



## **NHS Greater Glasgow & Clyde Equality Impact Assessment Tool**

Equality Impact Assessment is a legal requirement as set out in 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 [ggc.equality.team@nhs.scot](mailto:ggc.equality.team@nhs.scot) for further details or call 0141 201 4874.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:**

### **Removal of Vacant Inclusion Officer Posts**

Please tick the relevant box:

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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**Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).**

**What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.**

This EQIA aligns with the IJB Financial Allocations and Budgets 2026-27 paper, being presented to IJB members in March 2026.

Inclusion Officers provide support adults with Learning Disabilities, where formal day services may not quite be needed, or a more personalised approach is required in respect of social activities where individual may not wish to or for a multitude of reasons are unable to engage with day care services but just require a couple hours.

Service users may or may not have an allocated social worker, and they have been used to provide input in lower level cases which are not hitting the critical/substantial risk for immediate allocation.

The key element to this programme of activity is assertive outreach, tasks and outcomes can vary, and they are likely to be involved in testing out whether someone is likely to engage with support before introducing a provider where non engagement has been an issue in the past.

- Supporting service users with independent travel assessments and introducing people to activities identified by LACs in the initial stages.
- Attending specific appointments with service users where other supports are not available
- Applications to lord provost fund etc.
- Assisting in task focussed work such as hoarding or one off interventions.
- Support/contact for some individuals within their home environment if they are housebound.
- Support an individual to manage correspondence and calendar/appointments
- Support, manage and analyse digital monitoring systems like Just Checking as part of the Technology Enabled Care and Support agenda.

This can be short term or long term engagement depending on the needs of the individual.

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Inclusion Officer Team. An EQIA will be undertaken on the service prioritisation exercise, in line with business as usual. This

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EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 2.5 members of staff posts are currently vacant.

It is recognised the value of the Inclusion Officer role and the risk in any reduction or wait for service is likely to have an impact on equality groups, due to the nature of the service being delivered.

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available.

As outlined above, a full equality impact assessment will be undertaken on the service prioritisation of the Inclusion Team and made available, in line with business as usual.

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: Karen Lockhart

Date of Lead Reviewer Training: Support and guidance provided by GCHSCP Lead for Equality and Fairer Scotland

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)

James Hogan, Service Manager

**1. What equalities information is routinely collected from people currently using the service or affected by the policy?**

This service is targeted at people with learning disabilities aged 16 years to 65 years, although some referrals are also received from Older People's services.

The service user information is recorded on Care First by their Social Worker and includes a range of equalities details, however this would not be collected or used by the Inclusion Officers, outwith any access needs.

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**2. Please provide details of how data captured has been/will be used to inform policy content or service design.**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Inclusion Officers provide support where a more personalised approach is required in respect of social activities where individual may not wish to or for a multitude of reasons.

**3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

Although no direct research or evidence has yet been gathered specifically on the experiences of equality groups using the Inclusion Officer service and it is acknowledged that this is an identified gap that will require further work, the wider learning from research and national policy on supporting disabled adults, older people and carers has influenced how the HSCP designs and delivers early intervention and community-based support. This will be explored further as part of the service prioritisation exercise.

The Maximising Independence programme, which underpins the approach across adult and older people's services, is built on strengths-based practice and evidence that highlights the importance of community connections, preventative pathways and promoting autonomy for equality groups, particularly disabled people and older adults. This learning has already informed several key developments that aim to reduce barriers and support equitable access to early help.

Since November 2022, Health and Social Care Connect has provided a single streamlined access point for the public and professionals, ensuring that all individuals, regardless of age, disability or background, reach the right support as early as possible. The new Support Needs Assessment (SNA) has a focus on circles of support across older people and adult services with greater emphasis on demonstrating the value of informal networks and the crucial role of unpaid carers in enabling people to remain connected, independent and safe within their communities across the city. Similarly, the introduction of the Helpful Hints with Home Technology

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service which has been facilitated by the LAC team since 2024 is grounded in evidence that digital tools can enhance independence and improve outcomes for older adults and disabled people when appropriate support is available.

Taken these two examples together, these developments demonstrate that, while direct research on Inclusion Officers service users is still to be undertaken, the service has been shaped within a wider HSCP approach that is informed by strength-based practice and includes learning about the needs and experiences of equality groups, particularly older adults, disabled people and carers. This trajectory creates a foundation for mitigating potential impacts and ensuring that future changes continue to support fair, equitable, strengths-based access to support and services across the city.

### **Possible negative impact and additional mitigating action required:**

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Inclusion Officer Team. An EQIA will be undertaken on the service prioritisation exercise, in line with business as usual. This EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 2.5 members of staff posts are currently vacant.

