## The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

## Step 1: Screening to determine if the policy requires a detailed EQIA

Name of the policy: Manual Hand	ling					
Directorate: HR & Wellbeing	<b>Date:</b> 22/07/21					
Designation(s) of Lead Author: Manual Handling Advisor						
Strategy Policy Protoc	ol Project *Other					
(*please provide details)						
New update to existing	policy replacement					
1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers?						
Aim(s) / Outcome(s)	Wider Aim(s)					
To support the NHS Quality Strategy: "There will be no avoidable injury or harm to people from healthcare they receive."  To ensure compliance with the Manual Handling Operations regulations 1992 and all other legislation and professional guidance.	To safeguard the health and wellbeing of patients, staff and volunteers:  O Reduce the number of manual handling operations which could cause injury. O Reduce the risk of unnecessary manual handling by ensuring risk assessments are carried out and equipment used to reduce the risks wherever appropriate. O Reduce the need for the manual lifting of patients in all but exceptional or life threatening situations. O Reinforce the responsibility of senior managers and line managers/control book holders for manual handling activities within their areas of responsibility.					
2. Please identify the scope of t	he policy					
Forensic Network wide Ho	ospital wide Service specific					
Discipline specific Other						
3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?						

Stakeholder(s)	Impact	Rationale		
1. All staff and volunteers involved in manual handling tasks.	Positive	Ongoing training needs are identified through individual self- assessment process or if a specific group has an identified training need.		
		Will help to ensure that staff and volunteers receive appropriate training and guidance in relation to risk assessment and good practice in manual handling practice, through ensuring there are robust, evidenced based processes and procedures in place for assessing and managing manual handling risk.		
	Negative	Requires staff/volunteers to disclose personal health related information as part of the safeguarding process.		
		May impact negatively on therapeutic relationships as a result of the need to limit / restrict activity identified as a risk.		
2. Patients who are given manual handling assistance.	Positive	Provides reassurance that robust processes are in place to safeguard patients and to reduce and/or manage any risks involved with manual handling tasks.		
		Falls management programmes are designed in a person centred way to maximise patient's physical abilities, promote independence and provide mechanical assistance only when necessary.		
	Negative	Potentially impacts on freedom of choice in respect of engaging in activity.		
3. Carers / Named Persons	Positive	Provides reassurance in respect of adopting agreed methods consistently to support safe manual handling of the patient known to them.		
4. External Regulatory body- Scottish Manual Handling Passport Scheme	Positive	Ensures adherence to national minimal standards in terms of training content and training times.		
4. Is a collaborative assessmen	t with external	l partners required? No		
5. Specifically, in relation to the whether the policy impacts pos groups, providing rationale in s	itively, negativ			

identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.

Protected Characteristic	Positive X	Adverse/Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate	
Age	X			Individual, needs led assessment is undertaken which includes consideration of age related issues e.g. flexibility / range of limb movement and positional issues.	
Disability	X	X		Patients requiring physical assistance will have a risk assessment and assistance techniques will be recorded in individual patient moving and handling plans.	
				Staff are trained in all handling techniques required to support the patient.	
				Ability to understand the protocol/process for patients with communication / language barriers e.g. hearing / visual impairment, intellectual disability. Processes are in place to mitigate the impact of the potential inequality e.g. staff trained to communicate using BSL, adaptive assistive communication technology.	
Gender			X	All staff, regardless of gender, trained in this area are tasked with applying principles of safe manual handling.	
				If a patient requires manual handling assistance with personal and intimate care, consideration will be given to the patient's dignity in terms of gender support.	
Gender Reassignment			Х	If a patient requires manual handling assistance with personal and intimate care, consideration will be given to the patient's dignity in terms of preferred gender support.	

Marriage and		X	
Civil			
Partnership			No female nationts in
Pregnancy and Maternity			No female patients in TSH at present. The range of duties undertaken by pregnant staff are modified through risk assessment processes. Staff have a duty to report any injury or significant pain which may have been caused by manual handling activities and any personal factors (such as musculoskeletal injury, illness or pregnancy) which might increase the risk.
Race/Ethnicity	X		Ability to understand the protocol/process for patients with language barriers e.g. where the patient's first language is not English. Processes are in place to mitigate the impact of the potential inequality e.g. use of translation/interpreter services.
			Individually tailored care and treatment plans highlight cultural awareness in relation to gender related preferences, where a patient may not wish to be supported with manual handling in some situations by female staff as a result of ethnic culture.
Religion and or Belief	X		Individually tailored care and treatment plans highlight awareness in relation to gender related cultural / religious preferences, where a patient may not wish to be supported with manual handling in some situations by female staff.
Sexual Orientation		Х	Applies to all relevant patients, staff and volunteers, regardless of sexual orientation.

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

Supports an inclusive approach to enabling patients to engage in activities, regardless of mobility.

Acknowledges the risks for staff engaging in manual handling tasks and implements mitigated practice to protect patients, staff and volunteers.

Promotes positive relationships between staff and carers / Named Persons who feel disempowered in respect of their caring role as a result of the patient being detained within the Hospital.

Equitable approach involving all relevant staff, ensuring that all those who are expected to adopt manual handling practice with patients are trained and have access to Occupational Health services to support any injuries which may be incurred.

Promotes a cohesive approach allocating responsibility to line managers to undertake risk assessments as a proactive approach to protecting all involved.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

None identified.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation: Director of Workforce Date: 16/09/21

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead	Dat	e: 17/0	9/2021	
Comments				
Minor changes. No requirement for detailed EQIA.				
Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support				
	Date:	1	1	

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group (PAG) prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.