

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:

Cessation of Hospital at Home Service

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).

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members May 2024.

Hospital at home is short-term, targeted service that provides a level of acute care in an individual's own home, that is equivalent to that provided within a hospital. Hospital at home requires secondary care level specialist leadership with a designated responsible medical officer. Care is delivered by multi-disciplinary teams of healthcare practitioners within the community, complying with a combination of acute & community standards of care. It complements other community-based health and care initiatives which support patients to remain in their own homes, however it provides a different level of interventions, that would normally only be provided in an acute hospital setting, such as access to intravenous anti-biotics, intravenous fluids and oxygen. In 2020 it was agreed Glasgow City HSCP would start a test of Change in its South locality initially on behalf of GGC. The service commenced in January 2022 and operates over seven days, 8am – 8pm. A full evaluation of the service formed the basis of agreement of the new model of provision through the SEG/RTG and also Board Corporate Management Team during 2023. This agreement of the model moved the test of change into mainstream operational provision. Although a priority of the Scottish Government and also noted by CMT to have agreement to progress to scale up, the lack of availability of recurring funding means that the service is not able to develop system wide or without that funding, to continue in its existing form

Following approval, the service would be closed to new patients. Those currently receiving the service would continue to do so for the remainder of their planned time with the service.

This proposal includes a reduction of 27.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 51% are aged 30 – 49 years and 33% are aged 50 – 64 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific proposals emerge from the programme, a more tailored EQIA will be produced.

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: Alan Gilmour Julia Egan	Date of Lead Reviewer Training:
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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):

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	The data captured will be limited to those fields available via Trackcare patient information management system. -There are: - Name -Address -Religion -Ethnicity -Interpreter required - Communication format -Gender -Age -Marital status	Trackcare doesn't routinely capture all protected characteristics.

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>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 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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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 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>The programme used data to identify whether access to the services is equal in terms of any protected characteristics and to use protected characteristic data analysis to check for patterning of alignment to service.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research</i></p>	<p>The service has been fully evaluated through both a qualitative and quantitative review process. In the previous year the service has supported 506 patients and provided care at least to the equivalent of 2316 bed days that would otherwise have occurred within the acute setting. Patient and referrer satisfaction is at a very high level and the service also has evidenced wider benefits to the system by managing people at</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><i>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 discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>home such as reduced risk of delayed discharges, reduced transport requirements and early intervention opportunities.</p> <p>Emerging evidence of the experience and benefits of Hospital at Home in Scotland, UK and internationally has been published via Rapid Response: Admission avoidance hospital at home for older people with frailty (Healthcare Improvement Scotland 2022). This evidence suggests that Hospital at Home can be a cost-effective option with patients generally expressing a higher level of satisfaction compared with inpatient care. This evidence also suggests that Hospital at Home can be delivered safely without increased rates of death or re-admission to acute care and reduced likelihood of patients living in residential care after the acute episode.</p> <p>The evidence base for hospital at home is growing and the UK Hospital at Home Society provides access to a comprehensive range of peer-reviewed journals that report on the development and testing of hospital at home services.</p> <p>This programme was a test of change but was progressed into operational provision through RTG/SEG and CMT approval in 2023.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<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)</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</i></p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users to be communicated. The service has seen a number of individual patients on more than one occasion. GP colleagues will be a primary route for communication to inform patients that the service is no longer available if this is approved.</p> <p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating</p>	<p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.</p>

	<p>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 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>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>action.</p>	
		Example	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</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</i></p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact or change in location required for patients/service users. Acceptance to the service is through GP or acute professional routes only.</p>	

	<p>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>	<p><i>deactivate in the event of a fire.</i> <i>(Due regard to remove discrimination, harassment and victimisation).</i></p>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>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 type="checkbox"/></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,</i></p>	<p>This proposal includes a reduction of 27.2 FTE across a range of grades and professions.</p> <p>It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. In line with business as usual, this will include the organisational change process with staff side.</p> <p>Communications will be subject to the Clear to All Policy.</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 paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>harassment and victimisation and promote equality of opportunity).</i></p>		
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>As a component of Older people provision, the service is targeted to those over 65 years. (Average age 84.2 years with a range of 65-102 years). The service supports those who are most complex and frail and based on the Rockwood score, the average patient score is 6.5 which is between moderately and severely frail.</p> <p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users, impact would relate to the service not being available for future services users. For elderly and frail patients the benefits of remaining in their own home rather than</p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users.</p> <p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.</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>admission to hospital are significant. An inpatient stay for these patients is more likely to result in deconditioning and compromise recovery.</p> <p>This proposal includes a reduction of 27.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly aged 30 – 49 years and 33% and are aged 50 – 64 years. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.</p>	
(b)	<p>Disability</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 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><input type="checkbox"/></p>	<p>The service supports those who are most complex and frail and based on the Rockwood score, the average patient score is 6.5 which is between moderately and severely frail.</p> <p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users, impact would relate to the service not being available for future services users.</p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users.</p> <p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.</p>

	4) Not applicable		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>	No specific impact identified.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?	No specific impact identified.	

	<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>		
(e)	<p>Pregnancy and Maternity</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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No specific impact identified.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action

			Required
(f)	<p>Race</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 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>	<p>Care in one's own home is often more culturally acceptable, particularly regarding aspects such as language, food and support to family as the main carers</p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users.</p> <p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.</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 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>No specific impact identified</p>	

	4) Not applicable <input checked="" type="checkbox"/>		
	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 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>	<p>This proposal includes a reduction of 27.2 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly Female (84%).</p> <p>It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.</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>	No specific impact identified.	

	1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & 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: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities 	<p>The financial impact of visiting (transport/parking etc) is reduced if people are being cared for in their own home.</p>	<p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users.</p> <p>Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.</p>

	<p>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)²¹ 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 Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	No specific impact identified.	

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 type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in May 2024.</p> <p>Following approval, the service will be closed to new patients. Those currently receiving the service will continue to do so for the remainder of their planned time. No anticipated impact on existing service users, impact would relate to the service not being available for future services users.</p> <p>This proposal includes a reduction of 27.2 FTE. Potential equality impacts would relate to the workforce profile. It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>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.</p>	<p>All staff are encouraged to complete equality and human rights training, available on Learnpro and TURAS.</p>	

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.

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* .

*

- **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)

Work is ongoing to engage with acute services and to determine potential impacts on acute services and potential for mitigating action.

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

**Lead Reviewer:
EQIA Sign Off:**

Name Alan Gilmour and Julia Egan
Job Title
Signature
Date 26/04/24

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 30/04/2024

**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