

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:

Clyde Trauma Redesign (as part of the West of Scotland Trauma Network)

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.

Across Scotland, how we treat major trauma patients and their life-threatening injuries is changing. On 30 August 2021, the West of Scotland Major Trauma Network formally launched with the official opening of the Major Trauma Centre at Queen Elizabeth University Hospital (and the Royal Hospital for Children, not included in this EQIA). The Major Trauma Centres are supported by six stand along Trauma Units (TU), including Glasgow Royal Infirmary and Royal Alexandra Hospital Paisley. Local Emergency Hospitals (LEH) including Inverclyde Royal Hospital Greenock are also part of the Network. This represents completion of the Scottish Major Trauma Network which we have been developing in collaboration across Scotland for the last four years.

The West of Scotland network is a collaboration of six health boards in Scotland including NHS Greater Glasgow & Clyde, Ayrshire & Arran, Lanarkshire, Forth Valley, Dumfries & Galloway and the specialist board of the Scottish Ambulance Service. The network is focussed on managing trauma to a consistently high standard across the West of Scotland and has developed comprehensive care pathways that span geographical boundaries with the key aim of not only **saving lives**, but also **giving life back** through effective, co-ordinated rehabilitation.

To create the network has involved a significant redesign of services across health boards and this has offered the opportunity to not only improve outcomes for all trauma patients but also to improve the delivery of elective care. By changing how services are configured and concentrating major trauma and trauma cases in the Major Trauma Centres and Trauma Units, this will ensure equity of access to specialist services for trauma patients and will create the capacity to allow Boards to develop elective centres of excellence within their local emergency hospitals. This new way of working and collaboration across the WoS network will deliver an integrated and coordinated approach to the care we provide our patients.

There has been investment in staffing, including the addition of trauma co-ordinators. One relative said: "The Trauma Coordinator was outstanding when we arrived at A&E. He liaised with the crew making things seamless for us, explaining what we could expect in the next few hours given the situation

and urgency of the injuries. He brought us up to the ward orientating us around, showing us the family room, making all the difference to feeling ok about being in an unfamiliar environment.”

Significant redesign of services within the Clyde Sector is taking place to deliver the Trauma Unit model at Royal Alexandra Hospital Paisley (RAH) and the plans to develop the Inverclyde Royal Hospital (IRH) as an Elective Centre of Excellence as well as being a Local Emergency Hospital. This redesign will enhance elective care for Clyde at the IRH elective centre of excellence while releasing capacity at RAH to deal with Clyde trauma patients who do not require to attend the Major Trauma Centre.

Supporting all of this will be a specialist rehabilitation service. The focus of this model is on a hub and spoke provision of specialist rehabilitation ensuring that complex rehabilitation needs are met for major trauma patients from Day 1. It concentrates specialist services to improve outcomes for patients and to support patients to move along the rehabilitation pathway seamlessly. Evidence strongly supports improved outcomes and, in particular, the impact that this has on social care in terms of reduction in reliance on community services. Overall, this redesign will mean safer and more effective care for all.

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.)

These are significant service redesign initiatives that change the ways in which patients interact with services. Patients in the Clyde area will attend the Major Trauma Centre where their level of trauma demands this. There will be changes to the numbers of trauma and elective orthopaedics cases attending RAH and IRH hospitals in Clyde. Approximately 800 patients who would currently attend Inverclyde Royal Hospital for trauma care will attend the Royal Alexandra Hospital in Paisley instead, while around 500 patients per year who would currently have elective orthopaedics surgery at RAH will attend IRH instead. Therefore some patients will travel further to receive the specialist care that is available in both RAH and IRH. 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: Rahul Shanker, Clinical Service Manager Orthopaedics, Clyde	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, GGC
Al Low, Planning and Development Manager, Equality and Human Rights Team

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Data are collected via Trakcare and the Emergency Medical Information System EMIS. Trakcare, the patient information management system used across NHSGGC has options to record a patient's age, sex, postcode, religion and belief, race and whether the patient required interpreting support. These systems allow additional information relating to support needs to be recorded. For example we collect age, sex and social class via postcode related data. 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.</p>	
		<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><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</i></p>	<p>The data collected will enable us to analyse service use disaggregated by several protected characteristics.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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 x</p> <p>2) Promote equality of opportunity x</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 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</i></p>	<p>NHS Tayside performed an EQIA on a similar service change involving trauma and elective orthopaedics with relocation by 22 miles, a similar distance to that between RAH and IRH NHS Tayside elective orthopaedics EQIA. The Tayside document was reviewed in preparing this EQIA to check for issues we may not have considered that would be useful to include. It was found that we had considered the same issues when working through this EQIA by protected characteristic.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>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><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		<p>When the trauma redesign is in place from September 2021 there is a plan through the Patient Experience and Public Involvement (PEPI) Team to ask patients about their experiences of the service. This will include capturing postcodes and there will be a question about travel to highlight modes of transport and any issues.</p> <p>When the service is in place there will be formal feedback through the Board's complaints process and ongoing engagement.</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>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><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>Trauma and elective orthopaedics care will continue to be provided in our major hospitals, and as such are physically accessible.</p>	

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. 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>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.</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>There has been public communication about the service change.</p> <p>Information has been communicated to staff involved in the new services at department level and via Core Brief for all staff.</p> <p>Where information is required in other community languages this will be provided through mainstream provision of NHSGGC's communication support programme (interpreting/translation).</p>	

