



# Equality and Children's Rights Impact Assessment (Stage 1)

**This is a legal document as set out in the**

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

**and may be used as evidence for cases referred for further investigation for compliance issues.**

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

**Question 1: Title of Policy, Strategy, Redesign or Plan**

NHS Fife GP/M1 Moving and Handling Policy
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**Question 2a: Lead Assessor's details**

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<b>Job Title:</b>	Health and Safety Advisor Moving and Handling Team Lead Moving and Handling Coordinator	<b>Ext:</b>	20416 20413
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**Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?**

No
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**Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.**

<b>Aim</b>	<p>The aim of this policy is to ensure that the organisation is supported in achieving risk reduction measures to minimise the risk of musculoskeletal injury to all staff.</p> <p>The policy applies across all areas where NHS Fife and Fife H&amp;SCP staff provide clinical care and interventions, including healthcare premises and care delivered in a domiciliary setting or private healthcare facility.</p> <p>According to the <b>work-related musculoskeletal (MSK) disorders in Britain</b> report 2022/23, published by the Health and Safety Executive: 473,000 workers suffer from MSK symptoms. This is an increase of 3,000 from the previous reporting period.</p> <p>MSK symptoms are often caused by work-related injuries such as incorrect handling, or not having equipment in the workplace personally adjusted.</p> <p>NHS Fife staff will be encouraged to follow existing moving and handling risk management systems, which reduces the risk of musculoskeletal injury, wherever reasonably practicable. Where risk cannot be eliminated completely, it will be reduced to an acceptable level.</p> <p>Not all of these individuals will be within the hospital environment but for those who are, there is a potential this policy will assist in managing the risk.</p>
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**Question 4: Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p><b>Age -</b> <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>Positive impact with supportive environments, risk assessments and staff information, instruction, training and supervision required to support all patients regardless of age.</p> <p>To ensure patients and staff are supported with all moving and handling needs to reduce the incidence of MSK injury to both staff and patients' alike.</p> <p>It is therefore possible this policy will positively impact on those staff and patients'</p>

	<p>who are at increased risk of musculoskeletal injury.</p>
<p><b>Disability –</b>  <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>This policy supports all individuals including mental health and learning disabilities.</p> <p>The policy will have a positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff</p> <p>To ensure patients and staff are supported with all moving and handling needs to reduce the incidence of MSK injury to both staff and patients' alike.</p> <p>Staff who have a disability that cannot partake in moving and handling activities will have an individualised risk assessment completed by Line Management to record this. Help is available for the Health and Safety Services Team and Occupational Health colleagues.</p> <p>NHS Fife staff will be encouraged to follow existing moving and handling risk management systems, which reduces the risk of musculoskeletal injury, wherever reasonably practicable. Where risk cannot be eliminated completely, it will be reduced to an acceptable level.</p>
<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i>  <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i>  <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of race and ethnicity.</p>
<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of sex.</p>

<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of sexual orientation.</p>
<p><b>Religion and Belief -</b>  <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i>  <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of religion and beliefs.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of gender reassignment.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i>  <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of pregnancy and maternity.</p> <p>A new and expectant mother's risk assessment will be completed by line manager for staff members who are pregnant around 20wk gestation. Adjustments to moving and handling are captured there.</p>
<p><b>Marriage and Civil Partnership –</b>  <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i>  <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Positive impact with the enhanced risk assessments, advice and guidance and structured mandatory practical and online e-Learning for all staff regardless of marriage and civil partnership.</p>

### Question 5: Children's Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children's rights. Please consider here any impacts of your proposal on children's rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p><b>Article 3 - Best Interests of the Child</b>  <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Positive impact with supportive environments, risk assessments and staff information, instruction, training and supervision required to support all patients regardless of age.</p> <p>To ensure staff are supported with all moving and handling needs to reduce the incidence of MSK injury.</p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Children and young people will be positively impacted by staff following this policy due to the increased recognition and assessment of risk and reduction in injury.</p>
<p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b>  <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>The policy is about risk assessing with patients’ and staff at the centre of the risk assessment.</p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Yes, policy applies equally and will not negatively impact on article 22 and 30.</p>
<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>N/A</p>

<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i>  <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>No impact on article 24 and 27.</p>
<p><b>Other relevant UNCRC articles:</b>  <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>	

