NHS Greater Glasgow & Clyde Equality Impact Assessment (EQIA) Report

NHS Greater Glasgow and Clyde Staff Changing, Washing and Toilet Facilities Interim Policy

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Accessible information statement

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Part 1: Purpose

1.1 Description of the service & rationale for selection for EQIA

NHS Greater Glasgow and Clyde's (NHSGGC) is developing a new interim policy on the provision and use of workplace toilet, changing and washing facilities.

The Workplace (Health, Safety and Welfare) Regulations 1992 require employers to provide suitable and sufficient toilet and changing facilities for men and women. The regulations explain that:

- Toilet facilities shall not be suitable unless separate rooms containing conveniences (toilet and associated facilities) are provided for men and women except where each convenience is in a separate room the door of which is capable of being secured from inside.
- Changing facilities shall not be suitable unless they include separate facilities for, or separate use of facilities by men and women.
- If required by the nature of work or for health reasons, washing facilities will not be suitable unless separate facilities are provided for men and women, except where they are provided in a room the door of which is capable of being secured from inside and the facilities in each room are intended to be used by only one person at a time.

As an employer, NHSGGC must also comply with the relevant parts of the Equality Act 2010 that cover discrimination and harassment in employment and work-related activities. There are recent employment tribunal cases that considered workplace toilets, changing rooms and the Equality Act 2010 in the context of sex, gender reassignment and religion or belief (for example: Peggie v Fife Health Board and Upton [2025], BM Kelly v Leonardo UK Ltd [2025] and Bethany Hutchinson & Others v County Durham and Darlington NHS Foundation Trust [2026]). The differing outcomes in these cases, together with employment tribunal decisions generally not being binding precedents and that

appeal decisions are expected, mean that the application of the law in workplace settings continues to be complex.

The updated Equality and Human Rights Commission (EHRC) Code of Practice for Services, Public Functions and Associations came into force on 5 August 2026. It does not apply directly to employment matters or provide workplace guidance.

The NHSGGC Staff Changing, Washing and Toilet Facilities Interim Policy has been developed to provide managers and staff guidance about the provision of suitable and sufficient workplace facilities for all staff.

The policy explains that staff should use the facilities that align with their biological sex/ sex at birth. However, recognising the potential impact that this policy has on protected groups and the current EHRC advice that in limited circumstances exceptions to a policy may be allowed, managers are expected to consider questions or concerns about the use of facilities respectfully, to take a balanced approach to meet the needs of all staff and seek advice from Human Resources (HR) and the Equality and Human Rights team. The policy outlines the process managers should follow if a member of staff raises an issue or question about the use of toilet, changing or washing facilities.

1.2 Why is an EQIA required for this service or policy

This interim policy will affect all NHSGGC employees, bank and agency workers, temporary and honorary staff, volunteers, students on placement and contractors working on NHSGGC premises. An EQIA was considered relevant and necessary to:

- Understand the needs, inequalities experienced by and participation of different groups in our workforce.
- Apply relevant principles from the updated EHRC Services Code of Practice.
- Support NHSGGC to have due regard to the need to eliminate unlawful discrimination and advance equality of opportunity and

good relations for relevant protected groups in our workforce in the development of and decision-making about this interim policy.

1.3 Any link to organisational priorities

NHS Scotland principles and values of care and compassion, dignity and respect, openness, honesty and responsibility and quality and teamwork.

NHS Scotland Gender-based Violence Policy and the aim of providing a framework to assist and support employees with current or previous experience of gender-based violence (GBV).

A Fairer NHS Greater Glasgow and Clyde 2025- 2029 and the mainstreaming action to deliver the Workforce Equality Group Action Plan.

1.4 Staff involved in carrying out this EQIA

Representatives from the Equality and Human Rights Team and Staff Experience and Organisational Development Team.

Part 2: Evidence

2.1 What equality data is available

Workforce equality data about the number and protected characteristics of staff. The most current published data was used - NHSGGC Workforce Monitoring Report 2025-2026.

While it is not possible to collect routine equality data on the possible implementation of the policy, systems are in place to collect and review feedback from staff and complaints. Staff feedback and complaints were reviewed in January 2026 and no issues found. This process is ongoing.

Action required

- Agree HR process to review the impact of the policy on equality for different protected groups, including feedback from trade unions and staff forums.

2.2 How was equality data used

Data about workforce equality, staff complaints and feedback from trade unions and staff forums will be used to understand the potential impact the interim policy may have on equality for different protected groups.