	<p>Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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 Clyde Trauma Redesign is unlikely to have a disproportionate impact on older people. Involvement of carers would be written in to the communication plan where required.</p> <p>This EQIA does not refer to children.</p>		

<p>(b)</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with disability. Involvement of carers would be written in to the communication plan where required.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<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 checked="" type="checkbox"/></p>	<p>The Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristic of gender identity.</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>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<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 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 Clyde Trauma Redesign is unlikely to affect the protected characteristics of marriage and civil partnership</p>	

<p>(e)</p>	<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 Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristics of pregnancy and maternity.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<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 <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>The Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristics of race.</p> <p>Staff would access an interpreter for patients requiring communication support through the GGC interpreting Service and our telephone interpreting provider. Translated materials would also be provided through mainstream service provision.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristics of religion and belief.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(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>The Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristics 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>		
(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> <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 Clyde Trauma Redesign is unlikely to have a disproportionate impact on people with the protected characteristics of sexual orientation.</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>There could be more difficulties in engaging with Clyde trauma redesign for some people with lower socio economic status and social class. Some people in these groups may have greater difficulty with travel arrangements and cost to access the specialist services.</p> <p>The Clyde Trauma Redesign will require approximately 1300 patients (500 elective orthopaedics and 800 trauma) to travel 20 miles further to access trauma care and elective orthopaedics inpatient surgery.</p> <p>A proportion of these patients will be people with lower socio-economic status and social class. Greenock is one of the most deprived areas in Scotland, however for trauma patients travelling from Greenock to Paisley, the admission journey will normally be by ambulance and around two thirds of these trauma patients will repatriate to IRH in Greenock within 5 days for rehabilitation.</p> <p>Elective orthopaedics patients travelling from Paisley to Greenock will require to make their own travel arrangements. The additional journey time and cost one way between RAH and IRH is approximately (see Appendix): Car 40 mins, £5 Taxi 40 mins, £42 Public transport 80 mins, £8</p> <p><i>The service development understands the requirement to consider decision that may disproportionately impact on communities that experience economic disadvantage (in line with the Fairer Scotland Duty, 2018) and will continue to monitor feedback from patient groups to identify any unintended negative impact in this regard.</i></p>	<p>There will be an additional travel time and cost for some patients to access specialist services. Travel costs can be claimed if eligible.</p> <p>Perform a survey of users of the redesigned service to include postcodes and a question about travel to highlight any issues. Review results by March 2022.</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>There could be more difficulties in engaging with the Clyde Trauma Redesign for people experiencing homelessness, Asylum Seekers, Gypsy Travellers. All of these groups may have additional difficulty with travel and cost.</p> <p>As above for socio-economic status.</p>	<p>There will be an additional travel time and cost for some patients to access specialist services. Travel costs can be claimed if eligible.</p> <p>Perform a survey of users of the redesigned service to include postcodes and a question about travel to highlight any issues. Review results by March 2022.</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 cost reduction aim for the Clyde Trauma Redesign.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion</p>	<p>All GGC staff are required to complete learning programmes covering equality, diversity and human rights.</p>	

rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.		
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain 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* .

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Socioeconomic status/ other marginalised groups</p> <p>There will be an additional travel time and cost for some patients to access specialist services.</p> <p>Travel costs can be claimed if eligible.</p> <p>Perform a survey of users of the redesigned service to include patient postcodes and a question about travel to highlight any issues.</p>	<p>March 2022</p> <p>March 2022</p>	<p>RS</p> <p>PEPI Team</p>

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

April 2022

Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature

Rahul Shanker
Clinical Service Manager Orthopaedics, Clyde

Date

Quality Assurance Sign Off:

Name Alastair Low

Job Title Planning Manager

Signature

Date 26/11/21

**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:

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

Appendix.

Journeys between RAH and IRH

RAH to IRH or IRH to RAH	Approx. journey time	Distance/ ease of travel	Approx. cost	Return journey
Car or taxi	40 minutes one way	20 miles one way Car or taxi	Car £5 Taxi £42	Car £10 Taxi £84
Public transport	RAH to IRH 80 minutes + IRH to RAH 75 minutes +	Bus, walk, train, bus Walk, bus, walk, train, walk (walking time 22 mins +)	£8 £8	£16
McGill's bus	Greenock to RAH 82 mins	26 miles walk, bus	£5 +	£10

○ Royal Alexandra Hospital, Castlehead, Paisley PA2 9PJ

○ Inverclyde Royal Hospital, Larkfield Rd, Greenock PA16 0XN



38 min (19.8 mi) via M8 and Greenock Rd/A8

Turas | Appraisal | Home x | General (GGC- Planning Te... x | Join conversation x | Royal Alexandra Hospital to x

https://www.google.co.uk/maps/dir/Royal+Alexandra+Hospital,+Castlehead,+Paisley+PA2+9P...

Sign in

Royal Alexandra Hospital, Castlehead, P
Inverclyde Royal Hospital

Leave now OPTIONS

National lockdown: stay at home. If you need to travel, use quiet times and routes.

Send directions to your phone

3:41 PM–4:38 PM 57 min
20 / 61 ScotRail
3:48 PM from Maxwellton Road
22 min
DETAILS

Layers

Map data ©2021 United Kingdom Terms Privacy Send feedback 5 km

Type here to search

15:31 03/08/2021