

## 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](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Intrapartum care with Obstetric lead and midwife led units

Is this a: Current Service  Service Development  X Service Redesign  New Service  New Policy  Policy Review

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

**What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.**

*As part of the implementation of the Scottish Government Best Start recommendations, NHSGGC (NHS Greater Glasgow and Clyde) have focused on developing the existing intrapartum service provision. Part of this service review includes the development of Alongside Midwife units with both Glasgow Units and a focus on improving labour and birth outcomes for families across GGC. The scope of this EQIA includes the intrapartum care provision within our obstetric led units and midwife led units across the Heath board.*

*As part of review of the Best Start Implementation across all sites in Scotland, GGC identified areas that require development to fall in line with current Scottish Government recommendations for maternity care. Part of this focus includes reviewing and improving intrapartum care for all women, from a range of cultures and socio-economic groups, across Greater Glasgow and Clyde. A focus has been placed on the installation of midwife led birthing units at both Glasgow sites to improve birth options for women and to improve midwife led care in the intrapartum period. The creation of midwife led units in both Glasgow sites will allow all women across the health board to have access to a full range of maternity services during labour and birth. Previously GGC only had midwife led units in each of the Clyde sites which resulted in women booked within either of our Glasgow units being required to relocate their maternity care to Clyde if they wished to access this service. Part of the focus of this project is to improve intrapartum outcomes for women, particularly from the BAME community as evidence supports clear disparities in health care within this cohort.*

*This EQIA should cover the actions that are being implemented to improve maternity care provision including staff training on risk assessment, intrapartum care and tackling discrimination. These workstreams are aligned with the overall service redesign as part of the Scottish Government Best start recommendations.*

**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.)**

Maternity Strategy Service Redesign implementing the national Best Start Recommendations of improving Intrapartum care provision.

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: Nicola O'Brien, Project Midwife and Karen Taylor, Project Midwife	Date of Lead Reviewer Training: 16/10/23
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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):

Dr Mary Ross-Davie, Director of Midwifery Noreen Shields, Planning and Development Manager Equality and Human Rights.
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	<i>Example of Evidence required</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? Are there any barriers to collecting this data?	Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.	Age, Sex, Races, Sexual Orientation, Disability and Faith are all collected at booking and documented on BadgerNet	Not always accurately populated by staff
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>Data is collected using support from business intelligence through BadgerNet to break down women into BAME (Black and Minority Ethnic) and non-BAME (White Scottish/British) population.</i></p>	<p>Auditing care for low-risk women including comparison of care provision for women from BAME communities to those that are white British. Working alongside Public Health to identify and address disparities in care through feedback surveys from all women accessing our Alongside Midwife Unit. Future surveys to include focus in feedback from our women from African, Asian, Roma and Polish communities by providing feedback forms in primary languages. Investigation into why women from minority communities are less likely to receive midwife care in labour and addressing common themes through staff education.</p>	<p>Incorrect risk assessment resulting in disparities in care. Staff education package created to tackle this.</p>
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
3.	<p>How have you applied learning from research evidence about the</p>	<p><i>MBRACE review maternity services care each year with consistent</i></p>	<p>MBRACE evidence consistently shows increased rates of higher rates of morbidity and mortality within Asian and African women living in the UK. GGC Equalities team research has also</p>	

	<p>experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>evidence demonstrating disparities in care for women from ethnic minority communities. Each Health board has been tasked by the Scottish Government to investigate and address the root cause.</i></p>	<p>evidence similar trends within our health board with little improvement in recent years. Surveys from the BAME community within Greater Glasgow and Clyde also evidence concerns surrounding inequalities in care provision within maternity services.</p> <p>This informed a closer look at the care provision for low-risk women in the intrapartum period to identify any disparities in care and assist in finding the route cause. As a result, staff will now be trained on how to meet the specific needs of BAME women within maternity with a focus on addressing common inequalities our BAME women often face. This will help address discrimination these women face and should assist with improving outcomes.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></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</p>	<p><i>Patient surveys through social media, electronic or paper communication have historically been used throughout the</i></p>	<p>Worked in collaboration with patient engagement team to gain feedback from women accessing the service through text surveys and social media. Feedback included information about the care they received and provided the opportunity to make suggestions on how we can improve the service. The next step is to provide the survey in the top 8 languages, the same as the</p>	

	<p>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 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>years to make service provision changes.</i></p>	<p>continuity of care survey submitted in 2023, to allow all women to have the ability to contribute to service development.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<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><i>Access doors in and around labour ward and midwife led birthing unit in the PRM are now all electronically controlled with automatic opening. The main access door in QEUH labour ward is</i></p>	<p>Our service within the Princess Royal and QEUH is fully physically accessible to everyone. The birthing rooms in both units are large enough to accommodate all women including those requiring mobility support through wheelchairs or hoists. We are committed to improving access to all women through staff education, creation of guidelines and through supporting women. We aim to work in collaboration with women to provide person centred, individualised care.</p>	<p><i>Still some restrictions on who accesses midwife led unit due to staff misconceptions of criteria.</i></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><i>electronically controlled with remaining doors manual.</i></p>	<p>Women requiring additional mobility needs are individually risk assessed and an MDT approach is given to their care plans, incorporating Antenatal and Postnatal wards.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>With the support and information from labour pains, laminated information sheets have been created in top 33 languages to allow women to have written information in their own language. Access to telephone interpreters allows staff to communicate with</i></p>	<p>All midwives have access to telephone interpreters, with the ability to book face to face interpreters when required. Labour analgesia information print outs from labour pains website are available in 33 different languages allowing women that do not have English as their first language to have access to information in their primary language. In the Princess Royal, positive affirmations are displayed in birthing rooms and are available in top 7 languages to provide women supportive and encouraging phrases through labour and birth. Future plans to create video tours and images of birthing rooms to allow all women and their families to access this information online.</p>	

	<p>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><i>women in emergency and out of hours situations.</i></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>Previous guidelines had a strict cut off age for women accessing midwife led care within our birthing units. Guidelines were updated in August 2023 to fall in line with National recommendations. Current guidelines do still have recommended age brackets due to increased risk of stillbirth for women &gt; 40, however this only encourages an additional risk assessment rather than restricting access. Any women can opt to have midwife led care within a birth unit, regardless of age.</p>	<p><i>Still some restrictions on who accesses midwife led unit due to staff misconceptions of considerations of women's options to have midwife led care regardless of age</i></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>		
(b)	<p><b>Disability</b></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 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 service has been recently redesigned to facilitate a person-centred approach to care with care plans being made in collaboration with women and their families. There is no restriction to women with disabilities accessing our birthing unit. The only requirement is an individualised risk assessment with support from the multidisciplinary team to assess how we best provided care and make required adjustments to support this.</p>	<p>Staff awareness of women's choices being primarily considered in a person-centred approach.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p><b>Gender Reassignment</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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>No identified impact on gender reassignment. Maternity staff currently operate under guidance from the Scottish trans website. At booking everyone is asked if they wish to disclose pronouns to ensure they are addressed correctly throughout their pregnancy and birth journey. This is clearly displayed on the front page of their Badger record. No issues have been identified within labour ward and the birth unit in relation to this.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p><b>Marriage and Civil Partnership</b></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 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>	No identified impact on this group.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(e)	<p><b>Race</b></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 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>Around 14% of the maternity population qualify for midwife led care in labour. From that population, on average 28% are made up of women from the BAME community. Through audits we have identified areas that require action to address identified disparities in care. It has been identified that women from our BAME community have lower rates of admission to our midwife unit due to incorrect risk assessments. This is a result of this cohort having social risk factors that are exclusive to them, including not speaking English, being new to the country and Asylum seekers. We are now addressing these inequalities in care through staff education.</p>	
(f)	<p><b>Religion and Belief</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>Religion is captured at booking on Badgernet within demographics. Within GGC we have access to Spiritual care teams that we can refer women and staff to. Our units have quiet spaces/chapels on site to support family's religious requirements. The introduction of the new birth unit does not impact our current practice in supporting our families in exercising their beliefs.</p>	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(g)	<p><b>Sex</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	N/A	
(h)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p>	6% of NHSGGC inpatient population are recorded as identifying as part of the LGBTQI+ community. Partnership status and sexuality are captured on Bagernet at booking. The introduction of midwife led units will not have any disproportionate impact on this cohort.	

	<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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(i)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>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?</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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p>	<p>The majority families accessing NHSGGC maternity services fall into the SIMD 1 + 2, with 62% of our families falling into these zones.</p> <p>All women are offered information antenatally about finances, accessing food packages and how to contact information services. Some social risk factors are impacting some women having access to the AMU (Alongside Midwife Unit) due to incorrect risk assessments. This has been identified through audits and is now being tackled through staff education.</p>	

	<p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> <p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(j)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-</b></p>	<p>These group receive additional support antenatally and postnatally through our specialist Blossum team. As previously identified and discussed, some women with social risk factors including Asylum seekers and Refugees are incorrectly risk</p>	

	<p>offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</p>	<p>assessed in labour. Through staff education and service redevelopment, we are working towards improving disparities in care for these communities.</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>Initially funding was provided to set up equipment and training for staff when creating the birthing units in Glasgow, however costing has been cut. Any ongoing supply requirements have been absorbed by Labour ward budget to allow the ongoing facilitation of the unit. Any additional funding required, such as additional training for staff, is sought through grants due to the labour ward budget limitations. Essential training is provided by NHS GGC project midwives and practice development team to allow a cost-effective alternative.</p>	
		<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
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 rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>Intergration of training elements around needs of BAME women is being rolled out as part of mandatory Alongside midwife unit study day. This covers common themes in intrapartum care that contribute to discrimination and in equality for our BAME women. Future plans to create an online session for all midwives and medical staff to access.</p>	

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

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

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

Disparities in care identified for low risk BAME women during the intrapartum period. This is resulting in greater intervention for these women. We have now redesigned service to support women's choice during labour and supporting an ethos of working with women when formulating care plans.

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\*.

Ongoing audit assessing if there are any improvements in care provision. Creation of staff education to address common issues which will be shared with all maternity staff.

\*

- 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.

Routinely collecting data for low-risk women during the intrapartum period. Data collected includes care outcomes and user feedback. Ongoing audits assessing care provision to low risk BAME women to identify ongoing concerns. This allows any common problems to be addressed promptly.

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)
Action plan in place for addressing common issues through Education	01/08/2024	

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

August 2024

Lead Reviewer: Name: Nicola O'Brien  
 EQIA Sign Off: Job Title: Best start Project Midwife  
 Signature: Nicola O'Brien  
 Date: 29/02/24

Quality Assurance Sign Off: Name Noreen Shields  
 Job Title Planning and Development Manager  
 Signature



Date 7/3/24

**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 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

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](mailto:alastair.low@ggc.scot.nhs.uk)