

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. 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:

Acute Phlebotomy Service

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☒ New Service ☐ New Policy ☐
Policy Review ☐

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

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 service redesign was put in place to facilitate the increase in video and telephone outpatient clinic and pre-operative assessment appointments during the Covid-19 pandemic. Until June 2020 phlebotomy (taking blood samples for laboratory testing) was carried out by a range of healthcare professionals in a variety of clinical settings across NHSGGC. Bloods were taken at approximately 27% of outpatient appointments (300000 per year) across 12 sites in GGC. When virtual clinic appointments increased from March 2020 bloods were still required and one of the barriers to remote out-patient consultation was the requirement for concurrent clinical investigations especially blood sampling. The acute phlebotomy service was set up to take bloods at phlebotomy clinics on 9 acute hospital sites in advance of the patient's clinic appointment. The patient attends their local phlebotomy hub to have bloods taken 48 hours or more before their appointment, then attends their consultation. Blood results are available to the health professional at the

patient consultation. The consultation may still be face to face or it may be by video or telephone. There are advantages for all appointments including face to face in having the blood results in advance. Booking is by telephone and a suitable date and time is agreed with the patient then the appointment is confirmed by letter or email. Cancellations are rebooked the same day and if the patient does not attend for phlebotomy health records staff email the requesting clinician to ask whether a further appointment should be offered. Although a patient may attend a hospital site twice initially, first for phlebotomy then for their consultation, overall this change is likely to reduce the total number of outpatient appointments. Phlebotomy clinics will help to reduce the number of 'follow up' appointments by having results available in advance and will reduce the need for patients to return for review appointments. Overall travel is reduced as the service redesign facilitates virtual patient management, which currently represent 30% of outpatient attendances. There are several factors contributing to outpatient attendances however it may be useful to note that in December 2020 return outpatient attendances had reduced by 7% compared to December 2019 and DNAs for returns had reduced by 3%.

There is a separate EQIA for Virtual Patient Management (VPM). This acute phlebotomy EQIA focuses on blood sampling to facilitate video and telephone appointments and does not consider the risks and mitigations associated with VPM in full. To note regarding VPM, in the three weeks prior to 7/2/21, 70% of outpatient attendances were face to face, 23% were by telephone, 5% by video and 2% by written 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.)

This service redesign changes the ways in which patients interact with services. Patients will attend an acute hospital site for blood samples to be taken prior to their outpatient appointment or pre-operative assessment instead of having the bloods taken at their clinic appointment. As such it is proportionate and relevant to apply an EQIA.

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: Dr Chris Deighan, Deputy Medical Director	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Ann Lees, Health Economist, Corporate Planning
 Alastair Low, Planning and Development Manager, Equality and Human Rights Team
 Lorraine Maxwell, Head of Health Records Services
 Julie Huntly, Lead Nurse Surgical Services, Clyde

		<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	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Data are collected via Trakcare, the patient information management system used across NHS GGC and there are options to record a patient's age, sex, postcode, religion and belief, and whether the patient required interpreting support. Trakcare also allows additional information relating to support needs to be recorded. For example we collect age, sex and social class via postcode related data. BME recording is currently 46% recorded and has recently become mandatory. Information relating to additional needs such as hearing loss and learning disability is recorded on Trakcare. Other items relating to EQIA are not currently recorded.	Plan to ensure we collect all protected characteristics when national systems allow

	omitted.			
		Example	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. 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</p>	<p>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</p>	<p>Data on Trakcare help us measure waiting times and did not attend (DNAs). The data collected will enable us to analyse service use and do not attend disaggregated by some protected characteristics.</p> <p>This service started in June 2020. Data from this month onwards could be used to identify any relevant changes in service uptake and to inform measures to mitigate any risk on the grounds of protected characteristics. We plan to review phlebotomy attendances and DNA rates in March 2021 to identify any uptake issues in particular locations or days of the week and we will continue to review data as required to maximise uptake of the service.</p>	<p>Review data by June 2021 including phlebotomy attendances and DNA rates by location and day of week to maximise uptake of the service. Consider ongoing requirement for data review.</p>

