

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 <u>CITAdminTeam@ggc.scot.nhs.uk</u> for further details or call 0141 2014560.

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

| Business Continuity Overarching Plan and Covid-19 Annex 20 | 022 | | |
|--|--------------------|----------------------------|-----------------|
| 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.

The purpose of East Dunbartonshire Health & Social Care Partnership's (HSCP) Business Continuity Plan is to define and establish the procedures to ensure the continued operation of health and social care services in the event of loss or disruption. This plan is integrated with the HSCP's emergency management arrangements.

The plan considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. This plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances.

In the event of a major loss or disruption, such as a service area, department, or building, the plan will be activated in conjunction with the relevant HSCP Departmental Business Continuity Plans under the direction of a Local Response Management Team (LRMT). The LRMT will be led by the HSCP Chief Officer to the overall direction of the agreed national and local leadership response arrangements. The membership of the LRMT will be determined by the HSCP Chief Officer and should take account of the need for deputisation and specialist contributions as required.

The aim of this plan is to provide a framework of measures for the co-ordination of effort to ensure that the HSCP can provide essential health and social care services to the local community, at an appropriate level, during times of crisis.

The objectives set out to meet this aim are:

- To ensure that business functions are maintained and systems restored within an acceptable timescale;
- To develop a corporate and coordinated response to the loss or disruption of business functions/services;
- To develop internal arrangements and contingency measures for dealing with the loss of critical functions;

- To provide incident support to the emergency services;
- To provide recognised and agreed procedures for obtaining assistance from other agencies as considered necessary;
- To link with other relevant procedures or processes.

It is the responsibility of individual Heads of Service to oversee access and availability within their own departments/services and to keep a record of the document holders for updates and redistribution.

The individual Departmental Business Continuity Plans are separately held in the HSCP's shared electronic filing system but form constitute parts of the HSCP's overall Business Continuity Plan.

The Departmental Business Continuity Plans are reviewed at least annually, and Heads of Service will be responsible for the review and any subsequent updating of the service specific element of these plans.

Heads of Service take responsibility for ensuring that regular contingency planning reviews are conducted for their service areas. The timing of these reviews will be determined by nature and likelihood of the particular risks and will take account of:

- Changes to services and contact details for each site,
- Significant changes to the number of staff on each site,
- Changes to the use of buildings etc.
- Changes to any risk assessment for these facilities/services.

Under the Civil Contingencies Act, maintenance procedures must ensure that plans are kept up-to-date. The Business Continuity Overarching Plan and Covid Annex is reviewed and amended as necessary but at minimum is reviewed annually. Amendments may only be made to any part of the plan in consultation with the HSCP Business Continuity Lead Officer who will be responsible for the completion of the Record of Reviews/Amendments Sheet. This will ensure that any changes to the plan are correctly recorded and communicated as necessary.

Any modification is supported by complementary procedures to ensure that documentation is current, personnel are made aware of changes and, when necessary, exercises and training are carried out and recorded.

In light of the particular challenges faced by the HSCP due to the Covid-19 pandemic, an additional annex was added to the overarching Business Continuity Plan to provide guidance in the event of scenarios which may be unprecedented. It was designed to assist and inform, rather than constrain, the delivery of operational imperatives. It recognises that the landscape of Covid-19 will be fast moving and may involve changes in emergency legislation, guidance and policy and is guided by the following principles:

- Public protection: this will be the cornerstone of keeping people safe and will be supplemented by separate operational guidance;
- The fundamentals of statute and supporting guidance, including eligibility criteria;
- Ethics and Values: specific guidance has been developed for both social work and health services. These should be used to ensure that

decisions are human rights based and consistent;

• Robust recording of decisions and actions: to support good planning and communication.

Additional details on specific Covid-19 business continuity also covered in the annex are:

- Essential service continuity and prioritisation plan;
- Team consolidation and continuity plan;
- Response Management Arrangements: Governance;
- Public Protection continuity plan;
- Commissioned services continuity plan;
- Staffing capacity continuity plan;
- Staff and public communications plan.

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.)

