

scNHS 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. Please refer to the EQIA Guidance Document while completing this form. 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

3D Telemedicine / Holoportation Project

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).

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.

As a result of the Covid-19 Pandemic many hospital appointments have been cancelled, or converted to telephone/ standard telemedicine clinics. This is to reduce patient footfall in Covid treating hospitals, and reduce exposure of staff to the virus. However telephone/ telemedicine clinics cannot replicate face-to-face clinics. We plan to use ground-breaking technology that allows the Doctor to see a patient in 3D, as if they were co-present in the same room. This is likely to have significant benefits over standard Telemedicine this new concept will be explored further in the form of a Clinical Trial. So far we have completed patient feedback testing with 2 separate patient cohorts, to date the patient response has been very positive. The use in Scotland will be the first time anywhere in the world that this technology has been used, with the backing of a major company (Microsoft Corporation) who are implementing the system specifically for the use during the Covid-19 Pandemic. The likely benefits of this system are not limited to healthcare, but may extend to care homes, industry and education. The Covid-19 Pandemic may usher in a new era of telepresence communication.

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.)

We have selected to complete an EQIA as we are aiming to progress this service forward. We are using new technology that has never been used before and as it is a new and innovative project we require to ensure the service is compliant with current legislation. At present the project is in the clinical trial stage and has not progressed to clinical service implementation. It has strong support regionally from the West of Scotland Innovations team and NHS GGC, and also at National Level from Andrew Fowle at the Scottish Government.

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: Professor Steven Lo (Consultant Plastic Surgeon) Catriona Graham (Clinical Nurse Specialist) Aileen McIntyre (Senior Business Analyst/Project Lead)	Date of Lead Reviewer Training: 01/12/2021
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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):

Steven Lo Catriona Graham Aileen McIntyre Microsoft Development Team

	<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>	We collect patient demographics including age, disabilities, ethnicity and level of education this is all information also accessible to us via NHS Trackcare. For our feedback testing the Technology has been utilised by different characteristic groups. As we move forward to a clinical trial we will continue to capture and monitor patient demographics. With this information we should be able to gain an oversight of what characteristic groups are utilising our service.	
	<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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity X <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>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 study has been designed so it is a voluntary process for patients, they are free to withdraw at any point. As part of the consent process this is reiterated to the patient cohort.</p> <p>A record of patients who do not wish to partake will be recorded. This data can be analysed to determine if there are any trends of uptake in a specific characteristic group ensuring all future recruitment remains unbiased and open to all.</p> <p>If a patient does not want to partake in the study and does not feel comfortable using the technology they will still receive the same level of care as a patient within the study. Those patients will still be seen at hospital with the Consultant as part of their 'routine' management. Therefore this removes discrimination and promotes equality of opportunity.</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>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>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</i></p>	<p>The Feedback Study is a starting point for us to gather patient information. Currently it does not appear that any characteristic group is less likely to use the service than another as the technology is designed for broad use.</p> <p>As we progress to a clinical trial in 2022 we will have an even better understanding of what characteristic groups could use Holoportation.</p>	

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x <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><i>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><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>		<p>The Holoporation Project is designed to continue outpatient care during the pandemic therefore delivering routine clinical care that encompasses all characteristic groups.</p> <p>The feedback study to date has been designed following patient focused discussions and feedback gathered through written questionnaires and video feedback.</p> <p>We recognise as part of our study we require to ensure that all our written and spoken information remains accessible to all protected characteristic groups.</p> <p>For example we currently provide all patients with an information leaflet that outline the study prior to them attending our clinic. As we progress to the clinical trial our information sheet will be revised to include patient access to information in an accessible format, such as large print, braille, or in a community language should a service user require it.</p>	

	<p>1) Remove discrimination, harassment and victimisation x <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity x <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	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 General Duty have been considered (tick relevant boxes).</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 deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Our service is located on the first floor of a hospital (non-covid site) with lift access – the aim of this study is to determine if this technology may be suitable to be used within community ‘hubs’ therefore negating the need for patients to attend hospital at all. This may make outpatient attendance more accessible and therefore benefit those with protected characteristics in the future. Currently the project is 3.3miles away from the pre-existing outpatient site, travel expenses as a result of change of location are covered by the project.</p> <p>As part of the feedback study some patients have attended the study in wheelchairs or with walking aids. The clinic setting is adequately designed to house these patients in a safe environment.</p>	

	<p>1) Remove discrimination, harassment and victimisation X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <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>An advantage of our project is we do not require the patient to physically change position as the cameras we use within the study are designed to move 360 degrees around the patient to examine them. This has advantages for those who have any physical disability.</p>	
	<i>Example</i>	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 x <input type="checkbox"/></p> <p>2) Promote equality of opportunity x <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, harassment and victimisation and promote equality of</i></p>	<p>It is important for us to identify any additional requirements patients may need prior to attending the study. We aim to provide the same service as patients would receive at routine NHS appointment. As set out by the 'Clear to all' policy our study aims to provide accessible information to all delivering high quality service and care without discrimination. Outlined below is provision for our study.</p> <p>The clinical nurse specialist involved in the project will contact patients prior to their attendance to help identify any additional requirements. This should provide patients with a platform to ensure they feel adequately supported prior to their appointment.</p> <p>For patients who require BSL support we will book an NHS recognised BSL interpreter with the knowledge we also have access to on-line BSL Interpreting service for patient group if required.</p> <p>For patients requiring Interpreting support we will book an interpreter in advance of the patient's appointment. Information</p>	<p>Through feedback testing patients with hearing impairments have documented sound quality could be improved while using our technology – Speaker quality to be improved to avoid discrimination.</p>

	<p>3) Foster good relations between protected characteristics x <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>opportunity).</i></p>	<p>leaflets will be translated into a different languages prior to attendance at clinic for those patients who require it.</p> <p>Our system may also help to improve communication links as it a visual tool that lends itself to a different form of telecommunication/ learning. This can be explored further with future patient testing.</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>There is no upper or lower age limit on clinical use of Holoportation.</p> <p>Microsoft Corporation have clarified that equipment (cameras) are safe for use for all ages. The clinical trial will however be used in adults from age 18-95, as different ethics approvals will be required for a trial involving children.</p> <p>In particular we will ensure that older ages groups who may be less technologically enabled, are not disadvantaged in using the Holoportation system. We will assess this by looking at the System Usability Scores of the system for older people. This is a validated system used to assess the usability of technology.</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 X <input type="checkbox"/></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 X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <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>Disability – the project is accessible to patients with physical disability i.e. in a wheelchair or using walking aids. A high proportion of the patients attending the study will have some form of physical disability as a result of surgery.</p> <p>While using the Holoportation system the cameras will move around the patient (360 degrees) therefore benefiting any patient with a physical disability as they are not required to move or position themselves in awkward or unpleasant manner.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</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 X <input type="checkbox"/></p>	N/A	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	N/A	

	<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 X <input 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 X <input type="checkbox"/></p>	N/A	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(f)</p>	<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 X <input type="checkbox"/></p> <p>2) Promote equality of opportunity X <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>As we are using Microsoft Teams as our communication platform between Doctor and Patient we can integrate patients spoken language interpreter into Teams as part of the consultation.</p>	
<p>(g)</p>	<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>N/A</p>	

	4) Not applicable X <input 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 X <input type="checkbox"/></p>	N/A	
(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>	N/A	

	<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 X <input type="checkbox"/></p>		
	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 the 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 in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>Travel cost covered by the study.</p> <p>Delivering outpatient clinic in a different location may provide cost/ time saving to patient group – will become clearer as study progresses. If patient was to incur additional costs this is covered by the study.</p> <p>Equipment provided therefore no additional burden added to patient.</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>	<p>All marginalised groups would receive 'routine' outpatient clinics therefore there would be no reason for them not to be able to use Holoportation as it would ultimately still be an outpatient review just delivered in a different format.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed</p>	<p>Too early in the study to determine outcome of cost saving. This will form part of future studies and it is likely that providing</p>	

	<p>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 X <input checked="" type="checkbox"/></p>	<p>remote 3D consultation will prove cost effective in comparison to either long distance patient or clinician travel.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<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>E-Learning in the form of learn pro training specifically equality module.</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.

No identified risks to Human Rights.

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.

Our recent feedback study will mould future research and care that can be provided by Holoportation, we will continue to collect patient demographics that may further determine the longer term use of Holoportation in health care.

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)
<p>To improve sound quality between clinic rooms for patients with hearing impairment.</p> <p>Our information leaflets and any written information we give to patients are made accessible to all protected characteristic groups.</p>	<p>Will be completed prior to start of clinical trial (Date awaited) Feb 2022 – Catriona Graham</p>	


Ongoing 6
Monthly
Review
please
write your 6
monthly EQIA

review date:

June 2022

Lead Reviewer:
EQIA Sign Off:

Name Steven Lo
Job Title Consultant Plastic Surgeon


Signature
Date 10th January 2022

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager

Signature

Date

20/01/22

**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