

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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:

Moving and Handling Policy

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

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.*

NHS GGC recognises its duty of care to employees and its responsibility as an employer. NHSGGC acknowledges that staff involved in the moving and handling of people and / or loads may face the risk of injury, and therefore attaches major importance to the health, safety and wellbeing of the staff.

The aim of this policy is, through risk assessment, to reduce this risk to the lowest level reasonably practicable. It is developed in accordance with legislative and professional guidance documents.

In practice this means that NHSGGC promotes:

- The avoidance of moving and handling where it is reasonably practicable to do so by employing solutions to eliminate the task
- Where it is not possible to avoid the task, assessment of moving and handling risks through generic and specific risk assessment
- In terms of people handling; the elimination of high risk practices; and maximisation of co-operation and independence from the person
- Monitoring and reviewing moving and handling practices and guidance

The policy sets out the management arrangements that are required to ensure compliance with current legislation and guidance.

*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 Moving & Handling Policy links to the key organisational priorities of staff safety and wellbeing. It also links to the fundamental goal of patient safety. The policy needs to be delivered in a way that meets the needs of a diverse workforce with more than 40,000 employees. The services detailed in the policy 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; Alastair Low, Planning Manager; Anne MacPherson, HR Director; Jillian McDonald, Moving & Handling Team Lead (South); Fraser Kinsella, Moving & Handling Team Lead (Partnerships)

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>The most recent protected characteristic data from the 2023-24 NHS GGC Workforce Monitoring report is considered within the EQIA in relation to the Moving &amp; Handling Policy. Within Moving &amp; Handling a report is available to capture when reasonable adjustments have been suggested as part of a Moving and Handling Assessment for staff returning from sick leave.</p> <p>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.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p><i>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</i></p>	<p>Regular evaluation of courses is undertaken by surveying course attendees. This helps inform design of training / policy content. Feedback relevant to practice is shared with individual departments if indicated.</p> <p>Ongoing audit and self audit in all Departments of NHS GGC on ongoing basis. This helps to ensure that Moving &amp; Handling policy is implemented in all areas benefitting both staff and patients. Finally</p>	

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>regular monitoring of waiting lists is undertaken to ensure that no build-up of staff awaiting training occurs. Monitoring uptake in the way helps ensure equality of opportunity for all staff in relation to Moving &amp; Handling training and service delivery.</p> <p>Based on individual staff needs bespoke on site coaching can be arranged out with the classroom to address individual(s) skill gaps. This is often achieved through competency assessment and/or being raised by local managers.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>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</i></p>	<p>The Moving and Handling Policy has been shaped through staff evaluation and feedback to training courses as well as benchmarking various parts of the service nationally. This includes work on specialist equipment such as hoists, beds, trolleys which help promote inclusivity for staff and patients, as well as options for delivering training. This feedback and benchmarking (can be evidenced) and is reflected in the policy content.</p>	

	<p>2) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p><i>discrimination, harassment and victimisation and fostering good relations).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>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) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of</p>	<p><i>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 service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Staff side representation and input into the policy has been sought, in particular via the Health &amp; Safety Forum (which has a leading role in reviewing and developing the policy). This has helped to ensure that what is important to staff is reflected within the policy and vital in promoting inclusion of all staff groups. Likewise the Health &amp; Safety Forum has several management representatives as part of its membership which helps ensure that the policy meets patient needs from a Health &amp; Safety perspective.</p>	

	<p>opportunity</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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 a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Services such as Moving &amp; Handling are delivered from accessible buildings with lifts. The only exception to this is training offered at Stobhill as there is no working lift on the premises. However lifts are available on our other two training locations (Gartnavel and Queen Elizabeth University Hospital). Adaptions are available on request.</p> <p>Face-to-face training can be adapted to suit the needs of participants in order to remove barriers, so long as the essentials of training can be demonstrated and practiced.</p> <p>The Moving &amp; Handling Policy also reflects that the service undertake services aimed at reducing discrimination and promoting equality of opportunity. A good example of this is assessment and advice for staff and managers on return to work. This helps ensure patient and staff safety as well as reduce barriers for staff staying at or returning to work.</p>	

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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</p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Established communication channels will be used to launch and communicate the updated Moving &amp; Handling Policy. Other Formats will be available on request. In addition members of the Moving &amp; Handling team are regularly in departments and able to discuss and highlight key policy issues with staff and work in a proactive manner to find solutions to any issues that arise.</p> <p>We will also publicise the new M&amp;H Policy on Staff Net to raise staff awareness.</p>	

	paid in your evidence to show how the service review or policy has taken note of this.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>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).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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 &gt;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%</p> <p>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. The Moving &amp; Handling Policy incorporates preventative approaches, as well as awareness raising and appropriate moving and handling standards and practice. 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.</p> <p>The health of older people in Scotland varies</p>	<p><u>The Moving &amp; Handling Policy should have a beneficial impact on supporting staff as they work longer</u></p>	



		<p>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.</p> <p>The updated Moving &amp; Handling Policy has a common theme of prevention and maintenance woven throughout the document, including access to workplace support as well as preventative measures such as training and awareness raising which helps ensure staff and patient safety. As such the preventative approach highlighted is vital in ensuring discrimination does not become an issue in relation to moving and handling as well as promoting equality of opportunity.</p>	
(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>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. These 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-</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>to-day activities.</p> <p>Sickness absence rates are consistently higher than the target of 4% and in October 2024 was recorded at over 7%. This Policy helps ensure staff safety, best practice and help to avoid sickness absence.</p> <p>Therefore with reference to the policy, disabled workers are a key concern and reflected in the priority given to activities such as supporting staff to stay at or return to work. Partnership working has also been key in the development of the updated Policy, with partnership representatives contributing to the Policy (this includes via the Health &amp; Safety Forum).</p> <p>Patient perspectives in relation to the policy have also been considered. Moving and handling arrangements will be clearly explained to a patient to avoid any anxiety. Where the patient requires communication support, this will be provided through mainstream service provision in advance of a planned move.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>There is limited data available on NHS GGC staff in relation to the protected characteristic of Gender Reassignment.</p> <p>Staff services such as Moving &amp; Handling are sensitive to people with this protected characteristic and are able to provide support, care, training and advice to the same level as all other staff. If there is a requirement to provide single or separate sex</p>	

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>services this will be done in line with guidance from the Equality and Human Rights Commission - <a href="https://www.equalityhumanrights.com/equality-act-sex-and-gender-reassignment-exceptions.pdf">guidance-separate-and-single-sex-service-providers-equality-act-sex-and-gender-reassignment-exceptions.pdf</a> (equalityhumanrights.com)</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	Not relevant	

(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Health and Safety risk assessments for pregnant workers and those returning from pregnancy are a concern of this Policy. It is important to safeguard the health and safety of our workers including new and expectant mothers. The training and approach outlined in this updated Policy will help to ensure that this is achieved. This is also reflected in the key commitment in the Policy of continuing to work towards improving moving and handling practice within NHS GGC.</p> <p>Prior to any training delivery all staff are asked the question; requesting that they highlight any issues that might prevent them from taking part or restrict them in any way, including pregnancy.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>Within our workforce, 95.4% of employees have disclosed belonging to the "White" category. In the context of the Policy it is important that BME staff are considered. It is known that exclusion can adversely impact upon the wellbeing of people from minority races.</p> <p>As we implement the Moving &amp; Handling Policy we will ensure good communication with the BME Network to support the delivery of the Moving and Handling Policy.</p> <p>Patient perspectives in relation to the policy have</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>also been considered. Moving and handling arrangements will be clearly explained to a patient to avoid any anxiety. Where the patient requires communication support, this will be provided through mainstream service provision in advance of a planned move.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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%.</p> <p>The data demonstrates the importance of inclusion regardless of religion and belief for all faith communities and none. The Moving and Handling Policy is sensitive to this protected characteristic.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the</p>	<p>The 2022/2023 Workforce Monitoring Report statistics show the following gender split: Female 79.1% and male 20.9%.</p> <p>Therefore, with a static, mainly female workforce who are on average in their mid-40s, the issues concerning creating a safe workplace for older</p>	

	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>women are of particular relevance and this makes the implementation of the updated Policy vital in helping to ensure their safety.</p> <p>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.</p> <p>It is also important that it is recognised that men have specific challenges and following the guidance within this Policy helps to safeguard their health and wellbeing. This is particularly important as it is known that as men age they can be impacted by both physical and mental wellbeing challenges. This Policy can play a key role in men’s wellbeing and safety.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>The 2022-23 Workforce Monitoring Report show the following statistics on the sexual orientation of our staff; 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.</p> <p>The health needs assessment (HNA) of lesbian, gay, bisexual, transgender and non-binary people <a href="#">Final Report (31 May 2022).pdf (scot.nhs.uk)</a> 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</p>	

	<p>4) Not applicable <input type="checkbox"/></p>	<p>particularly poor indicators for mental wellbeing.</p> <p>The focus of the Policy on promoting safety 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 support the delivery of the Moving &amp; Handling Policy.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status &amp; Social Class</p> <p>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?</p> <p>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 <u>strategic</u> 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: <a href="https://www.gov.scot/publications/fairer-scotland-duty/guidance-for-public-bodies/pages/11.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing</p>	<p>The safety of our staff is pertinent to the characteristic of SES. 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.</p> <p>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.</p> <p>The updated Moving &amp; Handling Policy is designed to ensure equal access to training and advice. The mandatory nature of parts of the training and refresher also helps to ensure that all staff</p>	

	<p>for the decision, and are there any gaps in the evidence?</p> <p>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)?</p> <p>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?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>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?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>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)<sup>21</sup> 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 Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>regardless of SES are able to access and benefit from the Policy.</p>	
(k)	<p><b>Other marginalised groups</b></p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with</p>	<p>NHS Greater Glasgow and Clyde are proud to be signed onto the Armed Forces Covenant. The Moving &amp; Handling Policy is consistent with the ethos of this Covenant in ensuring reservists and veteran’s working in NHS Greater Glasgow and</p>	



	addictions, people involved in prostitution, asylum seekers & refugees and travellers?	Clyde are able to have the knowledge and skills to ensure their own safety, as well as the safety of their patients and colleagues.	
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	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 Moving & Handling Policy 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 the Health and Safety Forum). 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)
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Nil identified		
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer:  
EQIA Sign Off:

Name John Somerville  
Job Title Head of Occupational Health

Signature   
Date

Quality Assurance Sign Off:

Name Alastair Low  
Job Title Planning Manager  
Signature A Low  
Date 14/01/25

**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:

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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

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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](mailto:alastair.low@ggc.scot.nhs.uk)