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further disadvantaged by the policies and strategies we adopt. It also ensures that the HSCPs Integrated Joint Board are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

The ongoing Covid-19 Pandemic has highlighted the importance of business continuity plans that understand and respond to the needs of protected characteristic groups. While this is an overarching policy, which links to a number of individual service continuity plans, it is important that we make a formal commitment at this level to meet the needs of people who may experience an additional burden through emergency situations.

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: | Date of Lead Reviewer Training: |
|--|--|
| Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer | No training currently available, process discussed with a member of the Equality |
| | and Human Rights Team |

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):

| David Aitken (Interim Head of Adult Health and Social Care) |
|--|
| Alan Cairns (Planning, Performance & Quality Manager J/S) |
| Jean Campbell (Chief Finance & Resources Officer) |
| Claire Carthy (Interim Head of Children's Services & Criminal Justice) |
| Leanne Connell (Interim Chief Nurse) |
| Derrick Pearce (Head of Community Health & Care Services) |
| Tom Quinn (Head of People and Change) |
| Caroline Sinclair (Interim HSCP Chief Officer) |
| Dr Paul Treon (Clinical Director East Dunbartonshire HSCP) |
| Alison Willacy (Planning, Performance & Quality Manager J/S) |

| | | Example | 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. | A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use. | This policy has the potential to affect any service user if their service is disrupted to an extent that Business Continuity is implemented. Data is collected on service users on potentially all 9 protected characteristics if that information is required to support and manage their health and social care needs and meet local and national reporting requirements. These are recorded on various management information systems as provided and supported by NHS GGC or East Dunbartonshire Council. | This policy is neutral as it has no particular impact on any protected characteristic. |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 2. | Please provide details of how data captured has been/will be used to inform policy content or service design. | A physical activity programme for people with long term conditions reviewed service user data and found very low | If business continuity is implemented, prioritisation of service provision will be based on departmental Business Continuity Plans (BCPs). These plans take account of available patient data that is relevant to identify potential barriers to accessing services during times of unplanned disruption. For example, notification of additional | This policy is neutral as it has no particular impact on any protected characteristic. |

| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | 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) | communication support will enable us to find the most effective means of communicating any possible impact at individual service level. Risk assessment and ongoing monitoring will also be undertaken at an individual service user level when reducing or suspending services. | |
|----|---|--|---|--|
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 3. | How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation | 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 | This policy is neutral as it has no particular impact on any protected characteristic therefore evidence and experience from equality groups has not influence the policy. Individual service level business continuity plans and the overarching business continuity plan, have been and are continuing to be, updated based on the learning from the impact of Covid-19 and other events of loss or disruption to service, for all service users including those with protected characteristics. | Not applicable |

| 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable | more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations). | | |
|---|--|--|--|
| | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation | 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. (Due regard to promoting equality of opportunity) * The Child Poverty (Scotland) Act 2017 requires organisations | This policy is neutral as it has no particular impact on any protected characteristic therefore no engagement has been made with equality groups in the development of this policy. | Not applicable |

| | 3) Foster good relations between protected Characteristics 4) Not applicable X | to take actions to reduce poverty for children in households at risk of low incomes. | | |
|----|--|---|--|--|
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 5. | accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | 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). | This is an internal policy document for staff members and is available to all on the internal network drives. Any additional communication support required by staff to access this document will be met by their Line Manager. | None |

| | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|--|---|--|--|
| 6. How will the service chang or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable X The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improv- access to services for thos using the language. | 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. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity). | The BCP is reviewed annually and is built on individual service level BCPs which are also reviewed at least annually. Staff at all levels input into either or both levels of BCP and these are shared and discussed as required at team meetings, Leadership Group meetings and SMT. If an incident is likely to impact on the public, arrangements will be put in place to provide information and advice on the progress of the incident, and any actions or alternative arrangements that are required to be taken. Any changes to service delivery as a result of business continuity planning will be communicated in line with the NHSGGC Interpreting Policy and Clear to All Guidelines. | None |

