

## Equality Impact Assessment (Stage 1)

**This is a legal document 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.**

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

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

Control of Mercury Policy (GP/M2)

**Question 2a: Lead Assessor's details**

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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

**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>	To comply with the requirements of the Control of Substances Hazardous to Health Regulations and its associated amendments, by ensuring there is an effective and proactive control of mercury management system in place.
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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: children and young people, adults, older age etc.</i></p>	<p>This policy will impact all staff age groups equally as it relates to the Health &amp; Safety of all staff, visitors, patients or others within NHS Fife. No adverse impacts have been identified on this group.</p>
<p><b>Disability –</b> <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>There are no adverse impacts identified on this group.</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>There are no adverse impacts identified on this group.</p>
<p><b>Sex –</b> <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>There are no adverse impacts identified on this group.</p>
<p><b>Sexual Orientation -</b> <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There are no adverse impacts identified on this group.</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></p>	<p>There are no adverse impacts identified on this group.</p>

<i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i>	
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<b>There are no adverse impacts identified on this group.</b>
<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>	<b>There are no adverse impacts identified on this group.</b>
<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>	<b>There are no adverse impacts identified on this group.</b>

**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.**

Health and Safety at Work Act 1974  
The Management of Health and Safety at Work Regulations 1999  
The Control of Substances Hazardous to Health Regulations 2002 and its associated amendments

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

**(Please tick)**

Yes		No	X
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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?

*Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?*

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**Question 10: 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 1: No further action required**

*Where no negative impacts or potential for improvement is identified, no further action is required.*

No stage 2 EQIA required.

There are no identified negative impacts on any one Protected Characteristic group therefore no mitigations required and no Stage 2 EQIA. This policy will be produced under the legislation listed in Question 6.

#### **Conclusion Option 2: Adjustments Made**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.*

No Stage 2 EQIA required

**N/A**

#### **Conclusion Option 3: Requires Further Adjustments**

*Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.*

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

**N/A**

### Conclusion Option 4: Continue Without Adjustments

*Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.*

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

### Conclusion Option 5: Stop

*Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.*

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A

**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.**

If you have identified that a full EQIA 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 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.

<b>To be completed by Lead Assessor</b>	
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<b>Signature</b>	<b>M McAdams</b>
<b>Date</b>	<b>20/11/23</b>

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

<b>To be completed by Equality and Human Rights Lead officer – for quality control purposes</b>	
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