2.3 Evidence about the experience of relevant equality groups

We collected and discussed evidence with:

- The working group set up to review the implications of the Supreme Court ruling for NHSGGC.
- Partnership colleagues.
- The Chair and Vice-Chair of the LGBTQ+ Staff Forum.
- The Chair and Vice-Chair of the Staff Disability Forum.
- Members of staff who are trans, and offered them a one-to-one discussion with the Director of HR&OD.
- Through a dedicated helpline, through which staff can raise queries or concern.

We considered the results of the UK Government Equality Impact Assessment for the provision of toilets (updated 15 May 2024) to help understand the potential equality impact of the proposed policy on different protected groups. This prompted further research to help understand the needs and experiences of different protected groups.

We also considered the guidance in the updated EHRC code of practice for services, functions and associations.

Part 3: Assessment

3.1 Age

Information considered

NHSGGC Workforce December 2025

- Age 16-29 12.8% (5,416 staff)
- Age 30-44 37.3% (15,788 staff)
- Age 45-59 35.5% (15,040 staff)
- Age 60+ 14.4% (6,118 staff)

The UK Government EQIA for the provision of toilets updated in 2024 found that older people may need facilities that have more space and therefore may be more likely to use single occupancy and/ or accessible facilities. New types of facilities with a wider range of signage may be confusing and potentially subject to misinterpretation and unintended misuse. Where universal facilities are not provided, demand pressure on accessible facilities may increase, limiting use and waiting times which is likely to affect older people who may be more likely than younger people to be disabled or have a long-term condition. The absence of separate sex facilities may impact older people who may be more likely to expect 'familiar' separate sex facilities. Clear signage will have a positive impact on all age groups, as it may create clarity for all.

In a TUC survey older workers highlighted how bladder function decreased with age.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential for neutral impact on advancing equality of opportunity and fostering good relations for people in particular age groups.

Action required

- Ensure clear and consistent best practice accessible and inclusive signage for all facilities to clarify their intended use.

3.2 Disability

Information considered

NHSGGC Workforce December 2025

- Disabled 2.3% (509)
- Not disabled 49.2% (21,304)
- Don’t hold info 48.5% (20,549)

Across a few sites it has been agreed that trans staff should use accessible toilet facilities and universal/ gender neutral signs have been added to accessible toilet facilities.

This may have a potential negative impact on disabled people if they are unable to use the facilities because they are in use, or if the accessible equipment/ facilities become damaged due to increased use of the facilities. The actual impact of these decisions is monitored and there is no evidence of actual negative impact on disabled staff working in these sites.

The introduction of the term “universal” may create confusion between accessible and universal facilities which may lead to misuse.

A medium-long term action from the facilities audit is to increase the number of universal/ gender-neutral single occupancy toilets and changing facilities, while maintaining suitable and sufficient separate sex shared and single occupancy facilities.

NHSGGC generally promotes prioritisation for the needs of disabled people to use accessible facilities.

Some accessible facilities may be secured with a device such as a Radar key, preventing use by people who are not disabled.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential for positive impact on advancing equality of opportunity and fostering good relations for disabled people by providing a

wider range of facilities with clear signage, which should reduce pressure on the use of accessible facilities.
- Potential negative impact on equality of opportunity and fostering good relations between disabled people and people who are not disabled, and risk of failure to make reasonable adjustment and/ or discrimination arising from disability claims if sufficient suitable facilities are not available for disabled staff.

Action required
- Monitor implementation of changes via staff feedback, complaints and the Disability Staff Forum,
- Increase the number of universal/ gender-neutral single occupancy facilities.
- Develop guidance for use of Radar keys on accessible facilities.

3.3 Gender reassignment

Information considered
NHSGGC Workforce December 2025
- Trans 20 (0.05%)
- Not trans 10,206 (24.09%)
- Prefer not to say 48 (0.11%)
- Don’t know 18,419 (43.48%)
- No response 13,669 (32.27%)

Following the Supreme Court ruling, NHSGGC changed its position that staff could use the toilet, changing and washing facilities that aligned with their gender identity. The interim policy provides that separate sex workplace facilities are designated by biological sex/ sex at birth. This may have a negative impact on trans people who may feel they must use the facilities that do not correspond with their gender identity and, if they have a GRC, their sex recorded on their birth certificate. This is likely to have a negative impact on their privacy, dignity, safety and wellbeing at work. It may result in self-exclusion from using workplace facilities, may not meet their needs and contribute towards increasing the health and employment inequalities experienced by trans people.