| | Specific attention should be paid in your evidence to show how the service review or policy has taken note of this. | | |
|-----|--|---|--|
| 7 | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (a) | Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. It supports the functional response from the earliest | This policy is neutral as it has no particular impact on any protected characteristic. |
| | 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). | stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out | |
| | 1) Remove discrimination, harassment and victimisation | in a way that recognises and responds to the needs to individual protected characteristic groups. | |
| | 2) Promote equality of opportunity | Realigned or re-designed service provision will ensure it does not discriminate on the grounds of age, | |
| | 3) Foster good relations between protected characteristics. | understanding that age is often inter-related with other protected characteristics like disability. In all areas of business continuity planning, service users will be | |
| | 4) Not applicable | considered in terms of biological rather than chronological considerations. | |
| (b) | Disability | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services | This policy is neutral as it has no particular impact on any |
| | Could the service design or policy content have a disproportionate impact on people due to the protected | following the partial or total loss of the HSCP's ability to continue to provide critical services. | protected characteristic. |

| | characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
|-----|---|--|--|
| | 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. Disabled people will be considered within the context of business continuity planning to make sure that all reasonable adjustments are made to avoid disproportionate impact. | |
| (c) | Gender Identity Could the service change or policy have a disproportionate impact on people with the protected | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. | This policy is neutral as it has no particular impact on any protected characteristic. |
| | characteristic of gender identity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | Remove discrimination, harassment and victimisation Promote equality of opportunity | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to | |
| | 3) Foster good relations between protected characteristics | In terms of Gender Reassignment, realigned or re- | |
| | 4) Not applicable | designed service provision will ensure that trans people continue to be protected from discrimination including appropriate protection of personal information. | |

| (d) | Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. | This policy is neutral as it has no particular impact on any protected characteristic. |
|-----|---|--|--|
| | protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | boxes).1) Remove discrimination, harassment and victimisation2) Promote equality of opportunity | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. | |
| | 3) Foster good relations between protected characteristics 4) Not applicable | Realigned or re-designed service provision will ensure it does not discriminate on the grounds of marital or civil partnership status. | |
| (e) | Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. | This policy is neutral as it has no particular impact on any protected characteristic. |
| | protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | 1) Remove discrimination, harassment and victimisation | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the | |
| | 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. | |

| | 4) Not applicable | Realigned or re-designed service provision will ensure it does not discriminate on the grounds of pregnancy or maternity status. | |
|-----|--|--|--|
| (f) | Race Could the service change or policy have a disproportionate impact on people with the protected | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. | This policy is neutral as it has no particular impact on any protected characteristic. |
| | characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | Remove discrimination, harassment and victimisation Promote equality of opportunity | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out | |
| | 3) Foster good relations between protected characteristics | in a way that recognises and responds to the needs to individual protected characteristic groups. Any changes to service delivery as a result of business | |
| | 4) Not applicable | continuity planning will be communicated in line with the NHSGGC Interpreting Policy and Clear to All Guidelines and ensuring support for anyone who does not have English as a first language. | |
| (g) | Religion and Belief Could the service change or policy have a disproportionate impact on the people with the | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. | This policy is neutral as it has no particular impact on any protected characteristic. |
| | protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | |
| | 1) Remove discrimination, harassment and victimisation | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the | |

| | 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. Realigned or re-designed service provision will ensure it does not discriminate on the grounds of religion or belief. | |
|-----|--|--|--|
| (h) | Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable X | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. In terms of Sex, realigned or re-designed service provision will ensure that vulnerable adult support remains in place and any disclosures of risk of violence are prioritised. | This policy is neutral as it has no particular impact on any protected characteristic. |
| (i) | Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | The overarching Business Continuity Plan and Covid Annex considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. The plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances. | This policy is neutral as it has no particular impact on any protected characteristic. |

| | 1) Domovo discrimination barocoment and | Individual service users are risk assessed to ensure | |
|------|--|--|--|
| | 1) Remove discrimination, harassment and | limited resources are directed accordingly and to inform | |
| | victimisation | any necessary decision making in relation to the | |
| | 2) Dromoto oguality of apportunity | consolidation of service provision. This will be carried out | |
| | 2) Promote equality of opportunity | in a way that recognises and responds to the needs to | |
| | 3) Foster good relations between protected | individual protected characteristic groups. | |
| | characteristics. | | |
| | | Realigned or re-designed service provision will ensure it | |
| | 1) Net emploable | does not discriminate on the grounds of sexual | |
| | 4) Not applicable X | orientation. | |
| (i) | Socio – Economic Status & Social Class | | This policy is neutral as it has no |
| (j) | Sucio - Economic Status & Sucial Class | The overarching Business Continuity Plan and Covid | particular impact on any |
| | Could the proposed service change or policy have a | Annex considers the staged restoration of services | protected characteristic. |
| | Could the proposed service change or policy have a | following the partial or total loss of the HSCP's ability to | |
| | disproportionate impact on the people because of their | continue to provide critical services. | |
| | social class or experience of poverty and what | It supports the functional response from the earliest | |
| | mitigating action have you taken/planned? | stages of the incident through to the short and long-term | |
| | The Fairer Sectional Duty (2040) places a duty or public | recovery. The plan enables the rapid mobilisation and | |
| | The Fairer Scotland Duty (2018) places a duty on public | management of resources while remaining flexible and | |
| | bodies in Scotland to actively consider how they can | adaptable to different circumstances. | |
| | reduce inequalities of outcome caused by | Individual service users are risk assessed to ensure | |
| | socioeconomic disadvantage in strategic planning. If | limited resources are directed accordingly and to inform | |
| | relevant, you should evidence here steps taken to | any necessary decision making in relation to the | |
| | assess and mitigate risk of exacerbating inequality on | consolidation of service provision. This will be carried out | |
| | the ground of socio-economic status. Additional | in a way that recognises and responds to the needs to | |
| | information available here: Fairer Scotland Duty: | individual protected characteristic groups. | |
| | interim guidance for public bodies - gov.scot | | |
| | (www.gov.scot) | Realigned or re-designed service provision will ensure it | |
| | | does not exacerbate the experience of those who are | |
| (1.) | Other meaninglies demonstra | socio-economically disadvantaged. | This policy is poutral op it has to |
| (k) | Other marginalised groups | The overarching Business Continuity Plan and Covid | This policy is neutral as it has no |
| | Handbarran and dama data in 100 to 100 to 100 | Annex considers the staged restoration of services | particular impact on any protected characteristic. |
| | How have you considered the specific impact on other | following the partial or total loss of the HSCP's ability to | רוסופטופט טומומטופווטווט. |
| | groups including homeless people, prisoners and ex- | continue to provide critical services. | |
| | offenders, ex-service personnel, people with | It supports the functional response from the earliest | |
| | addictions, people involved in prostitution, asylum | stages of the incident through to the short and long-term | |
| | seekers & refugees and travellers? | recovery. The plan enables the rapid mobilisation and | |
| | | management of resources while remaining flexible and | |

| | | adaptable to different circumstances. | |
|----|--|--|--|
| | | Individual service users are risk assessed to ensure limited resources are directed accordingly and to inform any necessary decision making in relation to the consolidation of service provision. This will be carried out in a way that recognises and responds to the needs to individual protected characteristic groups. Realigned or re-designed service provision will ensure it does not overlook the potential impact on any marginalised groups. | |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 8. | Does the service change or policy development include an element of cost savings? How have you managed | No | |
| | this in a way that will not disproportionately impact on protected characteristic groups? | Realigned or re-designed service provision will ensure access to core services to those who need them the most. | |
| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | | |
| | 1) Remove discrimination, harassment and victimisation | | |
| | 2) Promote equality of opportunity | | |
| | 3) Foster good relations between protected characteristics. | | |
| | 4) Not applicable | | |
| | | | |
| | | | |

| | Protected Characteristic | 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. | East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups. EDHSCP statutory and mandatory compliance with Equality and Diversity module is very good at 91.9% (November 2021) | Not Applicable |

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.

There are no reported risks in relation 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*.

No specific or definable approach was applied in the development of the Business Continuity Overarching Plan and Covid Annex but the PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

- 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.

Not applicable

| 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) |
|--|------------------------|----------------------------------|
| No specific mitigating actions have been identified. Consideration of due regard to meet the requirements of equality legislation is imbedded in planning at service and HSCP level. | | |

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

The EQIA will be reviewed in line with the annual review of the overarching Business Continuity Plan

| Lead Reviewer: EQIA Sign Off: | Name Job Title Signature Date | Caroline Sinclair Interim Chief Officer and Chief Social Work Officer |
|----------------------------------|--|--|
| Quality Assurance Sign Off: | Name Job Title Signature Date | |



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:

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 Cor | 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: | |
| Reason: Action: | |
| Reason: | |

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk