Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. <u>Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report</u>. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

| NHSGGC Staff Health Strategy 2023-2025 |
|---|

Is this a:  Current Service ☐  Service Development ☐    Service Redesign ☐    New Service ☐ New Policy ☐   Policy Review ☐X

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

*What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.*

The overall aim of the Staff Health Strategy is to improve staff wellbeing, promote a caring workplace, increase awareness of the Staff Health Strategy, reduce and prevent ill-health and reduce sickness absence. Key outcomes that reflect this have been developed:

1. Achieve 80% or more iMatter score in relation to the organisation cares about my health and wellbeing

2. Increase awareness of resources available to support staff health and wellbeing to at least 80% of respondents in the 2024 Staff Health Survey

3. Reduction in all sickness absence by 2025 from current level towards target of 5%

4. Increase awareness of the Staff Health Strategy from the 2022 Staff Health Survey by a minimum of 5% in the 2024 Staff Health Survey

*Why was this service or policy selected for EQIA?  Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.).  Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.*

The Staff Health Strategy needs to be delivered in a way that meets the needs of a diverse workforce with more than 38,000 employees.   Opportunities to benefit from the services detailed in the strategy must be fully accessible and compliant with the Public Sector Equality Duty.  To this end, activities must be person-centred and inclusive of all protected characteristics.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

| Name: John Somerville | Date of Lead Reviewer Training: |
|---|---|
| | |

**Please list the staff involved in carrying out this EQIA**
**(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

John Somerville, Head of Occupational Health and Safety; Lisa Buck, Health Improvement and Inequalities Manager; Asia Nicoletti, Project Support Officer; Alastair Low, Planning Manager; Ann Cameron-Burns, Employee Director; Anne MacPherson, HR Director; Paul McKenzie, OH Consultant Clinical Psychologist; Liam Spence, Head of Staff Experience

| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|---|---|---|---|---|
| 1. | What equalities information is routinely collected from people currently using the service or affected by the policy?  If this is a new service proposal what data do you have on proposed service user groups.  Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted. | *A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.* | The most recent protected characteristic data from the 2022-23 NHS GGC Workforce Monitoring report is considered within the EQIA in relation to the 2023-2025 Staff Health Strategy.  Within Occupational Health a report is available to capture when disability is likely to apply under the Equality Act and when reasonable adjustments have been suggested.  The sex of staff attending Occupational Health is also recorded.<br><br>In addition to the above no other protected characteristic data is collected within any specific support services / interventions that are aligned to the Staff Health Strategy. | |
| | | *Example* | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 2. | Please provide details of how data captured has been/will be used to inform policy content or service design.<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■ | *A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative.  As a result an adapted range of materials were introduced with ongoing* | Audit of management and self-referral data to Occupational Health will be subject to a regular programme of feedback that includes cases where reasonable adjustments due to disability have been requested for staff likely to be considered protected under the Equality Act 2010 due to disability.<br><br>Sex of attendees is also recorded and data analysed providing potential to identify under-representation (against workforce demographics). | |

| | | *Example* | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| | 2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics. ☐<br><br>4) Not applicable ☐ | *monitoring of uptake. (Due regard promoting equality of opportunity)* | | |
| 3. | How have you applied learning from research evidence about the experience of equality groups to the service or Policy?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ☐<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics ☐<br><br>4) Not applicable ☐ | *Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).* | The Staff Health Strategy has been shaped through national workstreams such as Fair Work Nation and the importance placed on NHS staff wellbeing by the Scottish Government and NHS Scotland. In addition the Strategy has been informed by the 2022 Staff Health Survey, key Survey findings included:<br><br>- **Staff Engagement and Awareness**:<br><br>  ➢ 2362 staff responded<br><br>  ➢ Lower proportionate engagement from Band 2 and 3 staff in survey compared to overall headcount in this category<br><br>  ➢ Drop in awareness from previous survey of awareness of Staff Health Strategy (5% drop)<br><br>  ➢ 40% of staff not aware of resources to support their health and wellbeing<br><br>  ➢ 55% of staff not aware of Staff Disability Forum | |

