

# Permit to Work Policy

<b>Department / Service:</b>	Estates and Facilities
<b>Originator:</b>	Deputy Director of Estates and Facilities, Hard FM
<b>Accountable Director:</b>	Director Of Estates and Facilities
<b>Approved by:</b>	Health and Safety Committee
<b>Date of approval:</b>	10/07/2025
<b>Review Date:</b> This is the most current document and should be used until a revised version is in place	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All
<b>Target staff categories</b>	All

## Policy Overview:

This policy defines responsibilities for the application of the permit to work system whilst working on Trusts premises.

This policy applies to all persons completing and instructing specified activities (which are subject to a permit to work system) including all Trust employees and contractors.

Permits to work are required when an activity is high risk in nature and more stringent levels of control are needed. The Health and Safety at Work Act etc. 1974 and its subordinate legislation imposes a duty on the Trust to manage effectively activities which are undertaken by their Employees and/or Contractors, and to put proportionate levels of control compared to the risk to operatives and others.

This policy identifies the role of Appointed Person; this is a legally defined role and is identified across a suite of Healthcare Technical Memoranda (HTM) and Health and Safety legislation.

The use of a permit to work does not replace the role of Responsible Manager as set out in the Policy for the Control of Contractors implemented by the Trust. If a permit to work is required, the role and requirements of the Responsible Manager are not changed. This policy and process works in alignment with and not in replacement of any other control set out by the Trust.

## Key amendments to this Document:

Date	Amendment	By:
26/06/2025	New Policy: Due to this, the Policy will require a review in 12 months to ensure the information included is suitable and sufficient in practice.	Julie Noble

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## 1. Introduction

Permits to work are required when an activity is high risk in nature and more stringent levels of control are needed. The Health and Safety at Work Act etc. 1974 and its subordinate legislation imposes a duty on the Trust to manage effectively activities which are undertaken by their Employees and/or Contractors, and to put proportionate levels of control compared to the risk to operatives and others.

The activities which the permit to work applies to are as follows: -

- Working upon (HV and LV) electrical systems
- Working upon the medical gas system
- Working upon fire alarm
- Working upon the ventilation systems
- Working upon the water systems
- Working above ceilings
- Working within confined spaces
- Permit to dig or excavate
- Works within any high-risk clinical areas
- Permit to work within high-risk areas e.g. roof works, undercroft
- There are other permits such as working at height, limiting access

The policy identifies the role of the Appointed Person; this is a legally defined role and is identified across this suite of Healthcare Technical Memoranda (HTM) and Health and Safety Law.

The use of a permit to work does not replace the role of the Responsible Manager set out in the Policy Control of Contractors implemented by the Trust. If a permit to work is required, the role and requirements of the Responsible Manager are not changed. This policy and process works in alignment with and not in replacement of any other control set out by the Trust.

This policy is supported by several NHS HTM documents, as identified below: -

- [Health Technical Memorandum 00: Policies and principles of healthcare engineering](#)–1 April 2014: Guidance
- [Health Technical Memorandum 02-01: Medical gas pipeline systems](#)–1 May 2006: Guidance
- [Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises](#)–22 June 2021: Guidance
- [Health Technical Memorandum 04-01: Safe water in healthcare premises](#)– 10 April 2017: Guidance
- [Health Technical Memorandum 05-01: Managing healthcare fire safety](#)– 24 April 2013: Guidance
- [Health Technical Memorandum 05-02: Firecode – Guidance in support of functional provisions \(Fire safety in the design of healthcare premises\)](#) – 4 November 2015: Guidance
- [Health Technical Memorandum 05-03: Firecode – Fire Safety in the NHS – Operational provisions](#)–1 August 2008: Guidance
- [Health Technical Memorandum 06-01: Electrical services supply and distribution](#)–11 April 2017: Guidance
- [Health Technical Memorandum 06-02: Electrical safety guidance for low voltage](#)

- [systems](#)– updated 11 October 2023: Guidance
- [Health Technical Memorandum 06-03: Electrical safety guidance for high voltage systems](#)– updated 11 October 2023: Guidance
  - [Health Technical Memorandum 07-02: EnCO2de 2015 – making energy work in healthcare](#)–25 March 2015: Guidance
  - [Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector](#)–20 March 2013: Guidance
  - [Health Technical Memorandum 08-01: Acoustics](#)–19 March 2013: Guidance
  - [Health Technical Memorandum 08-02: Lifts](#)–3 June 2016: Guidance
  - [Health Technical Memorandum 08-03: Bedhead services](#)–19 March 2013: Guidance
  - [Health Technical Memorandum 67: Laboratory fitting out system](#)–1 January 2005: Guidance

This policy also applies to non-specific HTM subjects

- Working at height
- Boiler and pressure systems
- Petroleum

JSP 375 publications safe systems apply to the above.

## 2. Scope of this document

This policy applies to all responsible managers, appointed persons within the Trust, contractors and Trust employees carrying out permit to work activities.

## 3. Definitions

### Responsible Manager

Any person within the Trust who engages and/or instructs contractors to complete work of any type.

The Trust has a duty of care to all of those who use and work at the site including any persons other than their employees. The Responsible Manager is the Trust's interface with third parties coming onto their sites to complete work. They have a direct responsibility to ensure that works are managed and completed in a safe manner, relevant information is shared and clearly communicated, and that the requirements stipulated within the Trust's policies and procedures are met.

### Authorised Person

The Authorised Person is responsible for the implementation of this policy and the management of the application of the permit to work policy.

This person is a specialist within the discipline that they are responsible for and is required to ensure that prior to work commencing, that safe systems of work (which are communicated to and clearly understood by all that could be affected) are established.

## Healthcare technical memoranda

Health Technical Memoranda (HTMs) provides comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare

## Contractor

“Any person, firm, company or other legal entity entering into a contract with the Trust for the performance of services and or the supply of goods” and “any person, firm, company or other legal entity otherwise performing services and or supplying goods to or for the benefit of the Trust”. Examples include-

- Company representatives.
- Staff from other Trusts.
- Consultants.
- External auditors
- Construction or maintenance workers.

## Competent person

A competent person is a person with relevant knowledge, skills, qualifications, experience and/or membership of a relevant professional body.

## Designated Person

The Designated Person is an individual appointed by a healthcare organisation (a board member or a person with responsibilities to the board) who has overall authority and responsibility for the implementation of the policy and the associated HTMs and who has a duty under the Health and Safety at Work etc. Act to prepare and issue a general policy statement on health and safety at work, including the organisation and arrangements for carrying out that policy.

## Authorising Engineer

An Authorising Engineer (HV) is a suitably qualified engineer who has been appointed in writing by the Designated Person to take responsibility for the effective compliance auditing of the permit to work process / HTM and to provide technical advice. The person appointed should possess the necessary degree of independence from local Management to take action within this HTM.

## The operator

The Contractor or Trust employee carrying out the permit to work activity.

## Life safety systems

Any system within the Trust which could affect either the ability to administer patient care or operate the premises safely.

## Risk Assessments and Method Statement (RAMS)

A document provided by the contractor which incorporates a detailed written sequence for carrying out identified tasks, which may include risk assessments to ensure that the work activities are done in a sequence to confirm safety.

All RAMS will be reviewed by The Responsible Manager and approved prior to the task being undertaken. The Responsible Manager must also ascertain if the RAMS for the works will affect the fire evacuation strategy for the site; if it does then the Fire Safety team must be contacted before work can commence to enable fire safety concerns to be addressed and evacuation routes available and communicated

## 4. Responsibility and Duties

For general health and safety responsibilities refer to the Health and Safety Policy. The specific responsibilities in relation to this Policy are:

### Responsible Manager

The Responsible Manager must assess the activity being carried out and engage with the Authorised Person for aspects which require the application of a permit to work.

The competency of the contractor completing the activity will be assured by the responsible manager. The Responsible Manager is required to facilitate engagement with applicable Trust employees (such as departmental heads) or external stakeholders (such as Authorising Engineers) that could be affected by the permit to work activity.

### Authorised Person

The Authorized Person will administer the permit to work process and manage the implementation of safe systems of work whilst the work is being completed and ensure they do not adversely impact on any other works being conducted in the area. Specific competencies of individuals conducting the work may need to be assessed by the authorised person prior to initiating the permit to work.

### Contractor/Performing Authority

To adhere to the requirements and stipulations of the permit to work process

### Health & Safety Team

The Health and Safety Team will advise and assist on appropriate measures to meet health and safety legal and organisational requirements when required.

## 5. Management and Control of Contractors

### 5.1 Selection and appointment of contractors

Requirements for the selection of contractors are defined within the Trust's Control of Contractors Policy. Additional competencies will be required for contractors working upon the life safety systems and/or completing permit to work activities. Task specific competencies will be reviewed by the Authorised Person prior to initiating the permit to work process.

### 5.2 Assess the risks associated with the activity

The application of the permit to work process will be identified by the Responsible Manager and engage with the relevant Authorised Person.

