatic) with the virus;
- 30% of those who are symptomatic will (attempt to) access GP services;
- 4% of those who are symptomatic will require hospitalisation;
- 25% of hospitalised patients will require Intensive Care; and
- 2.5% of those with symptoms will die

5.1 Humber Cumulative Impact

	N Lincs	Hull	NE Lincs	East Riding	Total
Population	168760	257590	159830	336010	922190
Symptomatic	84380	128800	79915	168005	461095
Attempting GP access	25315	38640	23975	50400	138330
Seeking hospitalisation	3375	5152	3200	6720	18445
Requiring ICU admission	845	1290	800	1680	4615
Deaths 2.5%	2110	3220	2000	4200	11530
Deaths 1.0%	843	1288	799	1680	4610

The key challenges of an influenza pandemic are likely to include:

- Management of illness and deaths, with the inevitable burdens on health, social care and bereavement services;
- Maintenance of public services and business continuity throughout the community in the face of increased absence from work;
- Communicating with the public; reinforcing national messages at a local level; and
- The broader social disruption that may develop as a consequence.

6.0 Activating the Pandemic Influenza Plan

The CCG is most likely to receive notification of a pandemic via NHS England or via the Humber Local Resilience Forum/ Local Pandemic Group as part of the Yorkshire and Humber LRFs and LHRPs Pandemic Influenza Plan. The underlying principle for managing any outbreak in the Yorkshire and Humber area is the same command and control that will apply for any major incident.

6.1 Before a Pandemic the CCG will:

- Communicate plans with employees, contractors, and affiliated organisations.
- Participate in relevant groups to discuss; plans, exercise, and share best practice.
- Ensure early engagement of communication with professionals to devise, deliver and maintain internal, external and stakeholder/ cross-partnership communications before, during and after a pandemic.
- Work with commissioned service providers in planning for surge in relation to elective work, and the possible financial implication of ongoing disruption to normal service levels over the period of a pandemic and during the recovery phase.
- Participate in appropriate assurance processes regarding arrangements and be assured that commissioned services have adequate provision in place for managing a pandemic.
- Work with NHS England to identify appropriate local providers to support the delivery of a pandemic influenza response, particularly regarding the provision of antiviral collection points through community pharmacies.

6.2 During a Pandemic the CCG will:

- Support the national pandemic response arrangements as laid out in the Department of Health and NHS England guidance issued prior to or during a pandemic occurring.
- In line with other guidance, ensure 24 hour on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents.

- Lead the management of pressure surge arrangements with commissioned services as a result of increased activity.
- Participate in the review of the impact on social care (which may affect capacity management) via the Influenza Pandemic Coordination Group.
- Support NHS England in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries
- As necessary share communications with locally commissioned healthcare providers through established routes.
- Participate in the multi-agency response as appropriate and agreed with NHS England to ensure a comprehensive local response.
- Liaise with Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) as the commissioners of the GP Out of Hours service, to compile a list of Out-of-Hours GPs who may be able to support the local response.
- Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services.
- Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained.
- Maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports (SitReps) and participation in coordination teleconferences as required.
- Throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response.

6.3 After a Pandemic the CCG will:

- Assess the impact of the pandemic on the provision of commissioned services and ensure that the ongoing service level is sufficient to meet the demands of the system.
- Ensure the recovery of services to business-as-usual as soon as appropriate. Review response update plans, contracts and other arrangements to reflect lessons identified, particularly where these have been commissioned locally.
- Contribute to local, regional and national health post-pandemic debriefs and consider the implementation of recommendations from any subsequent reports.
- Acknowledge staff contributions.
- Collect financial and contractual impact information from commissioned providers.

6.4 Recovery

Health and social care services may experience persistent residual effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by the flu.
- Those who may continue to suffer potential medium or long-term health complications.
- A backlog of work resulting from the postponement of treatment for less urgent conditions.
- Possible increased demand for services through post-pandemic seasonal flu.

The CCG will work with local organisations and NHS England to return to normality as soon as practicably possible.

6.5 Debrief

The CCG will ensure an effective debrief in line with the Major Incident Plan.

7.0 Managing and Supporting Staff

Managing and supporting the workforce will be a key element in the response to an influenza pandemic. The CCG has Business Continuity Plans in place that are suitable for use in a pandemic to mitigate the shortage of staff that may arise. Relevant staff details which support communication and deployment of staff will be captured as part of the Business Continuity Plans.

HSE guidance is available to support all staff and can be found at:

<http://www.hse.gov.uk/biosafety/diseases/pandflu.htm>

7.1 Carer Leave

Employees who experience difficulties in attending work due to their carer arrangements for children or other relatives due to the pandemic situation should contact their line manager. The NLCCG Other Leave Policy is available to support staff.

7.2 Psychological Support for staff

A significant number of staff may require psychological support during and after an influenza pandemic, for example, if a family member or friend dies as a result of influenza. Occupational Health services should be utilised for staff who may require counselling services.

8.0 Communication

For Pandemic Influenza the Department of Health will define and lead on national public health messages to be disseminated. NHS England will lead health communications messaging and will coordinate with CCGs to distribute local messages. NHS England will also co-ordinate Primary Care messaging. The Communication and Engagement team will co-ordinate communications on behalf of the CCG.

The Senior Commissioning Manager NHS 111/ DOS (or member of the commissioning team) will activate the emergency profiles on the Directory of Services.

9.0 Training

Under the Yorkshire and Humber LRFs and LHRPs Pandemic Influenza Plan, each organisation will be responsible for delivering any training required.

10.0 Ratification and Dissemination

The Pandemic Influenza Plan will be formally approved by the Quality, Performance & Finance Committee. The Heads of Service will be responsible for dissemination of the Plan to all staff.

11.0 Monitoring of Compliance and Effectiveness

The Director of Nursing and Quality Assurance will be responsible for ensuring the processes outlined in this policy and any associated policies/documents and guidance is followed implemented within the organisation; reporting to the Governing Body to fulfill the governance arrangements.

12.0 Associated Documents

12.1 North Lincolnshire Clinical Commissioning Group Major Incident Plan August 2018.

12.2 North Lincolnshire Clinical Commissioning Group Business Continuity Plan 2018.

12.3 North Lincolnshire Clinical Commissioning Group Absence Management Policy 2015.

12.4 North Lincolnshire Clinical Commissioning Group Other Leave Policy 2015.

12.5 Yorkshire and Humber LRF's and LHRPs Pandemic Influenza Framework 2017 (V3).

13.0 References

13.1 Yorkshire and Humber LRF's and LHRPs Pandemic Influenza Framework 2017 (V3).

13.2 Public Health England – NHS funded Provider response framework for managing the human health aspects of an Avian Influenza incident March 2017.

14.0 Mandatory Section

14.1 Equality Impact Analysis

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 Page 14. 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.

14.2 Sustainability Impact Assessment

A sustainability Impact Assessment has been completed for this policy and is on page 14.

14.3 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development of this policy document and consistent application of this policy will mitigate bribery in relation to this policy.

Under the Bribery Act it is a criminal offence to: Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) should be read when considering whether to offer or accept gifts and hospitality and/or other incentives.
- Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

1. Equality Impact Analysis

Policy / Project / Function:	North Lincolnshire CCG Pandemic Influenza Plan								
Date of Analysis:	21 st August 2018								
This Equality Impact Analysis was completed by: (Name and Department)	Hazel Moore – Head of Nursing, Quality Directorate								
What are the aims and intended effects of this policy, project or function?	This plan demonstrates the CCG's Integrated Management response with partner agencies								
Please list any other policies that are related to or referred to as part of this analysis?	nil								
Who does the policy, project or function affect? Please Tick ✓	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Employees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input checked="" type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input checked="" type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

1. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

1. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

2. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>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 <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Circulated for comments to Senior Managers within the CCG and discussed at the Quality Performance and Finance Committee</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	

1. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

3. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
<p>Red</p> <p>Stop and remove the policy</p>	<p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p>Remove the policy</p> <p>Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</p>	<p>No wording needed as policy is being removed</p>
<p>Red Amber</p> <p>Continue the policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p>The policy can be published with the EIA</p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></p>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
Amber Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
Green No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.
Brief Summary/Further comments			
Approved By			
Job Title:	Name:	Date:	

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/Board Report Committee Report Service Plan/Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	