The employment tribunal judgment in Peggie v NHS Fife acknowledged that the trans member of staff viewed references to being described as male as offensive and that the dispute about the use of changing facilities had a significant personal impact. The tribunal found that the way in which the employer had managed the conflict between the two members of staff was in breach of the Equality Act 2010.

The employment tribunal in Hutchison v County Durham and Darlington NHS Trust recognised that trans member of staff was a trans woman entitled to protection, that she had not behaved improperly while using the changing rooms and had not subjected others to unlawful harassment. The tribunal found that the NHS Trust had unlawfully harassed and indirectly discriminated against the claimants in relation to sex by requiring them to share a female changing room with a trans woman and by failing to properly address their concerns.

Where staff have questions or concerns about which facilities staff should use, the interim policy states that these should be raised with managers and managers should seek advice from HR to ensure staff can access suitable facilities. This approach follows the guidance provided in the updated EHRC Services Code of Practice about policies and exceptions for separate and single-sex services that says, “individual circumstances may, exceptionally, require a different approach to that set out in a policy. It is likely that this will be permissible if doing so adds a necessary flexibility without undermining the aim of the service and / or contributes towards achieving the aim.”

Direct gender reassignment discrimination by perception may increase based on assumptions about gender identity and / or use of gender neutral and accessible toilets.

Increasing the number of single-occupancy facilities may help some trans staff by providing additional privacy and choice irrespective of gender identity.

There is ongoing need to consider ways in which to help foster good relations between people who share the protected characteristic of

gender reassignment and those who do not to reduce prejudice and increase understanding and respect.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation because the policy aims to take a balanced and proportionate approach to meet the needs of all staff.
- Potential negative impact on equality of opportunity and fostering good relations for trans staff if they feel they must exclude themselves from using workplace facilities or their gender history is disclosed due to being required to use alternative facilities.

Action required

- Staff comms to emphasise that at all times staff should be guided by NHSGGC values and treat each other with care and compassion, dignity and respect.
- Staff comms to emphasise expectation that managers seek advice and support from HR to answer questions and resolve concerns.
- Training for HR Advisors.
- Monitor all enquiries supported by HR.
- Monitor implementation of interim policy via staff feedback, complaints and the LGBTQ+ Staff Forum.
- Increase the number of universal/ gender-neutral single occupancy facilities.

3.4 Marriage and civil partnership

Information considered

NHSGGC Workforce December 2025

- Dissolved civil partnership 3 (0.0%)
- Divorced 1,061 (2.5%)
- Civil partnership 100 (0.2%)
- Married 17,772 (42.0%)
- Single 23,276 (54.9%)
- Widowed 150 (0.4%)

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential neutral impact on equality of opportunity and fostering good relations.

3.5 Pregnancy and maternity

Information considered

- Staff who took maternity leave - 2,020
- The UK Government EQIA for the provision of toilets found that people who are pregnant may need larger facilities that have more space and that any change may be confusing for some people, particularly people who may need to use the toilet with more urgency than others.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential neutral impact on equality of opportunity and fostering good relations for staff who are pregnant or on maternity leave.

3.6 Race

Information considered

NHSGGC Workforce December 2025

- Asian 4.8% (1,526)
- Black 4.0% (1,279)
- Other ethnic groups 1.2% (385)
- White – all other 17.2% (5,478)
- White – Scottish 72.8% (23,153)
- Data not available 24.9% (10,539)

The UK government equality impact assessment EQIA about the provision of toilets finds that some cultural and religious groups place particular emphasis on privacy, modesty and separation by sex when using toilet, washing or changing facilities. The extent to which this affects individuals will vary and should not be assumed solely on the basis of ethnicity, faith or cultural background.

Guidance from the UK Government Office for Health Improvement and Disparities (2017) indicates that expectations regarding privacy, modesty and bodily exposure are influenced by cultural and religious beliefs. For some individuals and communities, particularly those from certain faith or ethnic backgrounds, access to private or separate-sex toilet, washing and changing facilities may be especially important for preserving dignity, religious observance and cultural norms.

Changes to facilities and new facilities with a wider range of signage may be confusing and potentially subject to misinterpretation and unintended use. The introduction of the term “universal” facilities may create confusion.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

Action required

- Carry out engagement with the BME Staff Network and local community groups to improve understanding of the needs of different ethnic groups.

