



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 for further details or call 0141 201 4874.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Glasgow City IJB Risk Management Policy and Strategy**

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 Equality Impact Assessment relates to the review and refresh of the Glasgow City Integration Joint Board's Risk Management Policy and Strategy.

The purpose of the Policy and Strategy is to set out the IJB's arrangements for identifying, assessing, managing, monitoring and reporting strategic risks affecting the delivery of delegated health and social care functions. It establishes governance expectations, roles and responsibilities, risk appetite, risk escalation arrangements, assurance arrangements, reporting expectations and continuous improvement arrangements.

The Policy and Strategy applies to the Integration Joint Board and its committees; the Chief Officer, Chief Financial Officer and Senior Management Team; services delegated to the IJB and delivered through the HSCP; staff working under the direction of the IJB, including staff employed by partner bodies; and contracted and commissioned providers delivering services on behalf of the IJB.

The Policy and Strategy is primarily a governance and assurance framework. It does not directly determine service eligibility, access to services, individual care or support arrangements, employment conditions, charging, or individual entitlements. The EQIA has therefore been undertaken on a proportionate basis as part of a Policy Review.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

No direct adverse equality impacts have been identified. The Policy and Strategy may make an indirect positive contribution by strengthening governance, assurance and oversight of risks affecting service users, carers, staff, communities, population outcomes and health inequalities.

Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of

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associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

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: Steven Blair, Business Development Manager

Date of Lead Reviewer Training:

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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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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

The Risk Management Policy and Strategy does not routinely require the collection of personal equality monitoring information from service users, carers, staff or members of the public.

The Policy and Strategy is a governance framework for managing strategic risk. Equality-related information may be relevant where it is already contained within existing sources used to identify or assess strategic risks, such as performance information, complaints, audits, inspections, population health intelligence, service demand information, workforce information or strategic planning activity

Possible negative impact and additional mitigating action required:

None identified

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 X

Example

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)

Service Evidence Provided:

The Policy and Strategy does not use equality monitoring data to determine access to services, eligibility, employment conditions or individual entitlements.

Where equality-related evidence is relevant to the identification, assessment or management of a strategic risk, it may be considered through the risk management process. This may include evidence relating to service outcomes, health inequalities, population health, demand, workforce pressures, complaints, inspections or other assurance activity.

The Policy and Strategy therefore supports consideration of equality and health inequality issues where these are relevant to strategic risks, but it does not introduce a new service model or decision-making process affecting individuals.

Possible negative impact and additional mitigating action required:

None identified.

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 ☒

Example

Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research 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).

Service Evidence Provided:

The Policy and Strategy has been developed with reference to recognised risk management good practice, including the HM Treasury Orange Book and ISO 31000. It has also been developed to align with the IJB's statutory responsibilities, the Integration Scheme, partner body risk frameworks and the IJB Strategic Plan. The review recognises that effective risk management should support strategic oversight of risks affecting service quality, safety, population outcomes and health inequalities. This includes ensuring that emerging risks and cumulative system pressures can be identified, escalated and considered by the IJB where appropriate.

Possible negative impact and additional mitigating action required:

None identified.

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:

The review of the Risk Management Policy and Strategy has been developed through internal governance and risk management arrangements, including the Risk Management Policy and Strategy Short Life Working Group.

Direct engagement with equality groups has not been undertaken because the Policy and Strategy is a governance framework and does not directly change services, access arrangements or individual entitlements. Wider officer and stakeholder consultation is expected through the IJB governance process before final approval. If future revisions to the Policy and Strategy propose changes that would directly affect service users, carers, staff or access to services, further equality consideration should be undertaken at that stage

Possible negative impact and Additional Mitigating Action Required:

None identified.

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 ☒

Example

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 deactivate in the event of a fire.

(Due regard to remove discrimination, harassment and victimisation).

Service Evidence Provided:

The Policy and Strategy is a governance document and does not affect physical access to buildings, venues, clinical areas, social care settings or public-facing service locations.

No changes to the movement of service users, carers, staff or members of the public through physical spaces are proposed as part of this Policy Review.

Possible negative impact and additional mitigating action required:

None identified.

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:

The Policy and Strategy will be communicated through normal IJB and HSCP governance arrangements. The Policy and Strategy can be made available in accessible formats and alternative languages on request, in line with existing organisational arrangements.

The Policy and Strategy does not introduce new communication requirements for service users, carers, staff or the public and does not change how individuals access information about services.

Possible negative impact and additional mitigating action required :

None identified

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:

The Policy and Strategy does not introduce age-based eligibility criteria, service access arrangements, employment conditions or individual entitlements. It applies as a governance framework for strategic risk management across the IJB.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible

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officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

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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:

The Policy and Strategy does not alter access to services or support for disabled people. Where risks relating to care quality, safety, accessibility, outcomes or health inequalities are identified, these may be considered through the strategic risk management framework.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. Ensure the final document is available in accessible formats on request.

Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce any criteria, processes or entitlements that would affect people due to gender reassignment.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required
Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce any criteria or arrangements linked to marriage or civil partnership status.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not change access to services, care pathways, employment arrangements or entitlements for people who are pregnant or on maternity leave.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce race-based criteria or change access to services. If risks relating to unequal outcomes, access, experience or health inequalities are identified through performance, complaints, inspection or population data, these may be considered through the risk process.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. Ensure alternative language formats are available on request

Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce criteria or arrangements linked to religion or belief.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce criteria or arrangements that differentiate by sex. Relevant risks affecting outcomes, service experience or workforce issues may be considered through the framework where they are strategically significant.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(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:

The Policy and Strategy does not introduce criteria, processes or entitlements linked to sexual orientation

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

(i) 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](https://www.gov.scot/publications/fairer-scotland-duty/guidance-for-public-bodies/pages/11.aspx)

Service Evidence Provided:

The Policy and Strategy does not make investment decisions, savings decisions, service redesign decisions, eligibility decisions or changes to individual entitlements. It therefore does not have a direct socio-economic impact and does not itself constitute a specific service change or investment decision.

However, the Policy and Strategy may make an indirect positive contribution by supporting the identification, escalation and management of strategic risks relating to population outcomes, health inequalities, service capacity, continuity, financial sustainability and wider social and economic conditions.

Where future decisions arising from individual risks, savings plans, service redesigns or commissioning proposals could affect socio-economic inequalities, those decisions should be assessed through the relevant EQIA and Fairer Scotland Duty processes at that time.

Possible negative impact and additional mitigating action required:

No direct adverse socio-economic impact identified. No additional mitigation is required for this Policy Review.

Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

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(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:

The Policy and Strategy does not introduce criteria, processes or entitlements linked to any other groups.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. No additional mitigation required. Whilst this Policy & Strategy has been developed as a governance document to identify and manage risk at an organisational level, there are additional opportunities to consider equality impacts throughout the risk management process, including during risk identification, risk assessment and the identification and implementation of associated controls and mitigating actions. As part of the implementation of the Strategy supporting guidance will be developed to assist risk owners and responsible officers in considering potential equality impacts and mitigations on a risk-by-risk basis.

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:

The Policy and Strategy does not include cost-saving measures and has not been developed to deliver financial savings.

The Policy and Strategy provides a governance framework for identifying, assessing, managing, monitoring and reporting risk. Any future savings proposals or resource decisions identified through risk management arrangements would require separate equality and Fairer Scotland consideration where appropriate.

Possible negative impact and additional mitigating action required:

None identified.

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:

The Policy and Strategy does not introduce new equality, diversity or human rights training requirements.

The Strategy includes training and capacity building in relation to risk management, including induction awareness, training for risk owners, leadership training and specialist support for practitioners. Equality, diversity and human rights learning will continue to be addressed through existing organisational learning arrangements.

Possible negative impact and additional mitigating action required:

None identified.

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 direct human rights risks have been identified from this Policy Review.

The Policy and Strategy is a governance and assurance framework. It supports the IJB to identify, assess, treat, monitor and report strategic risks that may affect delivery of delegated health and social care functions, including risks affecting quality, safety, population outcomes, service continuity, workforce, information governance, financial sustainability and public confidence.

The Policy and Strategy supports a human rights-based approach indirectly through:

- **Participation:** strategic risks may be informed by stakeholder intelligence, complaints, incidents, inspections, partner reports and other assurance activity.
- **Accountability:** the Policy sets out roles and responsibilities for the IJB, Finance, Audit and Scrutiny Committee, Chief Officer, Senior Management Team, risk owners, staff, partner bodies and Internal Audit.
- **Non-discrimination and equality:** the risk taxonomy includes risks affecting service users, communities and widening health inequalities.
- **Empowerment:** clearer risk reporting, escalation and assurance arrangements should support informed decision-making by the IJB.

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- **Legality:** the Policy is designed to support the IJB's statutory responsibilities, the Integration Scheme and recognised risk management good practice.

No additional mitigation is required

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 16th 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.

The Policy and Strategy does not directly affect children or young people and does not change access to children's services, eligibility criteria, care pathways, service provision, safeguarding arrangements or individual entitlements.

No direct impact has been identified in relation to the United Nations Convention on the Rights of the Child.

The Policy and Strategy may provide an indirect governance benefit where strategic risks affecting children, young people or families are identified through service planning, performance information, inspection findings, complaints, incidents, partner assurance or population health intelligence. Any future service change or strategic decision affecting children and young people would require specific consideration of children's rights at that point.

No additional mitigation is required.

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.

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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.

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.

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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'

No EQIA actions identified.

The Policy and Strategy will be reviewed in accordance with its agreed review cycle, and equality, human rights and Fairer Scotland considerations will be revisited if future revisions introduce changes that directly affect services, access arrangements, staff, service users, carers or communities

No actions identified ☒

Date for completion

Who is responsible? (initials)

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

Lead Reviewer:

Name Steven Blair

Job Title Business Development Manager

Signature 

Date 24/8/26

EQIA Sign Off:

Name Craig Cowan

Job Title Head of Business Development

Signature 

Date 24/08/26

Quality Assurance Sign Off:

Name Dr Noreen Shields

Job Title Planning and Development Manager

Signature 

Date 31/8/26

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

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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

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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

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