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| | | • **Physical and mental wellbeing**:<br><br>➢ Mental health and stress remain key concerns for staff (75.5% of staff reported stress in the previous 12 months of which 46.9% impacted on work)<br><br>➢ Given the relative newness of Peer Support in the organisation there was a healthy number of mentions for this programme within respondents. This suggests that this programme is valued<br><br>➢ 15% of staff respondents reported being discriminated against in the last year at work for various reasons including: Ethnic background, Gender, Sexual orientation, Age, Disability, Religion / faith / belief, Accent<br><br>➢ Only 19% of staff felt there was healthy food options in the hospital / workplace cafés or canteens<br><br>➢ 46% of respondents have experienced menopause symptoms, now or in the past which have impacted on their working lives<br><br>➢ 16% of staff consider themselves to have a disability. | |

| | | | This has increased from 12.3% reported in 2019. Of this number 18% report reduced ability to carry out day-to-day activities | |
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| | | | ➢ A healthy proportion of staff are taking part in the Active Staff programme and other staff activities and support. 29% of respondents reported they were supported by their line manager to attend staff health support activities | |
| | | | ➢ Most respondents described their general health as fair – medium: | |
| | | | ➢ 15% reported very good general health | |
| | | | ➢ 48% reported good general health | |
| | | | ➢ 32% reported fair general health | |
| | | | • **Financial Wellbeing:** | |
| | | | ➢ Money worries were a concern for respondents with only 18% of staff reporting no money worries and almost 1 in 5 reporting money concerns at least once a month. | |
| | | | ➢ Of those with concerns 15% stated that their money worries have affected work (i.e., | |

|  |  |  | travelling to work, concentrating at work). |  |
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|  |  |  | ➢ A small number of respondents (1.8%, n=43) had accessed a food bank in the 3 months prior to completing the survey |  |
|  |  |  | ➢ 25% of staff using a food bank in the last 3 months were Band 5s |  |
|  |  |  | • **Violence and Aggression:** |  |
|  |  |  | ➢ Reduction from previous survey of staff working in an area at risk from violence and aggression (47% in this survey) |  |
|  |  |  | ➢ 55% have not undertaken any training in relation to violence and aggression (excluding the statutory/mandatory module on violence) |  |
|  |  | *Example* | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 4. | Can you give details of how you have engaged with equality groups with regard to the service review or policy development?  What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) | *A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service.  Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues.  As a result the* | Equality Forums have been consulted with as part of the development of the Staff Health Strategy.  The Chair of the Disability Forum is a member of the Staff Health Strategy Group that oversees the development of the Strategy and has been involved as the Staff Health Strategy was developed.  They have also been able to liaise with chairs of the other NHS GGC Equalities Forum(s) in relation to this. |  |

| | | *Example* | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| | support NHSGGC to listen and understand what matters to people and can offer support.<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics ☐<br><br>4) Not applicable ☐ | *service introduced a home visit and telephone service which significantly increased uptake.*<br><br>*(Due regard to promoting equality of opportunity)*<br><br>* *The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.* | | |
| 5. | Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?<br><br>Your evidence should show which of the 3 parts of the General Duty have been | *An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of* | Wellbeing services such as Occupational Health are delivered from accessible building with lifts. Adaptions are available on request.<br><br>As part of the Staff Health Strategy it is planned to review the NHS GGC Reasonable Adjustment Passport and Guidance (in partnership and with Disability Forum input) to ensure this meets the needs of our staff and workforce.<br><br>Wellbeing Activities e.g. Active Staff Programme are | |

| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| | considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics. ☐<br><br>4) Not applicable ☐ | *a fire.*<br>*(Due regard to remove discrimination, harassment and victimisation).* | aimed at all staff with a range of options to ensure accessibility for all. This includes accessible exercise classes, as well as options to attend in person or online classes. | |
| 6. | How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ☐<br><br>2) Promote equality of | *Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*<br><br>*Written materials were offered in other languages and formats.*<br><br>*(Due regard to remove discrimination, harassment and* | Established communication channels will be used to launch and communicate the Staff Health Strategy. Other Formats will be available on request. In addition as part of the Action Plan a specific action will be included around 'Access to Information' to ensure coverage and awareness of the Strategy is monitored on an ongoing basis. | |