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**4. 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) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

Engagement has not been undertaken at this stage, existing service users will not be impacted by the removal of posts and service delivery may continue, there is potential for a delay in service for new service users.

Engagement with staff is planned to discuss this proposal and planned approach.

Compliments and complaints are subject to the complaints and handling policy of Glasgow City Council.

**Possible negative impact and Additional Mitigating Action Required:**

There will be ongoing engagement with staff, HR and as appropriate Trade Unions, during this exercise.

Engagement will be undertaken as part of the wider service prioritisation exercise

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**5. 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?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

No anticipated impact. This is not a building-based service, visits are undertaken in the community and within individuals own homes and this will continue to be in place.

**Possible negative impact and additional mitigating action required:**

None

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**6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

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.

**Service Evidence Provided:**

We have access to interpretation and translation services as required as part of business as usual from the HSCP this includes BSL interpreters.

No communication with service users or referrers required, the service will continue while the service prioritisation exercise is being undertaken.

**Possible negative impact and additional mitigating action required :**

Communication supports will continue to be in place.

**7. Protected Characteristic**

**(a) Age**

**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).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

**Service Evidence Provided:**

This service is targeted at people with learning disabilities aged 16 years to 65 years, although some referrals are also received from Older People's services.

**Risks and Mitigations Identified**

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the Inclusion Officer Team and made available, in line with business as usual.

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It is recognised the value of the Inclusion Officer role and the risk in any reduction or wait for service is likely to have an impact on age, due to the nature of the service being delivered.

The above groups are likely to be disproportionately affected due to their reliance on early intervention and community-based support. The reduction in capacity may also shift additional pressure onto frontline social work teams, who are already focused on statutory responsibilities, potentially resulting in delays, reduced preventative work, and greater risk of crisis intervention. To mitigate these impacts, clear prioritisation processes, strengthened governance and data monitoring, and improved operational guidance will be required. Communication with service users and referrers, along with targeted preventative activity, will also be essential to ensure the staff reduction does not unintentionally widen inequalities or reduce access to support across Glasgow.

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**(b) Disability**

**Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

**Service Evidence Provided:**

This service is directly targeted at Adults with Learning Disabilities and are anticipated to be the group most affected by any reduction in service. Inclusion Officers provide support, where formal day services may not quite be needed, or a more personalised approach is required in respect of social activities where individual may not wish to or for a multitude of reasons are unable to engage with day care services but just require a couple hours. Tasks and outcomes can vary, and they are likely to be involved in testing out whether someone is likely to engage with support before introducing a provider where non engagement has been an issue in the past.

- Supporting service users with independent travel assessments and introducing people to activities identified by LACs in the initial stages.
- Attending specific appointments with service users where other supports are not available
- Applications to lord provost fund etc.
- Assisting in task focussed work such as hoarding or one off interventions.
- Support/contact for some individuals within their home environment if they are housebound.
- Support an individual to manage correspondence and calendar/appointments

This can be short term or long term engagement depending on the needs of the individual.

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A reduced Inclusion Officer team will limit the supports and reduce the time available to provide support. This may also place greater pressure on carers as their support needs increase.

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the Inclusion Officer Team and made available, in line with business as usual.

It is recognised the value of the Inclusion Officer role and the risk in any reduction or wait for service is likely to have an impact on age, due to the nature of the service being delivered.

The above groups are likely to be disproportionately affected due to their reliance on early intervention and community-based support. The reduction in capacity may also shift additional pressure onto frontline social work teams, who are already focused on statutory responsibilities, potentially resulting in delays, reduced preventative work, and greater risk of crisis intervention. To mitigate these impacts, clear prioritisation processes, strengthened governance and data monitoring, and improved operational guidance will be required. Communication with service users and referrers, along with targeted preventative activity, will also be essential to ensure the staff reduction does not unintentionally widen inequalities or reduce access to support across Glasgow.

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**(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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time

**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?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time

**Possible negative impact and additional mitigating action required:**

**(e) Pregnancy and Maternity**

**Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time

**Possible negative impact and additional mitigating action required:**

**(f) Race**

**Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time

We have access to interpretation and translation services as required as part of business as usual from the HSCP this includes BSL interpreters.

**Possible negative impact and additional mitigating action required:**

**(g) Religion and Belief**

**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time.

**Possible negative impact and additional mitigating action required:**

(h) Sex

**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

Data is not available for the sex of service users accessing the service, however from service staff users are broadly in line with the general population.

It is noted that a higher proportion of women with caring responsibilities are women.

**Possible negative impact and additional mitigating action required:**

A reduced Inclusion Officer team will limit the supports and reduce the time available to provide support. This may also place greater pressure on carers as their support needs increase.

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the Inclusion Officer Team and made available, in line with business as usual.

It is recognised the value of the Inclusion Officer role and the risk in any reduction or wait for service is likely to have an impact on age, due to the nature of the service being delivered.

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The above groups are likely to be disproportionately affected due to their reliance on early intervention and community-based support. The reduction in capacity may also shift additional pressure onto frontline social work teams, who are already focused on statutory responsibilities, potentially resulting in delays, reduced preventative work, and greater risk of crisis intervention. To mitigate these impacts, clear prioritisation processes, strengthened governance and data monitoring, and improved operational guidance will be required. Communication with service users and referrers, along with targeted preventative activity, will also be essential to ensure the staff reduction does not unintentionally widen inequalities or reduce access to support across Glasgow.

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**(i) Sexual Orientation**

**Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

**Service Evidence Provided:**

No direct impact identified at this time

**Possible negative impact and additional mitigating action required:**

**(j) Socio – Economic Status & Social Class**

**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?**

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

**Service Evidence Provided:**

Although direct data is not collected there is a risk that any reduction or delay in accessing the service is more likely to impact on people living in poverty due to who is accessing the service as Disabled people are more likely to experience poverty than their non-disabled counterparts and unpaid carers are also more likely to be experience poverty.

One of the key roles of Inclusion Officers is to provide support with benefit checks, banking arrangements and bills, any reduction or delay in support is therefore likely to impact on those living in poverty.

**Possible negative impact and additional mitigating action required:**

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the Inclusion Officer Team and made available, in line with business as usual.

It is recognised the value of the Inclusion Officer role and the risk in any reduction or wait for service is likely to have an impact on age, due to the nature of the service being delivered.

The above groups are likely to be disproportionately affected due to their reliance on early intervention and community-based support. The reduction in capacity may also shift additional pressure onto frontline social work teams, who are already focused on statutory responsibilities, potentially resulting in delays, reduced preventative work,

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and greater risk of crisis intervention. To mitigate these impacts, clear prioritisation processes, strengthened governance and data monitoring, and improved operational guidance will be required. Communication with service users and referrers, along with targeted preventative activity, will also be essential to ensure the staff reduction does not unintentionally widen inequalities or reduce access to support across Glasgow.

**(k) Other marginalised groups**

**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?**

**Service Evidence Provided:**

No direct impacts identified

**Possible negative impact and additional mitigating action required:**

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**8. 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?**

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

**Service Evidence Provided:**

This EQIA aligns with the IJB Financial Allocations and Budgets 2026-27 paper, being presented to IJB members in March 2026.

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Inclusion Officer Team. This EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 2.5 members of staff posts are currently vacant.

As outlined above, a full equality impact assessment will be undertaken on the service prioritisation of the Inclusion Officer Team and made available, in line with business as usual.

**9. 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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

**Service Evidence Provided:**

All staff have access to equality e-learning modules.

**Possible negative impact and additional mitigating action required:**

Training will continue to be available

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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 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.**

No impact on human rights identified

**Please explain 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\* (see below).**

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\*FAIR is an acronym for the following -

- **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.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16<sup>th</sup> July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

**No Discrimination:** Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

UNCRC has not been considered fully at this stage, but will be considered as part of the service prioritisation activity.

**Best Interests of the child:** Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

**Life, survival and development:** Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

**Respect of children's views:** Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

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Having completed the EQIA template, please tick the relevant box that you, the 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:** Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

**Option 5:** 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)

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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 space 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 sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'**

Ongoing engagement with staff group, HR and Staff side/Trade Unions as required – March 2026 onwards

Service Development with team to look at procedures, KPIs and Prioritisation of Cases – March 2026 onwards

No actions identified

**Date for completion**

**Who is responsible? (initials) JH**

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

Lead Reviewer:

Name Karen Lockhart

Job Title ACO Adults Services

Signature



Date 10/03/26

Quality Assurance Sign Off:

Name Dr Noreen Shields

Job Title Planning and Development Manager

Signature



Date 9/3/26

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

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**NHS Greater Glasgow & Clyde Equality Impact Assessment Tool  
Meeting the Needs of Diverse Communities  
[6 monthly review sheet](#)**

**Name of Policy/Current Service/Service Development/Service Redesign:**

**Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy**

Action:

Status:

Completed  
Date  
Initials

Action:

Status:

Completed  
Date  
Initials

Action:

Status:

Completed  
Date  
Initials

**OFFICIAL**

Action:

Status:

Completed

Date

Initials

**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**

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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**Please detail any new actions required since completing the original EQIA and reasons:**

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

**Please detail any discontinued actions that were originally planned and reasons:**

Action:

Reason:

Action:

Reason:

**Please write your next 6-month review date**

**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@nhs.scot](mailto:Alastair.Low@nhs.scot)

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