**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

SMHP [The Scottish Manual Handling Passport Scheme - gov.scot \(www.gov.scot\)](http://www.gov.scot)  
Manual Handling Operations Regulations 1992 [The Manual Handling Operations Regulations 1992 \(legislation.gov.uk\)](http://legislation.gov.uk)  
HSE [Manual handling. Manual Handling Operations Regulations 1992 - Guidance on Regulations - L23 \(hse.gov.uk\)](http://hse.gov.uk)  
NBE [National Back Exchange](http://nationalbackexchange.org)  
Backcare, Royal College of Nursing and The National Back Exchange (2023). The Guide to the Handling of People person-centred practice, 7th Ed. Middlesex: Backcare.  
Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings | May 2021

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts? (Please tick)**

<b>Yes</b>	Managers	<b>No</b>	Public, service users etc
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If yes, **who** was involved and **how** were they involved?  
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

It would not be of any benefit to consult with public, service users, children and young people and others. Instead, the group agreed the consultation should focus on obtaining feedback from senior managers, professional advisors and estates colleagues.  
The consultation was launched on 18<sup>th</sup> of September and will close on **Friday 18<sup>th</sup> of October.**

Those sent the policy for consultation include:

On task group

- Annie-Marie Marshall - Health and Safety Advisor Moving & Handling Team Lead
- Lesley Harrison – Moving and Handling Coordinator
- David Young – Health and Safety Services Administrator
- Nicola Walters – Moving and Handling Practitioner
- Kirstie Winn – Moving and Handling Practitioner

Senior Management

- Claire Dobson – Director of Acute Services
- Mims Watt - General Manager
- Belinda Morgan - General Manager
- Murray Cross – General Manager
- Jane Anderson – Interim General Manager – Women, Children and Clinical Services
- Elaine Murray – Therapies Service Manager
- Jillian Torrens - Head of Service
- Lynne Garvey - Head of Service
- Lisa Cooper - Head of Service
- Pamela Galloway – Head of Midwifery
- Catherine Jack – Theatre Manager
- Jacqueline McInnes - Interim Clinical Service Manager
- Michelle Williamson – Clinical Service Manager
- Fraser Ross – Interim Clinical Service Manager
- Jim Rotheram – Head of Facilities
- Midge Rotheram – Support Services Manager
- Leesa Radcliffe – Clinical Services Manager

Staff Side

- Lynne Parsons, Employee Director
- Andrew Verrecchia, ASD LPF Co-chair (staff side) Unison
- Yvonne Batehup – Catering Lead / Support Services Manager

Professional Advisors

- Janette Keenan - Executive Director of Nursing
- Chris McKenna - Medical Director
- Norma Beveridge – Director of Nursing
- Tanya Lonergan – Director of Nursing
- Nicola Robertson – Director of Nursing
- Lynn Barker - Director of Nursing
- Aileen Lawrie - Director of Midwifery
- Lee Cowie – Interim Senior Manager, Mental Health, LD and Addictions Services
- Pamela Galloway – Head of Midwifery
- Claire Lee – Service Manager Theatres
- Joy Reid – Nurse Consultant
- Nicole Whyte – Integrated Teams Manager
- Lorna Brocklesby – Occupational Therapy Manager NTR
- Catriona Bruce – Physiotherapy Manager
- Sue Ponton – Head of Occupational Health Service

- Siobhan Mcilroy – Head of Patient Experience
- Jamie Doyle – Head of Nursing
- Gillian Malone – Head of Nursing
- Gillian Ogden – Head of Nursing
- Sally O’Brian – Head of Nursing
- Claire Fulton – Lead for Adverse Events

Estates

- Neil McCormack - Director of Property and Asset Management
- Paul Bishop - Associate Director of Estates
- William Nixon - Health and Safety Services Manager
- Iain Murray - Assistant H&S Advisors
- Barry Williams - Assistant H&S Advisors

Groups

- HSCP Health, Safety and Wellbeing Assurance Group
- Health and Safety subcommittee
- Acute Services and CD Health and Safety Committee

The consultation email encouraged sharing within services and teams to ensure as full engagement as possible.

**Question 8: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

Conclusion Option	Comments
<p><b>1. No Further Action Required.</b> Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	<p>No further actions are required. Mitigations are listed above.</p>
<p><b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p><b>3. Continue Without Adjustments</b> Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p><b>4. Stop the Proposal</b> Significant adverse impacts have been identified. Proposal must stop pending</p>	



completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	
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**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**

If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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<b>Email</b>	annie-marie.marshall@nhs.scot
<b>Telephone (ext)</b>	20416
<b>Signature</b>	<i>Annie-Marie Marshall</i>
<b>Date</b>	1/11/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
<b>Name</b>	Isla Bumba
<b>Email</b>	Isla.bumba@nhs.scot
<b>Telephone (ext)</b>	29557
<b>Signature</b>	<i>Isla Bumba</i>
<b>Date</b>	1/11/24

**Return to Equality and Human Rights Team at [Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)**