NHS Greater Glasgow & Clyde

Equality Impact Assessment (EQIA) Report

NHS Greater Glasgow and Clyde Same Sex Accommodation Policy

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Accessible information statement

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Part 1: Purpose

1.1 Description of the service & rationale for selection for EQIA

This policy establishes the standards, responsibilities and processes for the provision of same sex inpatient accommodation and the management of any exceptions, with the aim of ensuring that patients are cared for in a manner that promotes privacy, dignity, safety and respect. It supports NHS Greater Glasgow and Clyde (NHSGGC) in meeting the Scottish Government's expectation that Health Boards work towards the elimination of mixed sex accommodation, while complying with relevant legislation, including the Equality Act 2010.

As a service provider, NHSGGC must comply with the relevant provisions of the Equality Act 2010 relating to discrimination, harassment and victimisation in the provision of services to the public. The Act generally prohibits discrimination and harassment related to protected characteristics. However, it also contains specific exceptions that permit services to be provided separately for, or exclusively to, women and men in certain circumstances, where this is a proportionate means of achieving a legitimate aim.

The updated Equality and Human Rights Commission (EHRC) Code of Practice for Services, Public Functions and Associations came into force on 5 August 2025. The Code reflects the Supreme Court's interpretation that references to the protected characteristic of sex, and to women, girls, men and boys, in the Equality Act 2010 are references to biological sex (a person’s sex at birth). The Code provides guidance for service providers on the application of the Act, including the circumstances in which separate-sex and single-sex services may lawfully be provided.

The Same Sex Accommodation Policy sets out the requirements for the provision of same sex inpatient accommodation. For the purposes of this policy, sex means biological sex (a person’s sex at birth). It emphasises that decisions about inpatient accommodation must:

- Be person-centred
- Consider individual needs and circumstances

- Consider the impact on all protected characteristics
- Consider the need to respect and protect privacy, dignity, safety and wellbeing
- Comply with equality and human rights obligations.

The policy also sets out the monitoring, reporting and resolution arrangements for instances in which patients are placed in mixed sex accommodation. It establishes the actions required in response to policy breaches, including escalation and reporting arrangements, to support organisational learning, continuous improvement and compliance with policy requirements. The policy also recognises a limited number of exceptions where departure from the usual same sex accommodation arrangements may be necessary to meet urgent clinical need, ensure patient safety, or protect the life of a patient.

1.2 Why is an EQIA required for this service or policy

This policy will affect everyone who accesses inpatient hospital accommodation in NHSGGC. An EQIA was considered relevant and necessary to:

- Understand the needs, inequalities experienced by and participation of different groups in our population.
- Apply the guidance in the updated EHRC Services Code of Practice.
- Support NHSGGC to have due regard to the need to eliminate unlawful discrimination and advance equality of opportunity and good relations for relevant protected groups in our population in the development of and decision-making about this revised policy.

1.3 Any link to organisational priorities

NHS Greater Glasgow and Clyde Quality Strategy 2024-2029 and the aims for:

- NHSGGC to be recognised as a world leading quality healthcare organisation, people experience
- Person-centred high-quality care in every place and every interaction and the voices of our population,

- Patients and staff are embedded in the decisions we make.

A Fairer NHS Greater Glasgow and Clyde 2025- 2029 and the mainstreaming action about better care which includes a focus on mainstreaming equality into NHSGGC Person-Centred Care Programme and Quality Strategy.

1.4 Staff involved in carrying out this EQIA

Lead Nurse Professional Governance and Policy and representatives from the Equality and Human Rights Team (EHRT) and Public Health Directorate.

Part 2: Evidence

2.1 What equality data is available

Data from the Scotland Census allows for consideration of local population data broken down by protected group and who may need to access inpatient accommodation and so affected by the policy.

Data about the age, ethnicity, sex and SIMD of patients is collected on electronic patient records. Age, sex and SIMD data is populated from the patient CHI records. Information about ethnicity is collected locally and is not always known.

Information about instances when a patient is placed in mixed sex accommodation and NHSGGC did not fully adhere to the policy will be monitored. This will include relevant equality information.

Action required

- Ongoing actions to improve collection of robust patient ethnicity data.

2.2 How was equality data used

Scotland census local population equality data has been used to provide a high-level understanding of the different groups who may be affected by the policy and how.

Action required

- Set up a system for regular review and reporting of instances when a patient is placed in mixed sex accommodation and NHS Greater Glasgow and Clyde did not fully adhere to the policy. This should include consideration of any disproportionate negative effect of the policy on protected groups.

2.3 Evidence about the experience of relevant equality groups

We considered the results of the Equality and Human Rights Commission (EHRC) EQIA of the revised Code of Practice. The EHRC completed 2 consultations on the draft updated code of practice:

- October 2024 to January 2025 which received just under 500 responses.
- May to June 2025 following the Supreme Court ruling in For Women Scotland v Scottish Ministers [2025] UKSC 16, which received around 50,000 responses.

We also considered the guidance in the updated EHRC code of practice for services, functions and associations and published research about the needs and experiences of relevant groups.

Action required

- Carry out engagement with local civil society/ equality organisations to understand the actual impact of implementation of the policy of different equality groups.
- Use this information as part of the ongoing monitoring of implementation of the policy and to inform decisions about action required to remove or reduce any disadvantage and inequalities of access and outcomes experienced by protected groups.

Part 3: Assessment

3.1 Age

Information considered
The population of NHS Greater Glasgow and Clyde Health Board is approximately:

- 16.5% aged 0-15 (194,552 people)
- 19.5% aged 16-29 (229,806 people)
- 20.0% aged 30-44 (235,675 people)
- 20.0% aged 45-59 (234,991 people)
- 24.2% aged 60 years and over (285,949 people)

Older people (aged 60+) constitute the largest age group within the health board population. Rounded percentages may not add up exactly to 100% due to rounding.

Healthcare Improvement Scotland Ageing and Frailty – Standards for the care of older people: November 2024 are based on recognised evidence about the factors that are important to older people when receiving hospital care. Older people are not affected by this policy because of age alone, but because age is often associated with factors such as frailty, cognitive impairment, dependence on personal care, and increased vulnerability this can make privacy and dignity considerations particularly important in inpatient accommodation decisions.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.2 Disability

Information considered
According to Scotland's Census 2022, 297,163 people (25.2%) living within the NHS Greater Glasgow and Clyde Health Board area reported that a health condition or illness limited their day-to-day activities. This

means that around 25% of the population are likely to be disabled for the purposes of the Equality Act 2010.
This includes:

- 144,691 people (12.3%) whose activities were limited a lot
- 152,472 people (13.0%) whose activities were limited a little.

A total of 880,050 people (74.8%) reported that their day-to-day activities were not limited (almost 75% of the population are not disabled for the purposes of the Equality Act 2010).

Disabled people may have communication needs such as: East Read information, BSL interpreters, hearing loops, communication charts and other communication support. Disability Equality Scotland emphasises the importance of accessibility, inclusion, communication support and involving disabled people in decisions affecting them. It identifies access to information, inclusive communication and participation in decision-making as important aspects of accessible public services. Accommodation decisions may need to be explained in accessible ways and people may need support to participate in discussions about accommodation preferences and needs.

Disabled people may have additional requirements relating to privacy, dignity, communication, accessibility, support from carers or family members, environmental adjustments, specialised equipment, cognitive impairment, learning disability or mental health conditions. Evidence from Healthcare Improvement Scotland, Disability Equality Scotland and Inclusion Scotland highlights the importance of person-centred care, accessible communication, additional support, involvement in decision-making and the removal of barriers that may prevent disabled people from accessing services on an equal basis. Accommodation decisions should therefore take account of individual needs and circumstances and, where appropriate, include reasonable adjustments.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.3 Gender reassignment

Information considered
Trans population data broken down by health board area is not available from the Scotland Census website.

According to Scotland's Census 2022, 78.3% of people in Scotland reported that they were not trans and did not have a trans history.
A total of 19,973 people (0.37%) in Scotland reported a trans status or trans history, including

- 3,307 trans men (0.06%)
- 3,088 trans women (0.06%)
- 9,033 non-binary people (0.17%)

There were 3,111 people (0.06%) whose trans status or history was not otherwise specified (0.06%) and 1,434 people reporting another trans status or history (0.03%).

A further 269,230 people (4.9%) did not answer the question, and 891,253 people (16.4%) were aged under 16 and therefore not asked the question.

People who share the protected characteristic of gender reassignment remain protected from unlawful discrimination and harassment under the Equality Act 2010. The updated EHRC Code continues to recognise these protections while providing guidance on the lawful operation of separate and single sex services.

The Code recognises that trans people are likely to be disadvantaged when services are provided separately or exclusively for women and men. It explains that in most situations, when a service user wishes to access a separate or single sex service for the opposite sex, the service provider should consider whether it can accommodate their needs in a way that achieves a fair balance without compromising the single or separate sex-based nature of the service.

The EHRC's guidance in the Code is that service providers should consider whether there is a suitable alternative service for the trans person to use, and in the case of services which are necessary for everybody, it is very unlikely to be proportionate to put a trans person in a position where there is no service they can use.

The Code states that, "individual circumstances may, exceptionally, require a different approach to that set out in a policy. The law in this area is complex, and it is not certain that it is permissible to make exceptions to allow people of the opposite sex to use a separate or single sex service. It is likely, however, that this will be permissible if doing so adds a necessary flexibility without undermining the aim of the service and/ or contributes towards achieving the aim."

The Code also explains that if the nature of a service means that it is only, or generally, used by women or by men, this does not mean that it is necessarily a separate or single sex service under the Equality Act 2010. A service like this does not need to be operated according to the rules and principles for separate and single sex services.

Evidence from LGBT Health and Wellbeing Scotland and Scottish Trans explains that many trans people report avoiding healthcare because of concerns about discrimination or previous negative experiences, some trans people report feeling that healthcare professionals lack understanding of trans people's needs, concerns about dignity, privacy and being treated respectfully are recurring themes in trans people's healthcare experiences. They report that trans people may have concerns regarding disclosure of their trans status, personal safety and whether healthcare environments and decisions about their healthcare will be inclusive and respectful.

The policy may have a potential negative impact on equality for trans and non-binary people who may wish to access accommodation on the basis of their lived gender, or sex recorded on their birth certificate if they have obtained a GRC, rather than biological sex (their sex at birth).

The policy seeks to remove or reduce any potential negative impact by:

- Requiring staff to ensure that accommodation decisions are based on an individual assessment of the patient's circumstances, needs, privacy, dignity, safety and wellbeing, taking account of all relevant protected characteristics and human rights considerations.
- Advising staff that they are expected to seek advice from senior clinical staff and the Equality and Human Rights Team.
- Giving staff the flexibility to consider alternative arrangements, including single rooms, where clinically appropriate and feasible.
- Preparing a briefing for staff on the EHRC updated statutory code of practice. The briefing states staff should not routinely ask about trans / gender reassignment status. This should only be sought where clinically relevant, necessary for safe care, required for a lawful decision-making process or volunteered by the patient.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential negative impact on advancing equality of opportunity and fostering good relations.

Action required

- Monitor implementation of the policy through the monitoring and review process
- Engagement with civil society/ equality organisations that represent trans and non-binary people and identify action to reduce or remove any negative impacts.
- Provide staff with training and guidance on the application of the policy, equality and human rights considerations, respectful communication and how to balance the needs of trans and non-binary patients with the requirement to provide same sex accommodation.

3.4 Marriage and civil partnership

The protected characteristic of marriage and civil partnership is not a relevant protected characteristic in relation to the provision of services and public functions.

3.5 Pregnancy and maternity

Information considered

The Healthcare Improvement Scotland Maternity Care Standards emphasise:

- Respecting privacy and dignity
- Person centred care
- Involvement in decisions
- Safe and supportive care environments
- Consideration of individual need and preferences.

Women receiving care during pregnancy, miscarriage, labour and birth, postnatal recovery and breastfeeding may be particularly vulnerable and may require intimate examinations, personal care, support with breastfeeding and recovery from birth-related procedures.

A recurring finding in maternity research (for example see HIS Rapid Engagement with Recent Users of Maternity Services to Inform the maternity Services Independent Review) is that women value privacy during examinations and treatment, dignity during intimate care, feeling safe within care environments, being listened to and having control and choice over aspects of their care. Therefore, accommodation arrangements that promote privacy and dignity may be particularly important for this group and same sex accommodation may support these aims.

While pregnancy and maternity are most commonly associated with women, it is recognised that some trans men and non-binary people may:

- Become pregnant and require antenatal, labour, birth or postnatal care,
- Require admission to maternity services, gynaecology services or general inpatient services during pregnancy,

- Require support with breastfeeding or chest feeding following birth,
- Experience heightened concerns regarding privacy, dignity and confidentiality,
- Be concerned about disclosure of their trans status during admission and accommodation discussions,
- Experience distress if language, accommodation arrangements or care processes do not reflect their identity or individual circumstances.

The policy and related guidance supports staff to consider the intersection of pregnancy and maternity and gender reassignment when assessing accommodation needs. This will ensure discussions are undertaken sensitively and in a manner that protects confidentiality and minimises unnecessary disclosure of trans status.

The policy's requirement for person-centred decision-making, consideration of individual needs and circumstances, consideration of all protected characteristics, and compliance with equality and human rights obligations will be important in mitigating potential negative impacts on trans and non-binary people and ensuring that care is delivered in a manner that respects the rights, safety and wellbeing of all patients.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential for positive impact on equality of opportunity and good relations for women who are pregnant or require maternity related care.
- Potential for negative impact on equality of opportunity and good relations for trans and non-binary people who are pregnant or require maternity related care.

Action required

- Complaints, incidents or feedback related to accommodation arrangements will be monitored to identify learning and opportunities for improvement.

3.6 Race

Information considered

According to Scotland's Census 2022, the population of NHS Greater Glasgow and Clyde is ethnically diverse. The majority of the population, 1,023,278 people (86.9%), identified as White, including:

- 891,036 (75.7%) White Scottish people
- 67,945 (5.8%) people from Other White ethnic groups
- 64,297 (5.5%) Other White British people.

Asian, Asian Scottish or Asian British people comprise 89,715 people (7.6%) of the population, making this the largest minority ethnic group. Other ethnic groups include:

- 25,981 (2.2%) African, African Scottish or African British people,
- 20,538 (1.7%) people from Other ethnic groups,
- 15,773 (1.3%) people of Mixed or multiple ethnic groups
- 1,931 (0.2%) Caribbean or Black people (0.2%).

Guidance from the UK Government Office for Health Improvement and Disparities (2017) indicates that expectations regarding privacy, modesty and bodily exposure are influenced by cultural and religious beliefs. For some individuals and communities, particularly those from certain faith or ethnic backgrounds, access to private or separate-sex accommodation and facilities may be especially important for preserving privacy, modesty, intimate care, dignity, religious observance and cultural norms.

Requests in emergency situations for separate sex or single occupancy accommodation due to cultural needs may not be possible. The policy covers movement to separate sex or single occupancy accommodation as soon as possible in these situations.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.7 Religion or belief

Information considered

According to Scotland's Census 2022, within the NHS Greater Glasgow and Clyde Health Board area, 42.6% (501,395) people reported having no religion and 6.7% (78,658) people did not state a religion.
The largest religious groups were:

- Roman Catholics - 255,534 people (21.7%)
- Church of Scotland - 202,498 people (17.2%)
- Muslim - 59,284 (5.0%)
- Other Christian - 50,214 (4.3%)
- Hindu - 11,141 (0.9%)
- Sikh - 5,945 (0.5%)
- Buddhists - 3,860 (0.3%)
- Pagans - 3,259 (0.3%)
- Jewish – 2,670 (0.2%)
- Another religion - 2,755 (0.2%)

NHS Scotland Religion and Belief Matter: An Information Resource for Healthcare Staff explains that people are at their most vulnerable when ill and that every effort should be made to meet their religion and belief needs where possible, and not to assume that all people from a particular faith have the same accommodation preferences. Individual needs and preferences should be explored sensitively and, on a case-by-case basis. This may be particularly important for Muslim women, Sikh women, Orthodox Jewish women, trans people who also have a religion or belief and pregnant people with religion or belief requirements.

Information from Aksaa Management and Training Consultants that aims to provide faith-related information to help healthcare professionals care for Muslim service users sensitively explains that the integration of the sexes is not allowed in Islam and a practicing Muslim may feel very uncomfortable sharing accommodation and facilities with someone who is not of the same sex as them.

The EHRC Services Code of Practice explains the needs of potential service users include the specific needs of people with different protected characteristics including people who observe particular religious practices. For example, Muslim people may have a particular need for separate sex services to observe the requirements of their faith.

Gender-critical beliefs may be a protected philosophical belief under the Equality Act 2010 where they meet the relevant legal tests. This was confirmed by the Employment Appeal Tribunal in Forstater v CGD Europe and others [2021] UKEAT 0105_20_1006 and in the updated EHRC Services Code. As a result, people with gender critical beliefs are likely to be protected from discrimination and harassment in relation to those beliefs, in the same way that people with religious or other protected beliefs may be.

Requests in emergency situations for separate sex or single occupancy accommodation due to religion or belief may not be possible. The policy covers movement to separate sex or single occupancy accommodation as soon as possible in these situations.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation
- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.8 Sex

Information considered

According to Scotland's Census 2022, the population of the NHS Greater Glasgow and Clyde Health Board area is:

- 51.4% (605,663) female
- 48.6% (571,550) male.

Females make up a slightly larger proportion of the population than males.

A recent Engender Parliamentary Briefing on Preventing Violence Against Women for an Equally Safe Scotland explains violence against women and girls refers to forms of gender-based violence that are predominately perpetrated by men and disproportionately affect women and girls. This takes many different forms including, but not limited to domestic abuse, sexual abuse, so-called honour-based abuse and online abuse. One in three women will experience at least one form of this violence in their lifetime, mostly from someone already known to them, such as a partner, ex-partner or family member.

Sexual harassment has been reported as the most common form of violence against women and girls (House of Commons, 2018). A study by UN Women (2021) found that 71% of women of all ages and 86% of young people aged 18-24 in the UK had experienced some form of sexual harassment in a public space.

A joint investigation published by The BMJ and The Guardian found that 212 NHS Trusts in England recorded 35,606 cases of rape, sexual assault, harassment, stalking and abusive remarks between 2017 and 2022. At least 20% of incidents involved rape, sexual assault or kissing or touching that a person did not consent to, although not all Trusts provided a breakdown of the type of incidents recorded. The other cases included sexual harassment, stalking and abusive or degrading remarks. Most incidents (58%) involved patients abusing staff, with patients abusing other patients the next most common type of incident (20%).

NHS Scotland recognises that patients should, where possible, expect privacy during treatment and accommodation, including care in same sex accommodation during hospital stays.

The updated EHRC Services Code recognises that one of the principal legitimate reasons for separate or single sex services is the protection of privacy, dignity, decency and safety. These are particularly relevant in healthcare settings for women and men when receiving personal care, undressing, washing and sleeping accommodation.

Where factors such as those listed below are present, the Code explains the benefits of offering a separate or single-sex service will be likely to outweigh other considerations in the balancing exercise:

- Whether women are likely to be in a state of undress
- Whether there will be limited ability for women to leave or to choose an alternative service
- Whether the physical differences between men and women are relevant to the experience of the service and put women at a particular disadvantage.

The Code also explains that a service that is provided to women and trans women, or to men and trans men, could be unlawful sex discrimination or lead to unlawful harassment against women, or men, who use the service. If a service provider decides only to provide a service on a mixed sex basis, without any separate or single-sex option, this could be direct or indirect sex discrimination against women who use the service or lead to unlawful harassment against them.

The policy is intended to advance equality for women and men by supporting access to inpatient accommodation that recognises and responds to privacy, dignity and safety needs. It establishes same sex accommodation as the standard approach and seeks to ensure that women and men can access inpatient environments that take account of these needs. At the same time, the policy requires all accommodation decisions to be made in a lawful, proportionate and person-centred manner. This includes consideration of individual needs and circumstances, the impact on all protected characteristics and relevant equality and human rights obligations.

Women may experience positive impacts because same sex accommodation is intended to protect privacy, dignity and safety in situations involving sleep, personal care, washing, toileting, changing and intimate examinations, where women may be particularly vulnerable.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation

- Potential for positive impact on advancing equality of opportunity and fostering good relations.

3.9 Sexual orientation

Information considered

Sexual orientation population data broken down by health board area is not available on the Scotland Census website. According to Scotland's Census 2022, in Scotland:

- 3,993,864 people (73.4%) identified as heterosexual or straight
- 80,104 people (1.5%) identified as gay or lesbian
- 80,256 (1.5%) identified as bisexual
- 23,503 (0.4%) reported another sexual orientation.

A further 370,858 people (6.8%) did not answer the question and 891,253 people (16.4%) were aged under 16 and were therefore not asked the question.

Evidence from the LGBT Health Needs Assessment commissioned by NHS Greater Glasgow and Clyde and NHS Lothian found that some lesbian, gay and bisexual people are concerned about discrimination and harassment, inappropriate assumptions and negative experiences when accessing healthcare services. Some patients feel uncomfortable or excluded if staff do not communicate in an inclusive and respectful manner and/ or make assumptions about relationships, partners or next of kin, particularly people in same-sex relationships. These concerns can affect trust, disclosure and overall experience of care. While these are not specific to inpatient accommodation, they may influence how patients experience inpatient services.

Potential impact on equality

- No potential unlawful discrimination, harassment or victimisation.
- Potential neutral impact on advancing equality of opportunity and fostering good relations.

3.10 Reducing inequalities caused by socio-economic disadvantage

Information considered

Socio-economic disadvantage was considered using deprivation and the Scottish Index of Multiple Deprivation (SIMD), Scotland's official area-based measure of multiple deprivation.
NHS Greater Glasgow and Clyde has a relatively high level of deprivation compared with other Scottish health boards, with approximately 22% of the population living within Scotland's 10% most deprived areas.

Drawing on evidence from the Glasgow Centre for Population Health and related public health evidence, people living in deprived communities are more likely to experience poorer physical and mental health, multiple long-term conditions, lower healthy life expectancy, barriers to accessing services, and greater reliance on NHS services. Health inequalities in Glasgow are also wider than in many other parts of Scotland.

Access to services

- People on lower incomes may be less able to absorb additional travel costs, parking costs, childcare costs or time away from work.
- Digital-first approaches may disadvantage some people experiencing poverty who have limited access to devices, data or digital skills.
- Changes to appointment systems, locations or referral pathways may disproportionately affect people in deprived areas.

Health outcomes

- Any reduction in timely access to care may have a greater impact because people in deprived communities are more likely to have poorer underlying health and multiple health conditions.
- Delays in diagnosis or treatment may exacerbate existing health inequalities.

- Improvements in accessibility or earlier intervention could deliver greater benefits for deprived communities because healthcare need is often higher

The Same Sex Accommodation Policy is intended to promote privacy, dignity and safety for all patients during inpatient care. As people living in deprived communities are higher users of healthcare services, they may experience proportionately greater benefits from consistent implementation of the policy, including:

- increased dignity and privacy during hospital stays;
- improved feelings of safety and comfort;
- greater confidence and trust in inpatient services; and
- a more positive patient experience.

Potential impact on reducing inequalities

- Neutral impact on reducing health inequalities caused by socio-economic disadvantage.

3.11 Reducing inequalities for marginalised groups

Information considered

People experiencing homelessness may have poorer physical and mental health, experienced trauma, violence or abuse, have heightened concerns about personal safety and privacy and have fewer opportunities for privacy in their daily lives. For some people, same sex accommodation may support a sense of privacy, dignity and safety during hospital admission.

People in prison, ex-offenders and people with convictions may have experienced institutional environments with limited privacy, experienced trauma, abuse or violence, have concerns regarding personal safety and have specific mental health needs. Accommodation arrangements that promote privacy, dignity and safety may therefore be important to them and support a positive patient experience.

Women are disproportionately involved in sex work and affected by violence, sexual violence, trauma and other forms of gender-based

harm. As a result, some sex workers may place a particular importance on privacy, dignity, safety and the availability of women- only environments when accessing healthcare services.
People experiencing substance dependency may face stigma and significant health inequalities. The policy's emphasis on dignity, respect and person-centred care may support positive healthcare experiences for this group.

Some asylum seekers and refugees may:

- have experienced trauma, war, torture or persecution;
- have cultural or religious expectations regarding privacy and modesty;
- require interpreting support;
- experience heightened vulnerability in institutional settings.

For some individuals, same sex accommodation may support privacy, dignity, cultural and religious needs and feelings of safety.

The policy’s emphasis on same sex accommodation, together with the requirement for person-centred decision making and consideration of individual circumstances, may help ensure that the needs of people who are disproportionately likely to have experienced trauma, exploitation or violence are appropriately recognised and addressed.

Potential impact on reducing inequalities

- Potential for positive impact on reducing inequalities for marginalised groups.

3.11 Consideration of human rights

The Human Rights Act 1998 requires public authorities to act in a way that is not incompatible with relevant human rights set out in the European Convention on Human Rights (ECHR). The following ECHR rights are potentially engaged in relation to the development and implementation of this proposed policy.

Article 2 right to life because the policy recognises that there may be exceptional circumstances where standard accommodation arrangements cannot be followed to meet urgent clinical need, respond to a medical emergency, protect a patient's life. The exceptions help ensure that accommodation requirements do not prevent access to life-saving treatment.

Article 3 right to freedom from inhuman or degrading treatment because NHS Greater Glasgow and Clyde has a responsibility to ensure that people receiving care are treated with dignity and respect and are not subjected to inhuman or degrading treatment.

Article 8 right to private and family life because the primary aim of the policy is to support patients' privacy, dignity, safety and wellbeing and it requires decisions to be made in a lawful, proportionate and person-centred manner.

Article 9 right to freedom of thought, conscience and religion because for some patients' same sex accommodation may enable them to access healthcare in a way that is consistent with their beliefs concerning privacy, modesty or intimate care.

Article 14 right to enjoy these rights without discrimination on any ground because the policy seeks to ensure that accommodation decisions are informed by consideration of all protected characteristics and are made in accordance with equality and human rights obligations.

Implementation of the policy will reflect the PANEL principles through:

- Participation: through planned engagement with equality organisations.
- Accountability: through monitoring, reporting and governance arrangements.
- Non-discrimination and Equality: through consideration of all protected characteristics.
- Empowerment: through person-centred decision-making and involvement of patients in accommodation decisions.

- Legality: through compliance with the Equality Act 2010, Human Rights Act 1998 and following the guidance in the EHRC Services Code.

3.12 Impact of cost saving on equality for protected groups

This policy does not include any cost saving decisions and so this part of NHSGGC EQIA process does not apply.

3.13 Investment in equality learning and development

All NHSGGC staff are expected to complete their mandatory equality and human rights e-learning module and any role specific learning and education. Nursing staff, HR advisors and trade union reps will receive specific learning to support implementation of the policy.

Part 4: How the EQIA results have been taken into account

4.1 Decision-making

The results of the EQIA have been considered as part of policy development and discussion at the following points in the governance process:

- Working group of NHSGGC senior personnel including the Employee Director to review and respond to the implications of the Supreme Court ruling on the definition of sex in the Equality Act 2010.
- NHSGGC People and Staff Governance Committee
- NHSGGC Corporate Management Team
- NHSGGC Board

4.2 Actions to reduce any potential negative impacts

Action	Date for completion	Owner
1. Review of Same Sex Accommodation Policy breaches which includes: • Reporting via local clinical governance meetings to ensure appropriate actions / escalations are made • Review of complaints, patient / staff feedback in relation to the policy implementation and feedback loop to staff • Engagement with relevant civil society/ equality organisations • Annual summary report of compliance to NHSGGC Clinical Governance function.	Ongoing	Local clinical governance groups and Lead Nurse for Professional Governance and Policy

2. Staff will be provided with guidance and training to support consistent, lawful and person-centred implementation of the policy, including consideration of equality, human rights and protected characteristics.	Ongoing	Lead Nurse for Professional Governance and Policy and EHRT
3. Include a statement alongside the policy to encourage people to ask for the policy in an alternative format.	November 2026	Lead Nurse for Professional Governance and Policy
4. Carry out a review of the policies impact on equality 6 month after implementation	May – June 2027	Lead Nurse for Professional Governance and Policy and EHRT

4.3 Approval

The policy was approved by the NHSGGC Board on 29 October 2026 and will be implemented from 30 November 2026.

The results of the EQIA were approved by the working group established to review the implications of the Supreme Court ruling for NHSGGC and will be published on 30 November 2026.