3.7 Religion or belief

Information considered

NHSGGC Workforce December 2025

- Christian – other 10.7% (3,048)
- Church of Scotland 18.4% (5,211)
- Muslim 2.6% (734)
- No religion 40.2% (11,419)
- Other religion 3.3% (932)
- Roman Catholic 24.8% (7,051)
- Data not available 33.0% (13,967)

Some religions, including Islam, Hinduism, Judaism and Sikhism require people to wash before prayer or eating, which can be done using normal washing facilities. However, some people may prefer to use single occupancy washing facilities.

Guidance for staff in York and Scarborough Teaching Hospitals NHS Foundation Trusts explains that Islamic and Sikh religions attach importance to cleanliness and require people to wash themselves immediately after visiting the toilet, which single occupancy toilets with washbasins can provide more easily than shared facilities, where washbasins are outside the cubicle.

Some religions require people to have access to running water when using the toilet, which single occupancy toilets with integral washbasins can provide. Some people may have certain religious or protected beliefs regarding the use of a toilet by a person of one sex after use by another sex.

The UK Government EQIA of toilet provision identified that some religions require people to use separate sex facilities and the introduction of new toilet designs with fully enclosed toilets and integral washbasins may benefit some people in this group.

Information from Aksaa Management and Training Consultants that aims to provide faith-related information to help healthcare professionals care for Muslim service users sensitively explains that the integration of the sexes is not allowed in Islam and a practicing Muslim may feel very uncomfortable sharing facilities with someone who is not of the same sex as them.

The EHRC Services Code of Practice explains the needs of potential service users include the specific needs of people with different protected characteristics including people who observe particular religious practices. For example, Muslim people may have a particular need for separate sex services to observe the requirements of their faith.

The provision of separate sex facilities in addition to universal/ gender neutral facilities may address a range of issues relating to the use of facilities by a person of one sex after use by another sex.

People with gender critical beliefs may not feel comfortable sharing separate sex facilities with trans people. Case law has confirmed that gender critical beliefs are capable of protection under the Equality Act 2010 where they meet the relevant legal tests.

Where staff have questions or concerns about which facilities to use, the policy states that these should be raised with managers and managers should seek advice from HR and the EHRT team to ensure staff can access suitable facilities. This approach follows the guidance provided in the updated EHRC Services Code of Practice.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations for people who share a particular religion or belief.

3.8 Sex

Information considered

NHSGGC Workforce December 2025

- Women 78.9% (33,442)
- Men 21.1% (8,920)

Recent employment tribunal decisions place significant emphasis on the need for employers to protect the dignity, privacy, bodily integrity and ability of staff to undress in separate sex or single occupancy spaces. The tribunal in Hutchison & Others v County Durham and Darlington NHS Foundation Trust found that requiring the female claimants to share a changing room with a trans woman had the effect of violating the dignity of the claimants and creating a hostile, humiliating and degrading environment for them. It also found that the Trust's failure to take the claimant's concerns seriously and address them created a hostile and

intimidating environment for them. The tribunal also found that it was not the trans employees personal conduct that created this impact and dismissed claims that she had behaved improperly.

In the call for evidence and the technical consultation about the UK Government EQIA about toilet provision concerns for safety, particularly women's safety in the absence of separate sex toilets, were noted by respondents.

A recent Engender Parliamentary Briefing on Preventing Violence Against Women for an Equally Safe Scotland explains violence against women and girls refers to forms of gender-based violence that are predominately perpetrated by men and disproportionately affect women and girls. This takes many different forms including, but not limited to domestic abuse, sexual abuse, so-called honour-based abuse and online abuse. One in three women will experience at least one form of this violence in their lifetime, mostly from someone already known to them, such as a partner, ex-partner or family member.

Sexual harassment has been reported as the most common form of violence against women and girls (House of Commons, 2018). A study by UN Women (2021) found that 71% of women of all ages and 86% of young people aged 18-24 in the UK had experienced some form of sexual harassment in a public space.

A joint investigation published by The BMJ and The Guardian found that 212 NHS Trusts in England recorded 35,606 cases of rape, sexual assault, harassment, stalking and abusive remarks between 2017 and 2022. At least 20% of incidents involved rape, sexual assault or kissing or touching that a person did not consent to, although not all Trusts provided a breakdown of the type of incidents recorded. The other cases included sexual harassment, stalking and abusive or degrading remarks. Most incidents (58%) involved patients abusing staff, with patients abusing other patients the next most common type of incident (20%).

A TUC survey in 2024 about workers experiences of toilet access and facilities found that in workplaces where workers are isolated accessing

facilities can pose a safety risk. The lack of toilet breaks disproportionately affects female workers, especially in male dominated areas or roles that lack separate sex facilities. There can be a lack of recognition of the additional needs of female workers to use toilet facilities for menstruation. The absence of sanitary supplies or female facilities often forces women to seek alternative arrangements, which is time consuming and uncomfortable. This is particularly challenging during menstruation, as the lack of both access and privacy contributes to heightened stress and discomfort.

The EHRC Services Code of Practice explains that deciding only to provide a service on a mixed sex basis, without any separate or single sex option could be direct or indirect sex discrimination against women who use the service or lead to unlawful harassment against them. This is particularly relevant to services/ facilities where women's safety, privacy and/ or dignity would be at risk in the service if it was shared with men. For example, whether women are likely to be in a state of undress, whether there will be limited ability for women to leave or to choose an alternative service, whether the service is provided as a result of, or connected with, male violence against women or whether the physical differences between men and women are relevant to the experience of the service and put women at a particular disadvantage. Where factors such as these are present, the benefits of offering a separate or single-sex service will likely to outweigh other considerations in the balancing exercise.

Research by the Men's Unwanted Sexual Experiences (MUSE) Project emphasises that the need to better understand the impact of sexual violence on men does not negate women's experiences of men's violence, which continues to be a pervasive issue. In their study of 40 men (aged 24-64, 33 White, 6 BME and 1 not disclosed and 26 heterosexual, 8 gay, 4 bisexual and 2 queer) participants discussed several types of unwanted sexual experiences, including childhood sexual abuse, sexual harassment, sexual assault and rape. 98 cases of unwanted sexual conduct were reported during the interviews, with sexual assault reported most frequently.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.9 Sexual orientation

Information considered

NHSGGC Workforce December 2025

- Bisexual 1.9% (531)
- Gay/ lesbian 2.6% (747)
- Heterosexual 95.1% (27,135)
- Other 0.4% (110)
- Data not available 34.9% (13,837)

There are some public reports of gay and lesbian people facing increased intimidation, harassment and gender questioning when using separate sex toilet facilities. For example, Kate Osborne MP for Jarrow and Gateshead East report in the Houses of Commons debate on Lesbian Visibility Week 24 April 2025, Eloise Stonborough in 2021, Caz Coronel and Claire Prihartini in a Guardian article in 2025.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential negative impact on advancing equality of opportunity and fostering good relations.

3.10 Reducing inequalities caused by socio-economic disadvantage

Information considered

Socio-economic disadvantage was considered using deprivation and the Scottish Index of Multiple Deprivation (SIMD), Scotland's official area-based measure of multiple deprivation.

NHSGGC has a relatively high level of deprivation compared with other Scottish health boards, with approximately 22% of the population living within Scotland's 10% most deprived areas.

There is little direct evidence about staff from different socio-economic backgrounds and their use of workplace toilets and changing facilities. The TUC's 2024 report Toilets at Work found significant problems with access to workplace toilets among workers in occupations such as driving, postal work, education, care work and other frontline roles. Respondents reported having to delay toileting, use makeshift facilities, or go without access during working hours. The report links this to dignity, health and wellbeing. While the report does not analyse data by socio-economic background, many of the occupations reporting the greatest difficulties are occupations with lower average pay and less workplace autonomy.

There is limited evidence from workplace settings specifically, but broader socio-economic research suggests that people on lower incomes may be more reliant on workplace facilities for:

- Changing clothes
- Personal hygiene
- Showering after active travel or physical work
- Managing menstrual health.

Potential impact on reducing inequalities

- Potential neutral impact on reducing health inequalities caused by socio-economic disadvantage.

3.11 Reducing inequalities for marginalised groups

Information considered

There is limited evidence regarding the impact of toilet and changing facilities on other marginalised groups including carers, veterans or care-experienced people specifically. However, evidence from trauma-informed practice suggests that some people who have experienced trauma, abuse, violence or other adverse life experiences may have

heightened concerns about privacy, safety and control within toileting and changing environments.

Potential impact on reducing inequalities

- Potential for positive impact on reducing inequalities for people from other marginalised groups.

3.12 Consideration of human rights

The Human Rights Act 1998 requires public authorities to act in a way that is not incompatible with relevant human rights set out in the European Convention on Human Rights (ECHR). The following ECHR rights are potentially engaged in relation to the development and implementation of this proposed policy.

Article 3 right to freedom from inhuman or degrading treatment because NHSGGC has a responsibility to ensure all staff are treated with dignity and respect and are not subjected to inhuman or degrading treatment. The threshold for Article 3 is very high. Most workplace arrangements would not engage Article 3. However, it could become relevant in extreme situation where people are subjected to serious humiliation, degradation or denial of facilities.

Article 8 right to private and family life because these facilities are inherently private activities and the primary aim of the interim policy is to support workers' privacy, dignity, safety and wellbeing and it requires decisions to be made in a lawful, proportionate and person-centred manner.

Article 9 right to freedom of thought, conscience and religion because for some workers same sex, or single occupancy workplace facilities may enable them to access these facilities in a way that is consistent with their beliefs concerning privacy and modesty.

Article 14 right to enjoy these rights without discrimination on any ground because the interim policy seeks to ensure that decisions about workplace facilities are informed by consideration of all protected

characteristics and are made in accordance with equality and human rights obligations.

Implementation of the interim policy will reflect the PANEL principles through:

- Participation: through planned engagement with trade unions and staff equality forums/ networks.
- Accountability: through monitoring, reporting and governance arrangements.
- Non-discrimination and equality: through consideration of all protected characteristics.
- Empowerment: through person-centred decision-making and involvement of staff in decisions.
- Legality: through compliance with the Equality Act 2010 and Human Rights Act 1998.

3.13 Impact of cost saving on equality for protected groups

This policy does not include any cost saving decisions and so this part of NHSGGC EQIA process does not apply.

3.14 Investment in equality learning and development

All NHSGGC staff are expected to complete their mandatory equality and human rights e-learning module and any role specific learning and education. HR advisors and trade union reps will receive specific learning to support implementation of the policy.

Part 4: How the EQIA results have been taken into account

4.1 Decision-making

The results of the EQIA have been considered as part of policy development and discussion at the following points in the governance process:

- Working group of NHSGGC senior personnel including the Employee Director to review and respond to the implications of the Supreme Court ruling on the definition of sex in the Equality Act 2010.
- NHSGGC People and Staff Governance Committee
- NHSGGC Corporate Management Team
- NHSGGC Board

4.2 Actions to reduce any potential negative impacts

Action	Date for completion	Owner
1. Agree an HR process to review the equality impacts of the policy across protected characteristic groups, incorporating feedback from trade unions, staff networks and staff forums.	December 2026	Human Resources
2. Include in the interim policy and guidance standard information on how to request documents and communications in alternative formats.	December 2026	Human Resources
3. Continue to ensure clear and consistent best practice accessible and inclusive signage for all facilities to clarify their intended use.	March 2027	Facilities
4. Increase the availability of universal/gender-neutral and single-	Ongoing	Facilities/ SLWG/ Local sites

occupancy facilities where reasonably practicable.		
5. Develop guidance on the appropriate use of RADAR keys and accessible facilities.	March 2027	Human Resources
6. Implement a staff communications and awareness programme to support understanding of the policy and its practical application.	December 2026	Human Resources
7. Ensure staff communications emphasise that all staff should be guided by NHSGGC values, treating one another with care, compassion, dignity and respect at all times.	December 2026	Human Resources/ Comms
8. Ensure staff communications emphasise that managers should seek advice and support from HR when responding to questions, concerns or requests related to the policy.	December 2026	Human Resources/ Comms
9. Provide joint training and support for HR Advisers and Staff Partnership Representatives to ensure consistent and informed advice is available.	December 2026	Human Resources/ EHRT
10. Monitor all enquiries supported by HR and Partnership Forums to identify themes, emerging issues and any equality impacts.	Ongoing	Human Resources/ EHRT
11. Monitor implementation of the interim policy and any changes arising from it through staff feedback, complaints, HR enquiries and engagement with staff networks and forums, including: • Disability Staff Forum • LGBTQ+ Staff Forum	Ongoing	Human Resources

• BME Staff Network		
12. Undertake engagement with the BME Staff Network and relevant community groups to improve understanding of cultural, religious and ethnic perspectives and needs relating to toilet, washing and changing facilities.	December 2026	Human Resources/ EHRT
13. Review actual equality impact of the interim policy.	May 2027	Human Resources/ EHRT

4.3 Approval

The policy was approved by the NHSGGC Board on 29 October 2026 and will be implemented from 30 November 2026.

The results of the EQIA were approved by the working group established to review the implications of the Supreme Court ruling for NHSGGC and will be published on NHSGGC website on 30 November 2026.