	<p>relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</p>		
		Example	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 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</p>	<p>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</p>	<p>We have data on Trakcare for GGC by deprivation quintile, age and sex and some information on ethnicity.</p> <p>A DNA audit was performed using telephone interpreting for patients whose first language is not English to identify the reason for DNA. In the vast majority of cases patients advised this was for reasons other than language barrier or race related. The reasons given for DNA were the individual didn't get their letter, forgot it as booked far in advance or something cropped up on the day which prevented attendance. Health records department have implemented text reminder campaigns or phone calls and have updated the letter which covers information on the cost of a missed appointment in an effort to minimise DNA's and encourage attendance.</p>	

	<p>relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</p>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence</p>	<p>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made</p>	<p>Any formal feedback is through the Board's complaints process. No issues relating to protected characteristics have been noted.</p> <p>Informal feedback from patients during booking telephone calls, messages to the service and from face to face feedback from patients to nursing staff members. No issues relating specifically to protected characteristics have been identified from informal feedback to the service.</p>	

	<p>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 <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>more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</p> <p>(Due regard to promoting equality of opportunity)</p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts	An access audit of an outpatient physiotherapy department found	The phlebotomy hubs are currently on acute hospital sites in the usual clinic locations, and as such they are physically accessible. Phlebotomy hubs are located at:	The number of sites delivering phlebotomy was reduced from 12 when bloods were taken

<p>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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected Characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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).</p>	<p>Inverclyde Royal Hospital Royal Alexandra Hospital, Paisley Vale of Leven Hospital Queen Elizabeth University Hospital Victoria ACH Gartnavel General Hospital West Glasgow ACH Stobhill ACH Lightburn Hospital</p> <p>There are several locations within a sector for patients to attend with minimum travel distance. There have been no known access issues as a result of these locations.</p> <p>The phlebotomy hubs may reduce travel for patients overall as they facilitate virtual patient management (currently 23% of outpatients have telephone appointments, 5% video and 2% written).</p> <p>To improve any waiting time delays on individual sites, patients may be asked to attend an alternative site rather than the closest geographical site if they are able to do this. Patients will always be given a choice to meet their needs. Financial support is available to anyone who qualifies in the event that travel costs are a factor in attending.</p>	<p>at individual outpatient appointments to 9 in the new service on acute GGC sites. The new service provides phlebotomy hubs on 9 acute hospital sites in GGC and is accessible to all geographical areas in the GGC area. There have been no known access issues as a result of the change to 9 sites.</p>
	Example	Service Evidence Provided	Possible negative

				Impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><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 opportunity).</i></p>	<p>Communication about the service change: Information was communicated to staff involved in the new service at department level and to all staff via Core Brief. There are regular updates about the phlebotomy service sent by email to clinical staff including standard operating procedures and highlighting any issues.</p> <p>Communication issues in the service (see also the race and disability sections): On appointment via telephone patients will be advised of what to expect when attending their appointment, including measures relating to Covid-19.</p> <p>Some patient groups may have difficulty with telephone booking, particularly those who do not speak English and people with hearing loss and other communication difficulties. There are mitigations in place for all of these situations. For patients who have hearing loss we have an alert that advises this on the system and we would send the information to these patients in writing only.</p> <p>For confusion or learning issues or difficulties these would normally be known to us, again</p>	<p>Mitigations are in place for all potential communication difficulties relating to telephone booking</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>there would be an alert which would normally provide an alternative contact or POA if this was in place, who we could discuss appointments with, and copies of correspondence would also be sent to the identified individual.</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?</p>	<p>Older people with a communication barrier e.g. hearing impairment or age-related dementia may have difficulty with the telephone booking. Involvement of carers may be written in to the communication plan</p>	.

	<p>(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>if required. This difficulty is no greater than for other clinic appointments.</p> <p>For the associated virtual appointments many older people will be able to participate and support is provided if required.</p> <p>There may be less need overall for older people to travel with this service change.</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). Remove discrimination, <input checked="" type="checkbox"/></p>	<p>This service change may positively impact on some disabled patients who may have reduced mobility where travel can be difficult as there may be less need to travel overall</p>	<p>Booking by telephone could be difficult for some disabled people. Telephone is a particular issue for people with a hearing loss or other communication issues.</p> <p>For patients who have hearing loss we have an alert that advises this on</p>

	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>the system and we would send the information to these patients in writing only.</p> <p>For confusion or learning difficulty these patients would also normally be known to us, again there would be an alert which would normally provide an alternative contact or POA if this existed who we could discuss appointments with, and copies of correspondence would also be sent to the identified individual.</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>The acute phlebotomy hub service is unlikely to have a disproportionate impact on people with the protected characteristic of gender identity.</p>	

	1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
	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> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	The acute phlebotomy service is unlikely to affect the protected characteristics of marriage and civil partnership	

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The acute phlebotomy service is unlikely to have a disproportionate impact on people with the protected characteristics of pregnancy and maternity.</p> <p>The associated virtual appointments may remove a burden of travel during pregnancy for some people.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Access to interpreting and translated information is available in the normal way for patients requiring communication support through the GGC interpreting service and our telephone interpreting provider – Capita. Having booked appointments means that the patient is expected and an interpreter can be arranged if required. In the event that a face to face interpreter was not available the telephone interpretation service would be utilised.</p>	<p>There is potential for a disproportionate impact on people with the protected characteristics of race particularly for those whose first language is not English, in relation to telephone booking.</p> <p>Mitigation is in place to ensure that people who do not have English as a first language can use the telephone booking service.</p> <p>Telephone interpreting can be used if we identify an issue on the phone with the patient understanding. An accessible formats information leaflet is sent with all correspondence which advises patients how to request information in an alternative format or language. Accessible information is available in</p>
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			any language or format if requested by the patient. Staff are asked to ensure that patients who are being given information will be given it in a format they can access.
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	The acute phlebotomy service is unlikely to have a disproportionate impact on people with the protected characteristics of religion and belief.	
	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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The acute phlebotomy service is unlikely to have a disproportionate impact on people with the protected characteristic of sex.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). <input checked="" type="checkbox"/></p>	<p>The acute phlebotomy service is unlikely to have a disproportionate impact on people with the protected characteristics of sexual orientation.</p>	

	<p>Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	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>While there can be more difficulties in engaging with services for some people with lower socio economic and social class status, there is no particular issue in relation to the acute phlebotomy service. The phlebotomy appointment is at an accessible acute hospital site. Funding is available for those who qualify to help with travel costs.</p> <p>For the associated virtual appointment there may be barriers in terms of access to equipment and a private space. These risks and mitigations are discussed in the Virtual Patient Management EQIA.</p>	
(k)	Other marginalised groups	While there can be more difficulties in	

	<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>engaging with services for some people experiencing homelessness, Asylum seekers and Gypsy travellers, there is no particular issue in relation to the acute phlebotomy service.</p> <p>For the associated virtual appointment there may be barriers in terms of access to equipment and a private space. These risks and mitigations are discussed in the Virtual Patient Management EQIA.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no aim to reduce costs through the introduction of this service.</p>	

	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All GGC staff are required to complete learning programmes covering equality, diversity and human rights and compliance is currently around 95%.	

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 breach of human rights identified.

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* .

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- **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:

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- ☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

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?(in initials)
<p>Plans are in place to review data by June 2021 including phlebotomy attendances and DNA rates by location and day of week to maximise uptake of the service and to consider any ongoing requirement for data review.</p> <p>Mitigations are in place for telephone booking. Reduction in number of sites has not caused any known access issues. No issues relating to people with protected characteristics have been identified from informal feedback to the service.</p> <p>Mitigations for the associated video and telephone appointments are addressed in the Virtual Patient Management EQIA.</p>	30/06/21	CD/ AL

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

31st August 2021

Lead Reviewer:	Name	Chris Deighan
EQIA Sign Off:	Job Title	Deputy Medical Director
	Signature	Chris Deighan
	Date	26/02/21

Quality Assurance Sign Off:	Name	Noreen Shields
	Job Title	Planning and Development Manager, Equalities & Human Rights Team
	Signature	Noreen Shields
	Date	26/02/21

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: Ann Lees, Corporate Planning

Date submitted: 26/02/21

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