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| | opportunity ■<br><br>3) Foster good relations between protected characteristics ☐<br><br>4) Not applicable ☐<br><br>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this. | *victimisation and promote equality of opportunity).* | | |
| 7 | Protected Characteristic | | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (a) | Age<br><br>Could the service design or policy content have a disproportionate impact on people due to differences in age?  (Consider any age cut-offs that exist in the service design or policy content.  You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).<br><br>Your evidence should show which of the 3 parts of the | | January 2023 statistics show that the most common age category of our staff is the 50-54 age group at 13.54%, 5,579  people.  The next most common age group is 55-59 at 13.53%, 5,572 people. With these two categories being most common, and >38%% of staff being 50 or older, and a static workforce with low turnover, it is clear NHSGGC has a workforce that is predominantly older and is also ageing. Additionally the category that is least common is the under 20s with 0.26% | The Staff Health Strategy should have a beneficial impact on supporting staff as they work longer |

| General Duty have been considered (tick relevant boxes). | There are specific health issues associated with being old, for example Dementia and Parkinson's disease. These issues may become more relevant to our staff group as the reality of working longer becomes the norm. It is pertinent to the Strategy that we incorporate preventative activities into our strategy, as well as awareness raising and appropriate occupational health interventions. As well as the few specific conditions or illnesses associated with 'being old', the older people get the more likely they may be to experience a range of different conditions such as chronic disease, cancer and disability and to experience more than one of these together. | |
| :-- | :-- | :-- |
| 1) Remove discrimination, harassment and victimisation ■ | | |
| 2) Promote equality of opportunity ■ | | |
| 3) Foster good relations between protected characteristics. ☐ | | |
| 4) Not applicable ☐ | The health of older people in Scotland varies according to social circumstances. The gap in life expectancy between the most affluent and deprived communities has widened significantly in the last 20 years, particularly among males. Older people, especially older women are often on low incomes. This is caused by a combination of factors including the state pension not being linked to earnings and women being less likely to have occupational pensions of sufficient level.<br><br>The 2023 – 2025 Staff Health Strategy has a common theme of prevention and maintenance woven throughout the document, including access to workplace support services such as Occupational Health as well as preventative measures such as health promotion activity and the Active Staff Programme (including accessible classes and activities). | |

| (b) | Disability | | |
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| | Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics. ☐<br><br>4) Not applicable ☐ | January 2023 HR statistics show the following disclosure of disability at recruitment stage: staff who disclosed 'not disabled' 75.67%, staff who disclosed disability 4.95%, with no information available for 19.39% of applicants. There figures for disability are higher than in previous surveys. However it is acknowledged that under reporting of disability status is likely, therefore it has been useful to examine other relevant datasets at the organisation's disposal. The Staff Health Survey (November 2022) showed that 16% of staff consider themselves to have a disability (this has increased from 12.3% reported in the 2019 Staff Health Survey). Of this number 18% report reduced ability to carry out day-to-day activities.<br><br>Sickness absence rates are consistently higher that the target of 4% and in September 2023 was recorded at 6.77%. We know from other data sources such as Absence coding and occupational Health Swiss coding that Mental health related illness is the major cause of sickness absence and occupational Health Service usage following referral. Mental illness and stress can be classed as a disability. Other common reasons for management or self-referral to Occupational Health include physical health reasons with a number of these conditions likely to be covered under the Equality Act as a disability.<br><br>Therefore with reference to the strategy, disabled workers are a key concern and reflected in the priority given to mental wellbeing and stress as well as inclusive services and initiatives to improve health and reduce the impact of the disability. Partnership working with staff representatives and the Area | |

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| | | Partnership Forum is key to the delivery of the Strategy. Similarly the Staff Disability Forum are represented by the Chair of the Forum on the Staff Health Strategy Group and has been included in the consultation process in the development and approval of the 2023-2025 Staff Health Strategy.<br><br>Good links also exist between the Disability Forum and services such as Occupational Health that have a key role to play in the implementation of the Staff Health Strategy. | |
| | **Protected Characteristic** | **Service Evidence Provided** | **Possible negative impact and Additional Mitigating Action Required** |
| (c) | Gender Reassignment<br><br>**Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?**<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics ☐<br><br>4) Not applicable ☐ | There is limited data available on NHSGGC staff in relation to the protected characteristic of Gender Reassignment. However the key theme of supporting staff mental wellbeing within the strategy is pertinent to trans people. 80% of trans people will experience hate crime - about 60% will have suicide ideation and around 45% will have attempted to complete suicide. Also trans people are more likely to experience mental health problems related to fear of/actual discrimination.<br><br>Staff support and wellbeing services such as Occupational Health are sensitive to people with this protected characteristic and are able to provide support, care and advice to the same level as all other staff. If there is a requirement to provide single or separate sex services this will be done in line with guidance from the Equality and Human Rights Commission - guidance-separate-and-single-sex-service-providers-equality-act-sex-and-gender-reassignment-exceptions.pdf | |

| | | (equalityhumanrights.com) | |
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| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (d) | Marriage and Civil Partnership<br><br>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ☐<br><br>2) Promote equality of opportunity ☐<br><br>3) Foster good relations between protected characteristics ☐<br><br>4) Not applicable ■ | Not relevant | |
| (e) | Pregnancy and Maternity<br><br>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant | Health and Safety risk assessments for pregnant workers and those returning from pregnancy are a concern of this strategy. It is important to safeguard the health and safety of our workers including new and expectant mothers.  This is reflected in the health and safety policies and guidance for new and expectant mothers.  It is also reflected in the key commitment in the strategy of continuing to work | |

| | boxes). <br><br>1) Remove discrimination, harassment and victimisation ☐ <br><br>2) Promote equality of opportunity ■ <br><br>3) Foster good relations between protected characteristics. ☐ <br><br>4) Not applicable ☐ | towards improving the health and safety culture within NHS GGC. | |
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| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (f) | Race <br><br>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? <br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). <br><br>1) Remove discrimination, harassment and victimisation ■ <br><br>2) Promote equality of opportunity ■ <br><br>3) Foster good relations between protected characteristics ☐ <br><br>4) Not applicable ☐ | Within our workforce, 95.4% of employees have disclosed belonging to the "White" category. In the context of the strategy it is important that BME staff are considered when action planning our wellbeing activities. It is known that exclusion can adversely impact upon the mental wellbeing of people from minority races. <br>For example: <br>• People of African origin formed just over 5% of the minority ethnic population in Scotland but represented 33% of the psychiatric patients in hospitals that were from ethnic minorities <br>• A survey on psychiatric illness rates amongst ethnic minorities found that depression was most common amongst Indian and Pakistani people <br><br>As we deliver the Staff Health Strategy we will partner with the BME Network to support the delivery of the Strategy and ensure that BME staff are able to | |

| | | access services and activities outlined within the Strategy. | |
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| | | While the Chair of the Staff Disability Forum is a member of the Staff Health Strategy Group, part of this role is to feedback to the chairs of other staff forums and networks including the BME network to ensure all staff views are able to be considered. | |
| (g) | **Religion and Belief**<br><br>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ■<br><br>2) Promote equality of opportunity ■<br><br>3) Foster good relations between protected characteristics. ☐<br><br>4) Not applicable ☐ | In the 2022/23 Workforce Monitoring Report, 23.4% of staff had No Religion/ Belief, 13.9% were Church of Scotland, and 16.6% Roman Catholic. The least common religions were Jewish 0.11%, Sikh 0.17% and Buddhist 0.23%.<br><br>The data demonstrates the importance of inclusion regardless of religion and belief for all faith communities and none.  For instance the Spiritual Care Team can provide religious care but is not limited to this.  All NHS GGC staff regardless of religious belief are encouraged to access Spiritual Care when they require support.  This is consistent with Scottish Government Guidance Spiritual care | NHS Education for Scotland<br><br>The Spiritual Care team are seeing an increase in requests from staff across NHSGGC for support from chaplains, this can be variable across hospital sites and be influenced by external factors i.e. locally, nationally and internationally. The professional approach by NHSGGCs Spiritual Care team is to remain neutral and person-centred at all times, particularly if there are any religious implications and/or biases affected by political wars in the world that can sometimes increase bias and emotions among some bodies of staff.  Reports are produced on a regular basis by the Spiritual Care Team for the | |

| | | Staff Health Strategy Group which assists with monitoring of this protected characteristic. | |
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| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (h) | Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

1) Remove discrimination, harassment and victimisation ■

2) Promote equality of opportunity ■

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐ | The 2022/2023 Workforce Monitoring Report statistics show the following gender split: Female 79.1% and male 20.9%.

Therefore, with a static, mainly female workforce who are on average in their mid-40s, the issues concerning creating a healthy workplace for older women are of particular relevance and are addressed in our strategy.

For many older women, working longer can be a positive choice, however for others, there is no choice: an increasing pension age and financial pressures mean that they and their families are dependent on their income.

'Statistics show that an increasing number of women in Scotland are providing some unpaid care. The Scottish Government has noted that such responsibilities are most likely to be undertaken by the 50 – 64 age group, that this is mostly being done by women and that women are far more likely to undertake substantial amounts of unpaid caring. There is a concept of a pivot generation, with women often expected to combine care for their own children with informal care for elderly parents. Further, many older women now provide care for grandchildren and this role is vital in allowing their own children to return to work. The evidence is that many older women in Scotland are leaving the labour market entirely due to the complexity of caring demands and | |

| | | the incompatibility of these demands with jobs that are inflexible.'<br>Reference: Scottish Commission on Older Women, Older Women and Work : Looking to the Future, Report 2015<br><br>In NHSGGC, women are between two and two and a half times more likely to report experiencing anxiety and depression than men. This is particularly pertinent to our strategy as mental wellbeing is viewed as a challenge area for the organisation due to the amount of sickness absence assigned to mental health problems.<br><br>Research tells us that between 1 in 3 and 1 in 5 women will experience gender based Violence at some point in their lives. Given the high female to male ratio of our staff group, gender based violence will have a significant impact in the health and wellbeing of our staff. This is pertinent for a strategy concerned with staff health and will be taken into consideration when developing our action plans.<br><br>The Board's lead in response to the National Women's Health Plan has been involved in the development of the Staff Health Strategy and this is reflected in the Strategy and supporting Action Plan.<br><br>It is also important that it is recognised that men have specific challenges and it is important that there needs are fully represented within the Strategy.<br><br>As men age they can be impacted with both physical and mental wellbeing challenges as well as an increase in chronic illness.  Evidence also suggests that men can be slower to come forward for help with health and wellbeing challenges and therefore | |

| | | present at a later stage with health challenges. Therefore as well as the range of preventative and supportive services and targeted events e.g. in men's health week the communication actions supporting the strategy will help to ensure that men are aware of and able to access the initiatives and services within the strategy. | |
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| (i) | Sexual Orientation<br><br>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?<br><br>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation　■<br><br>2) Promote equality of opportunity　■<br><br>3) Foster good relations between protected characteristics.　☐<br><br>4) Not applicable　☐ | The 2022-23 Workforce Monitoring Report show the following statistics on the sexual orientation of our staff;<br>Heterosexual 59.95%, Gay 1%, Lesbian 0.51%, Bisexual 0.77%, Other 0.23%.  The information on sexual orientation was not available on 34.83% of staff.<br><br>The health needs assessment (HNA) of lesbian, gay, bisexual, transgender and non-binary people Final Report (31 May 2022).pdf (scot.nhs.uk) found that overall, that LGBT+ people face health inequalities on every measure of wellbeing (social, physical, mental and emotional, financial etc).  This is true for all LGBT+ groups, but non-binary and trans people consistently demonstrate the worst health and wellbeing indicators and bisexual women also have particularly poor indicators for mental wellbeing.<br><br>The focus of the strategy on promoting wellbeing at work is therefore very pertinent to the protected characteristic of sexual orientation. This is further enhanced with the LGBTQ+ Staff Forum which aims to provide a safe and welcoming space for LGBTQ+ staff.  The LGBTQ+ Staff Forum can help to promote and influence the delivery of the Staff Health Strategy. | |

| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| (j) | Socio – Economic Status & Social Class<br><br>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?<br><br>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions.  If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.  Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)<br><br>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:<br>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?<br>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?<br>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?<br>4. Are some communities of interest or communities of place more affected by disadvantage in this case | The health of our staff is pertinent to the characteristic of SES and this is why it is taken into consideration by the strategy. Social class leads to inequalities of resources, whether that is income, education, housing or health.  This has led to widely varying but predictable life chances and health outcomes across Greater Glasgow and Clyde.<br><br>The link between social class and health was identified almost 30 years ago. In 1980, there was found to be a clear inequality in life expectancy between men in social class 1 (managers and professionals) and social class 5 (unskilled workers). The reasons for the link between social class and health includes things such as health risks in low paid, unsafe jobs and stress caused by having low status and lack of power.<br><br>In the most recent Staff Health Survey (November 2022), money worries were a concern for respondents with only 18% of staff reporting no money worries and almost 1 in 5 reporting money concerns at least once a month.<br><br>Further findings from this survey are summarised below and again highlight the importance of considering SES within the Staff Health Strategy:<br><br>➢ Of those with concerns 15% stated that their money worries have affected work (i.e., travelling to work, concentrating | |

| | | | |
|---|---|---|---|
| | than others?<br>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?<br>6. How has the evidence been weighed up in reaching our final decision?<br>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision. | at work).<br><br>➢ A small number of respondents (1.8%, n=43) had accessed a food bank in the 3 months prior to completing the survey<br><br>➢ 25% of staff using a food bank in were Band 5s<br><br>A proxy measure for socio-economic status is pay banding, and whilst this has limitations in that poverty is often experienced via low household income, the benefits of this data set is that it is complete and accurate. Given that workforce statistics show that the largest group of staff are Band 5 or below (24,825 out of a headcount of 41950 as of November 2023), this demonstrates the importance of the priority that is being put on poverty and financial wellbeing within the strategy. It should be noted that financial worries are not limited to staff on lower bands as concerns are seen in higher banded staff groups also. | |
| (k) | Other marginalised groups<br><br>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers? | NHS Greater Glasgow and Clyde are proud to be signed onto the Armed Forces Covenant. The services within the Staff Health Strategy are consistent with the ethos of this Covenant in ensuring reservists and veteran's working in NHS Greater Glasgow and Clyde have opportunities as part of their employment to improve their health and wellbeing. | |
| 8. | Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?<br><br>Your evidence should show which of the 3 parts of the | Not applicable | |

| | | General Duty have been considered (tick relevant boxes).<br><br>1) Remove discrimination, harassment and victimisation ☐<br><br>2) Promote equality of opportunity ☐<br><br>3) Foster good relations between protected characteristics. ☐<br><br>4) Not applicable ■ | | |
|---|---|---|---|---|

| | | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|---|---|---|---|
| 9. | What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights. | Learning and Education completion data for the statutory e-learning module for Equality and Human Rights is 88.4% as at end of October 2023.  This helps to demonstrate commitment NHS Greater Glasgow and Clyde have to promotion of equality of opportunity for all staff. | |

10.  In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom

of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

None identified

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The development of the Staff Health Strategy has followed the PANEL principles in that the people impacted by the strategy have participated in its development, it has been formally scrutinised through governance structures in the board (including Health and Safety Forum, Area Partnership Forum, other Partnership Forums, Staff Governance and the Corporate Management Team.  It has been subject to an EQIA and it complies and aligns to existing policies within the Board.

*

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment.  This can be cross-checked via the Quality Assurance process:

■ ✓Option 1: No major change (where no impact or potential for improvement is found, no action is required)

☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

| Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward. | Date for completion | Who is responsible?(initials) |
|---|---|---|
| Nil identified | | |

Ongoing 6 Monthly Review      please write your 6 monthly EQIA review date:

Lead Reviewer:                        Name   John Somerville
EQIA Sign Off:                        Job Title Head of Occupational Health

Signature  *[signature]*
Date     27.11.23

Quality Assurance Sign Off:          Name            Alastair Low
                                     Job Title       Planning Manager
                                     Signature       A Low
                                     Date            28/11/2023

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL**
**MEETING THE NEEDS OF DIVERSE COMMUNITIES**
**6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

|  |
| --- |
|  |

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

|  |  | Completed | |
| --- | --- | --- | --- |
|  |  | Date | Initials |
| Action: |  |  |  |
| Status: |  |  |  |
| Action: |  |  |  |
| Status: |  |  |  |
| Action: |  |  |  |
| Status: |  |  |  |
| Action: |  |  |  |
| Status: |  |  |  |

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

|  |  | To be Completed by | |
| --- | --- | --- | --- |
|  |  | Date | Initials |
| Action: |  |  |  |
| Reason: |  |  |  |
| Action: |  |  |  |
| Reason: |  |  |  |

Please detail any new actions required since completing the original EQIA and reasons:

| | | To be completed by | |
|---|---|---|---|
| | | Date | Initials |
| Action: | | | |
| Reason: | | | |
| Action: | | | |
| Reason: | | | |

Please detail any discontinued actions that were originally planned and reasons:

| | |
|---|---|
| Action: | |
| Reason: | |
| Action: | |
| Reason: | |

Please write your next 6-month review date

| |
|---|
| |

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk