

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

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

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy

Administration of Subcutaneous Medications via Saf-T intima Cannula in Adults Policy for Acute Hospital Settings

Please tick the relevant box:-

- Current Service ☐
- Service Development ☐
- Service Redesign ☐
- New Service ☐
- New Policy ☒
- Policy Review ☐

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).
What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency. This policy provides standardised guidance for the safe administration of acute subcutaneous injections via a Saf-T-Intima cannula in adult patients across acute care settings. It aims to promote patient safety, consistency of practice, and timely symptom management. An EQIA has been undertaken to ensure compliance with the Equality Act (2010) and to identify any disproportionate impacts on protected groups.
Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report. This EQIA was to ensure that the Administration of subcutaneous injections via Saf-T-Intima cannula policy for Acute Hospital Settings is compliant with the Equality Act (2010).
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: Patricia O’Gorman Date of Lead Reviewer Training: 06/09/2021 online via MS teams
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) Patricia O’Gorman Louise Ganeswaran

1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

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

Service Evidence Provided:

Patient demographic information is routinely collected within existing clinical systems.
No new data collection is introduced by this policy.

Possible negative impact and additional mitigating action required:

No negative impacts have been identified.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☒

Example

A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)

Service Evidence Provided:

Equalities data and clinical evidence inform inclusive policy development, supporting safe and equitable access to care across patient groups.

Possible negative impact and additional mitigating action required:

No negative impacts have been identified.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Example

Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.
(Due regard to removing discrimination, harassment and victimisation and fostering good relations).

Service Evidence Provided:

Evidence supports subcutaneous routes where other routes are inappropriate, promoting comfort, dignity and timely symptom control.

Possible negative impact and additional mitigating action required:

No negative impacts have been identified.

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Example

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 to take actions to reduce poverty for children in households at risk of low incomes.

Service Evidence Provided:

Engagement occurred through consultation with clinically experienced multidisciplinary staff.

Possible negative impact and Additional Mitigating Action Required:

The policy is not driven by cost saving and does not reduce service availability.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Example

An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.

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

Service Evidence Provided:

The policy introduces no new physical access requirements and supports bedside administration adaptable to individual needs.

Possible negative impact and additional mitigating action required:

No negative impacts have been identified.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Example

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.

Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided:

The policy introduces no new physical access requirements and supports bedside administration adaptable to individual needs

Possible negative impact and additional mitigating action required :

No negative impacts have been identified.

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☒

Service Evidence Provided:

This policy applies to adult patients (18 years and over) in acute care settings. The use of subcutaneous administration via Saf-T-Intima cannula is clinically appropriate across adult age groups, including older people and frail adults.

Older adults may present with increased skin fragility, reduced subcutaneous tissue and multiple comorbidities. These factors are addressed through individual clinical assessment, careful site selection, monitoring and review.

Possible negative impact and additional mitigating action required:

No disproportionate adverse impact identified. Age limitation is clinically justified, with paediatric patients managed under separate policy

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☐

Service Evidence Provided:

People with physical, sensory, cognitive or learning disabilities may experience barriers related to communication, consent, positioning, or sensory sensitivity.

The policy supports reasonable adjustments including accessible communication methods, involvement of carers or advocates, adapted positioning and clinical judgement regarding the most appropriate route of administration.

Possible negative impact and additional mitigating action required:

The policy supports reasonable adjustments including accessible communication methods, involvement of carers or advocates, adapted positioning and clinical judgement regarding the most appropriate route of administration. Potential barriers identified if reasonable adjustments are not made.

Mitigation: Individualised assessment and application of reasonable adjustments in line with NHSGGC duties.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

The policy does not differentiate care based on gender identity. Subcutaneous administration is undertaken solely on clinical indication.

Possible negative impact and additional mitigating action required:

No adverse or disproportionate impact identified.

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

Marital or partnership status does not affect the application of this policy.

Possible negative impact and additional mitigating action required:

No impact identified.

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

The policy is not routinely applied to pregnant or post-natal populations in adult acute care. Clinical decisions remain subject to multidisciplinary assessment and relevant specialist guidance. If clinically appropriate the policy would be followed.

Possible negative impact and additional mitigating action required:

No disproportionate impact identified.

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Service Evidence Provided:

People whose first language is not English may face communication barriers related to explanation of procedures or consent.

Possible negative impact and additional mitigating action required:

Potential indirect impact if communication needs are unmet.

Mitigation: Use of interpretation services, translated materials and culturally sensitive communication practices.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☒
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☐

Service Evidence Provided:

Some individuals may hold beliefs relating to bodily integrity or medical interventions.
Any individual can refuse treatment.

Possible negative impact and additional mitigating action required:

Impact: No disproportionate impact identified.

Mitigation: Respectful discussion and shared decision-making in line with clinical need.

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☐

Service Evidence Provided:

The policy applies equally irrespective of sex. Individual differences in body composition are managed through clinical assessment.

Possible negative impact and additional mitigating action required:

No impact identified

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics. ☐
- 4) Not applicable ☒

Service Evidence Provided:

Sexual orientation has no relevance to the application of this clinical policy.

Possible negative impact and additional mitigating action required:

Impact: No impact identified.

(i) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

People experiencing socio-economic disadvantage may present with complex health needs. The policy supports equitable access to timely symptom management without financial or access barriers.

Possible negative impact and additional mitigating action required:

No adverse impact identified.

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

People experiencing homelessness, addiction, imprisonment or social exclusion may benefit from subcutaneous routes where other routes are challenging.

Possible negative impact and additional mitigating action required:

Positive impact identified through improved access to symptom relief.

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation ☐
- 2) Promote equality of opportunity ☐
- 3) Foster good relations between protected characteristics ☐
- 4) Not applicable ☒

Service Evidence Provided:

The policy is not driven by cost saving and does not reduce service availability.

Possible negative impact and additional mitigating action required:

No negative impacts have been identified.

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

Staff training, competency assessment and access to specialist advice support equitable and safe care.

Possible negative impact and additional mitigating action required:

Videos with closed caption text are incorporated into the policy to assist with learning

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

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

Please explain below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The policy supports dignity, autonomy and the right to health. No human rights risks were identified.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

*FAIR is an acronym for the following -

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

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

[Not applicable. The policy applies to adults. No direct impact on children and young people identified.](#)

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

[Not applicable](#)

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

[Not applicable](#)

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

[Not applicable](#)

Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the [findings of the assessment](#). This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required) ☒

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ☐

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) ☐

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) ☐

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

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

No actions identified. Ongoing review through governance processes.

No actions identified ☒

Date for completion

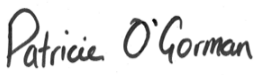
Who is responsible? (initials) POG

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

Lead Reviewer:

Name Patricia O’Gorman

Job Title Macmillan Palliative Care Practice Development Nurse

Signature 

Date 1/9/26

EQIA Sign Off:

Name

Job Title

Signature

Date

Quality Assurance Sign Off:

Name Noreen Shields

Job Title Planning Manager

Signature Noreen Shields

Date 2/9/26

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

Name of Policy/Current Service/Service Development/Service Redesign:
[Administration of Subcutaneous Medications via Saf-T intima Cannula in Adults Policy for Acute Hospital Settings](#)

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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