The method statement and risk assessment specific to the activity must be provided to the Authorised Person by the contractor (or Trust employee completing the work) in advance of the activity i.e. a minimum of three days before work is due. The relevant documentation must be reviewed and accepted by the Authorised Person prior to any contractor arriving on site / work commencing.

If the task or activity is unplanned **emergency** repair work and a method statement and risk assessments have not been provided, thorough verbal discussions must be held with the contractor or Authorised person to gain a full understanding of the

activity. Hazards should be identified and assessed, and control measures should be identified and documented on the Permit to Work. This condition can only be executed and initiated by the Authorised Person.

### 5.3 Provide information, instruction and training

General information relating to information, instruction and training can be found within the Control of Contractors Policy.

All Authorised Persons within the Trust must complete specific training as identified within the respective Healthcare Technical Memoranda.

All authorised persons appointed at the Trust are identified within the Duty holder matrix which is managed by the Director of Estates, please see appendix 1.

The Responsible Manager is required to facilitate engagement with any Trust (such as departmental heads) or external stakeholders (such as Authorising Engineers) that could be affected by the activity.

### 5.4 Issuing of Permits

Differing Permit to Work templates are in place; and will be selected / completed by the Authorised Person prior to the work taking place. Most templates are within formal Permit to Workbooks which have duplicate/triplicate sheets. There are however some paper forms (such as Permit to Work in high-risk areas).

### 5.5. Preparing the (relevant) Permit

To enable robust control of a permit to work activity the following information must be documented including: -

- Acquire a Permit number (gained from the Authorised Person / or as pre- printed on the permit to workbooks)
- Document the name of the Permit issuer – who will document the following on the permit:
  - Date and time the permit is issued.
  - The location and duration of the work.
  - Any affected plant.
- Description of activity to which the permit is being applied (e.g. working at height).
- Name of contractor or company or Trust employee conducting the work.
- Document or tick any safety precautions, precautions, protective equipment, services to be isolated, and COSHH and Lone working sections, as listed and / or appropriate to the task. This must be clear so that all safety requirements are recorded and can be checked to ensure full compliance.
- Any 'Fire Watch' requirements must be documented (if applicable - typically applied to hot works)
- Confirmation that any isolations of services has been completed prior to the permit to work being initiated, where applicable.
- The contractor or person working under the permit must sign to accept the requirements of the permit and will receive a copy.
- Copies of Live (open) issued permits will be kept in the Estates office – to ensure awareness of all of open permitted work; a copy of the permit to work must be displayed in the location where the work is being conducted as a warning to others / ensure adherence.



Further detail relating to specific activities which would be subject to Permit to Work can be found within the relevant HTM.

**Note the routine duration of any permit is one working day. There are permit specific exemptions to this and dependent upon the nature of the activity, this permit may be applicable for a period of time. It is at the discretion of the Permit Issuer i.e. the respective authorised person, when this can be applied and to what activities. This decision will be based upon the risk of the activity including those who could be affected above the persons completing it.**

## 5.6 Supervision and monitoring of contractor work

General information relating to the supervision and monitoring of contractors can be found within the Trust's Control of Contractors Policy.

Additional controls and supervision are required for any permit to work activity. For clarity this includes: -

- Work activities covered under a Permit to Work must have checks conducted to ensure all pre-agreed safety precautions are being implemented and that the task is progressing as per the agreed method statement with risks controlled as per the risk assessment.
- The Authorised Person inspecting the working activity will assess that the permit is being followed as pre-agreed. A minimum of, two inspections should be conducted per day, and more inspections should be conducted on higher-risk activities
- Each inspection must be documented on the permit which is displayed in the area of work. (Initial, date and log time of the check).
- If there are any concerns (e.g. unsafe practice, not working as agreed) the Responsible Manager, the Head of Estates and the H&S team must be informed

## 5.7 Completion of Permits and Handback

Permitted working activities must only be conducted within the pre-agreed time frame and task. Should the task change, the Permit must be re-evaluated. This will result in closing the original permit and issuing a new one.

When an activity or task listed on the Permit is completed or a Permit is closed early due to a change, it must be formally closed.

Before deciding if completion of the activity or task has occurred and that the 'Hand Back' process may be instigated, the following must be considered:

- Has all work been completed? (Confirmed by the performing authority).
- Has the plant or equipment been returned to a safe condition (e.g. removed any isolations) and verified by the Authorised Person?

If the work or activity is considered incomplete or unsafe, the Performing Authority must be requested to fully address any concerns or issues. Only when completed and agreed upon can the steps above finally be completed.



The operating contractor must sign the 'Hand Back' section titled 'Contractor' to confirm they have finished all activities considered hazardous and that the area is now safe for normal activities.

The Permit Issuer or delegated deputy must sign and date the 'Hand Back' in the section titled 'Departmental Manager' to confirm that works have been completed and accept that the area is now safe for normal activities.

All completed Permits must be returned to the Authorised Person with the task's risk assessment and method statement. These will be kept on file (hardcopy) for a minimum of 6 months. If the permitted work led to uncontrolled exposure to a hazardous agent, the permit records and details of exposure will be retained for 40 years (Control of Substances Hazardous to Health Regulations (2002)), with copies sent to the H&S team.

In any Trust/contractor relationship, there must be co-operation and co-ordination between all the parties involved, to ensure the health and safety of all at the workplace and anyone else likely to be affected. The Trust will set up liaison arrangements with all parties. This could take the form of regular meetings or briefings. Liaison is particularly important where variations of the work are proposed, the work involves multi-site visits or where more than one contractor or sub-contractor is engaged

## 5.8 Accidents, incidents and Dangerous Circumstances

General Requirements for the reporting of accidents, incidents and dangerous circumstances are defined within the Control of Contractors Policy.

The Responsible Manager for the activity will be required to liaise with the Authorised Person for the work and Health and Safety Team to complete a full investigation for any accidents, incidents and/or dangerous occurrences. Due to the harm risked by any Permit to Work activity, the immediate and root causes of any accident, incident and dangerous occurrence need to be understood and appropriate measures put in place to ensure that the risk of re-occurrence is eliminated.

The Responsible Manager for the activity will be required to fulfil any requirements identified within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (NB the H&S Team are the Trust's reporters to RIDDOR).

## 5.9 Statutory and Other Regulations

All Work undertaken shall be carried out in strict conformity with the relevant Statutory Acts, associated regulations and HTM. These include but are not restricted to:

- Health and Safety at Work Act 1974
- Environmental Protection Act 1990
- Radioactive Substances Act 1993
- Regulatory Reform (Fire Safety) Order 2005
- Telecommunications Act 1984
- Employees Liability (Compulsory Insurance) Act 2011
- Building Regulations 2010
- Construction (Design and Management) Regulations (CONDOM) 2015
- Lifting operations and Lifting Equipment Regulations (LOLER) 1998
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013

**Building Regulations (Amendments) Regulations 2023**

The Contractor shall display notices and shall keep or examine all records required by statute relating to the work, plant, equipment, inspections, safe working or supervision etc. and shall satisfy the Responsible Person that such records are adequate. When required by the Responsible Person, the Contractor shall produce for examination such records as he is required to keep, or photocopies of other such records.

## **6 Implementation**

### **6.1 Plan for implementation**

This policy will be implemented by the Director of Estates and the Managing Director of the Trust (as the controlling mind of the organisation) and administered by the Authorised Persons.

### **6.2 Dissemination**

This Policy will be made available on the Trust Intranet. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee.

### **6.3 Training and awareness**

Training requirements for Authorised persons are clearly identified within the relevant HTMs and other best practice guidance. All Authorised Persons must read and understand the requirements set out within this policy.

Responsible Managers are required to read and understand the requirements set out within this policy.

## **7 Monitoring the effectiveness of this process.**

The Authorizing Engineer (AE) for the respective system (e.g. Electrical, Medical Gases) will conduct an annual audit of all issued permits to ensure work has been completed / process has been followed as documented within this policy and respective HTM. For any other permit issued then the Head of Estates must ensure an annual review is conducted to also provide assurance all aspects of this policy has been adhered to. Any adverse issues noted by the AE or Head of estates must be documented into a report and an action plan to address / improve to be implemented.

## **8 Policy Review**

The policy will be reviewed by the Health & Safety Committee and updated every three years or sooner if regulations or documentation are revised.

## **9 References**

Health & Safety at Work Act 1974	
Management of Health and Safety regulations (amended) 1999	
Construction (Design and Management Regulations 2015)	
Work at Height Regulations 2005 (amended)	
Health & Safety Policy	WAHT-CG-125
Risk Assessment Policy	WAHT-CG-002
Fire Safety Policy	WHAT-CG-269

Control of Substances Hazardous to Health Policy	
Security Policy	WAHT-CG-034
Management of Infection Prevention and Control Policy	WAHT-CG-043

## 10. Background

### 10.1 Consultation

The following were consulted in the production of this version of the policy:

- Director of Estates & Facilities
- Deputy Director of Estates and Facilities- Hard FM
- Deputy Director of Estates and Facilities- Strategic Estates
- Head of Capital Planning
- Head of Operational Estates and Technical Services
- Head of Health and Safety and Fire Safety
- Members of the Health and Safety Committee
- Joint Negotiating Consultative Committee

### 10.2 Approval process

The Health and Safety Committee will receive this policy for approval. Changes to this document will be recorded and monitored in accordance with the Policy for Policies.

### 10.3 Equality requirements

An equality assessment has been performed. There are no equality issues presented by this policy.

### 10.4 Financial risk assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

## Appendix 1 – Duty Holder Matrix

Below documents at the point of writing this Policy those who are currently named individuals. NB this is a guide; the lead for the dept should be contacted if below are not contactable (as they may have been superseded).

	Role	Individuals Name
<b>HTM 01 Decontamination</b>	Authorising Engineer	Jonathan Tucker
	Authorised Person (Deputy - WAHT)	Tariq Kassim
	Authorised Person (Lead - Endoscopy)	Kyle Brown / Adam Llewellyn
	Competent Person (HSDU - WHAT)	Glenn Dyson
	Competent Person (HSDU - WHAT)	Neal Rooke
	Competent Person (HSDU - WHAT)	STS (Tech Services hold register)
<b>HTM 02 Medical Gas Pipeline Systems</b>	Authorising Engineer	MGPS (Steve Goddard)
	Authorised Person (Deputy)	Richard Wise
	Authorised Person (Deputy)	Chris Harrison
	Authorised Person (Deputy)	Luke Wyre
	Authorised Person (Deputy)	Mark Hannah (Asp)
	Authorised Person (Deputy)	Ian Wise (Asp)
<b>HTM 03 Ventilation</b>	Authorising Engineer	IOM (Phil Brannen)
	Authorising Engineer (Deputy)	IOM (Shane Martin)
	Authorised Person (Deputy)	Richard Wise
	Authorised Person (Deputy)	Chris Harrison
	Authorised Person (Deputy)	Mark Hannah (ASP)
<b>HTM 04 Water</b>	Authorising Engineer	Hydrop (Mike Koumi)
	Authorising Engineer	Hydrop (Sam Rollins)
	Responsible Person (Deputy)	Richard Wise
	Responsible Person (Deputy)	Adam Hood
	Responsible Person (Deputy)	Mark Hannah (Asp)
	Responsible Person (Deputy)	Ian Wise (Asp)
<b>HTM 06-02 Electricity Low Voltage</b>	Authorising Engineer	Avonside (Nick Lane)
	Authorising Engineer (Deputy)	Avonside (Malcolm Partridge)
	Authorised Person (Deputy)	Richard Wise
	Authorised Person (Deputy)	Chris Harrison
	Authorised Person (Deputy)	Luke Wyre
	Authorised Person (Deputy)	Mark Hannah
<b>HTM 06-03 Electricity High Voltage</b>	Authorising Engineer	Avonside (Nick Lane)
	Authorising Engineer (Deputy)	Avonside (Malcolm Partridge)
	Authorised Person (Deputy)	Richard Wise
	Authorised Person (Deputy)	Chris Harrison
	Authorised Person (Deputy)	Luke Wyre
<b>HTM 08-02 Lifts</b>	Authorising Engineer	Cundell (Graham Barker)
	Authorising Engineer (Deputy)	Cundell (Michael Rooke)

	Authorised Person (Deputy)	Richard Wise
	Authorised Person (Deputy)	Luke Wyre
<b>Asbestos</b>	SME	Bradley Environmental
	Authorised Person (P405)	Richard Wise
	Authorised Person (P405)	Chris Harrison
<b>Pressure Systems (Steam &amp; Compressed Air)</b>	Authorising Engineer	PPL (Perry Dixon)
	Authorised Person (Deputy)	Richard Wise (Asp)
	Authorised Person (Deputy)	Luke Wyre (TBC)

### Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

## Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/> Julie Noble	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Julie Noble</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Samantha Reid	Health and Safety Officer	Samantha.reid3@nhs.net
<b>Date assessment completed</b>			

### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Permit to Work			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the process and management for the implementation use and management of permits			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff		
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			



What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, HSE website and UK applicable regulations has been conducted.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The Head of H&S has ensured this policy meets legal obligations.
Summary of relevant findings	No impact to others from this document; this is a continual improvement process.

## Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			
Sexual Orientation	√			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	✓			
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	✓			

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	<b>When the policy is due for review.</b>			


## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	31 <sup>st</sup> July 2025
<b>Comments:</b>	Samantha Reid – Health and Safety Officer
<b>Signature of person the Leader Person for this activity</b>	Julie Noble
<b>Date signed</b>	01/08/2025
<b>Comments:</b>	Julie Noble – Head of H&S



## Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.