

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHSGGC Access Policy 2020

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

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

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

The overall aim of the Access Policy is to ensure patients are treated in a timely and effective manner, specifically to:

Ensure that patients receive treatment according to their clinical priority, with routine patients and those with the same clinical priority treated in chronological order, thereby minimising the time a patient spends on the waiting list and improving the quality of the patient experience
Reduce waiting times for treatment and ensure patients are treated in accordance with agreed targets
Reduce the number of cancelled operations for non-clinical reasons
Allow patients to maximise their right to patient choice in the care and treatment that they need
Minimise Did Not Attend (DNAs) and cancellations

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.)

The Access Policy is a core document that determines patient appointment flow across NHSGGC services that are subject to national waiting times guarantees. As a public sector body concerned with meeting its Public Sector Equality Duty in order to remove discrimination, promote equality of opportunity and foster good relations, NHSGGC view this policy as a means of benchmarking fairness in care planning and seek to ensure all proportionate measures are taken to identify and remove any unintended discriminatory consequences of implementing this policy.

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: Pamela Ralphs	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Alastair Low Pamela Ralphs Hannah McNeill

<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>NHSGGC appreciates the diversity of patient groups using acute services. In terms of inpatient flow, NHSGGC admits around 16,500 people per month. Of that total number 60% will come from our poorest communities (SIMD 1&2), 5% will not speak English and 7% will not read English. Around 16% will be Deaf or hearing impaired and 6% will be blind or visually impaired. 15% will have a physical disability and 1 in every 250 will have a learning disability. TrakCare, the patient information management system used across NHSGGC has options to record a patient's age, sex, postcode, religion and belief and whether the patient requires interpreting support.</p>	<p>It is important to be able to capture information that may evidence any unintended consequences of implementing the amended policy. While TrakCare offers data fields capturing some protected characteristic data, not all are mandatory. To ensure information is routinely captured for monitoring purposes, a communication to all staff will highlight the need to ensure all appropriate data fields are used. The NHSGGC Director of Access will have responsibility for ongoing monitoring of the Policy and its impact for patients in terms of protected characteristics.</p>
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
2.	<p>Please provide details of how data</p>	<p>A physical activity</p>	<p>NHSGGC's understanding of diversity and the compounding detrimental impact of</p>	<p>The NHSGGC Director of Access will have</p>

<p>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 (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x</p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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)</p>	<p>inequality and discrimination has helped to shape the Access Policy. The policy outlines mainstreamed adjustments to ensure that a person-centred approach that takes account of protected characteristics is at the core of scheduled appointment planning. This means that people who experience barriers to communication will have their needs met and will be able to navigate equitably through the pathway to treatment and that support is easily accessible for those unable to travel to appointments.</p> <p>The Policy clearly states that it will support the right to fair and equitable treatment as outlined by the Fairer Scotland Duty, and in so doing will ensure mainstream scheduled appointment management understand the barriers experienced by poverty. This is significant given the number of people currently accessing NHSGGC services who live in poverty.</p>	<p>responsibility for ongoing monitoring of the Policy and its impact for patients in terms of protected characteristics particularly those who live in poverty. NHSGGC continues to develop its approach to supporting access for all patients; examples include increasing use of Attend Anywhere technology for outpatient consultations (telephone/video access personal or via local health centre), promoting transport options to hospital sites (eg public transport and volunteer transport services), a revised communications plan to promote the Cashier Service. Work will be taken forward over the coming months to explore volunteer transport options and whether there are circumstances in which 'upfront costs' can be</p>
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				supported.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>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.</p>	<p>All services regularly monitor referral patterns, waiting times standards and DNA rates and these are discussed with services as part of the current performance review process.</p> <p>In addition a number of services have implemented Patient Focused Booking and this will be extended over the coming months.</p> <p>Engagement opportunities with patients/the general public have and will continue to explore access to services; examples of recent engagement include the Moving Forward Together Programme.</p>	<p>To monitor that the policy will not disproportionately benefit those patients from more affluent communities there will be mechanisms developed to check this. A performance monitoring approach is being developed and will include a range of measures to understand the impact of implementation. For example, in the early stages of policy implementation there will be quarterly random sampling of post codes from both deprived and affluent areas to compare the length of waiting times for any variances; disaggregated patient attendance data will be regularly reviewed to discern any change in</p>

	4) Not applicable <input type="checkbox"/>	(Due regard to removing discrimination, harassment and victimisation and fostering good relations).		referral patterns or DNA trends. .
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which</p>	<p>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</p>	<p>Engagement opportunities with patients/the general public have and will continue to explore access to services; examples of recent engagement include the extensive engagement being carried out as part of the Moving Forward Together Programme.</p> <p>This feedback has clarified the challenges people may face in accessing services; support for alternative approaches to service delivery such as opt-in or telephone/video consultation; and ongoing work to understand the impact of proposed changes on the people who use services.</p>	<p>The Moving Together Programme will provide ongoing engagement opportunities to understand patient needs and the impact of changes on our population. Issues identified through this engagement will continue to inform our approach to access and this will be considered by the NHSGGC Access Director.</p>

	<p>of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</p> <p>(Due regard to promoting equality of opportunity)</p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>		
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service</p>	<p>An access audit</p>	<p>All treatment centres will comply with</p>	<p>Allocation of treatment</p>

<p>physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x</p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristi <input type="checkbox"/></p>	<p>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).</p>	<p>accessibility criteria and have been designed in a way to facilitate ease of access for all patient groups. NHSGGC Facilities Directorate have a year on year improvement plan that includes accessibility audits that can be used to target any areas that may require upgrades.</p> <p>Patients will be supported to access treatment centres through the appropriate use of patient transport where there are physical barriers to using public transport and fair use of NHSGGC cashier's offices means that costs incurred in travel can be reclaimed in line with approved criteria.</p> <p>Where appropriate, NHSGGC will implement the use of Attend Anywhere, virtual patient appointments, meaning patients may not have to travel to their allocated appointment centre, The Attend Anywhere resource means patients could access a local health care building and speak with a clinician in advance of their treatment. Attend Anywhere is fully compatible with interpreting support.</p> <p>Examples of recent engagement include the extensive engagement being carried out as part of the Moving Forward Together Programme.</p>	<p>centre on a 'first available' basis may mean that people will be required to travel significant distances for their appointment. This may create barriers for some people.</p> <p>Patients who are unable to travel due to disability will be able to access patient transport. Where the financial burden of travel is a barrier to access, NHSGGC will ensure appropriate reimbursement via cashier offices.</p> <p>As noted above the NHSGGC Director of Access will have responsibility for ongoing monitoring of the Policy and its impact for patients in terms of protected characteristics particularly in terms of impact on socio-economic status and potentially age, disability and sex.</p>
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4) Not applicable			
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation x</p> <p>2) Promote equality of</p>	<p>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.</p> <p>Written materials were offered in other languages and formats.</p> <p>(Due regard to remove discrimination, harassment and victimisation and</p>	<p>The policy states 'there is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating with patients will help to inform them of when, where and how they are to receive care and their responsibilities in helping ensure this happens'. The policy goes on to state that NHSGGC will ensure that 'communications with patients are in a format appropriate to their additional needs where possible e.g. community language'.</p> <p>Accepting a reasonable offer or refusing a reasonable offer is reliant upon either phoning to confirm or responding to contact letters. NHSGGC will ensure it communicates in a way that can be readily understood by the patient to ensure there is no unintended unfair consequences.</p> <p>In all aspects, services will ensure they comply with NHSGGC's Clear to All Policy and interpreting and translation protocols.</p>	

<p>opportunity x 3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p>promote equality of opportunity).</p>		
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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>1) Remove discrimination, harassment and victimisation x</p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Approximately 17% of the adult population of NHSGGC is above the age of 65 and there are an estimated 82,000 people living in Scotland with dementia.</p> <p>The policy will not have a differential impact in scheduling by age of patient. Where someone is elderly/frail additional support is available to ensure they can attend their appointment.</p>	<p>As noted above, work will be undertaken to promote appropriate transport options to hospital sites (eg public transport and volunteer transport services)</p>

(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There are approximately 163,100 Deaf and hearing impaired people in the NHS Greater Glasgow and Clyde (NHSGGC) area. Of these 1250 use British Sign Language (BSL) and 440 are deafblind. There are around 188,000 people living with sight problems in Scotland. Many of these people are elderly and 90% of blind and partially sighted people are over 60. Research has shown that 24% of deaf and hard of hearing people have missed appointments because of poor communication. Nearly 50% of Deafblind people have had a medical procedure without having had it explained to them due to there being no guide communicator at their appointment, this includes surgery.</p> <p>Evidence from NHSGGC patient groups suggests that disabled people have more difficulties in accessing health services than non-disabled people. The barriers that have been identified are commonly given as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Difficulty in reading and understanding letters <input type="checkbox"/> <input type="checkbox"/> Difficulty using telephones to arrange appointments <input type="checkbox"/> <input type="checkbox"/> Transport difficulties including costs 	<p>As noted above, NHSGGC continues to develop its approach to supporting access for all patients; examples include increasing use of Attend Anywhere technology for outpatient consultations (telephone/video access personal or via local health centre), promoting transport options to hospital sites (eg public transport and volunteer transport services), a revised communications plan to promote the Cahier Service. Work will be taken forward over the coming months to explore volunteer transport options and whether there are circumstances in which 'upfront costs' can be supported.</p>

		<input type="checkbox"/> <input type="checkbox"/> Engagement in health services arising from mental health problems Due to a lack of disaggregated patient data identifying disabled patients, it is not possible to show how recorded disability features in current uptake of services. However the policy does state that communication with patients should be in a format appropriate to their additional needs, e.g. large print; community language.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Identity Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between <input type="checkbox"/>	No anticipated negative impact. The policies NHSGGC has in place to protect the rights of trans people will remain.	

	<p>protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 anticipated negative impact.	
(e)	Pregnancy and Maternity	While the policy does not apply to obstetrics,	

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>pregnant patients may be required to attend for other scheduled appointments that are subject to the waiting times guarantee. All appropriate support will be given to patients with the protected characteristic of pregnancy and maternity to attend their appointments.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of</p>	<p>As mentioned earlier, NHSGGC is home to a diverse range of spoken languages and all appropriate measures are in place to provide communication support to people who do not have English as a first language. Through compliance with NHSGGC's existing policies (Interpreting and Clear to All), all patients will receive appropriate communication support</p>	

	<p>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>in order to negotiate and attend scheduled appointments that are subject to the policy.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 anticipated negative impact.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative</p>

			Impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>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>From previous work carried out by NHSGGC, young men aged 20-29 were most likely to not attend for scheduled appointments. In further small group research by the NHSGGC's Equality and Human Rights team, young men within SIMD 1&2 categories were asked why there may be barriers to attending scheduled clinical appointments. Young men were most likely to cite potential loss of earnings and easing of symptoms prior to appointment date. There is significant evidence to highlight the gendered nature of care with the primary burden falling on women. This captures child care responsibilities and care for older relatives.</p>	<p>Application of the policy will mean scheduled appointments may be offered in NHSGGC sites requiring extended travel. As noted above, this could have a disproportionate impact on women with caring responsibilities. NHSGGC continues to develop its approach to supporting access for all patients; examples include increasing use of Attend Anywhere technology for outpatient consultations (telephone/video access personal or via local health centre), promoting transport options to hospital sites (eg public transport and volunteer transport services), a revised communications plan to promote the Cahier Service. Work will be taken forward over the</p>

			coming months to explore volunteer transport options and whether there are circumstances in which 'upfront costs' can be supported.
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 anticipated negative impact.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>Evidence suggests that around 60% of acute inpatient use is by people who live in the poorest areas of NHSGGC. Amendment to the original policy (that sought to offer hospital appointments close to the patient’s home) mean that a reasonable offer could be an appointment in a distant hospital site. Patients who are eligible can use cashiers offices to reclaim expenses and offset the financial burden of travel.</p>	<p>As noted above, NHSGGC continues to develop its approach to supporting access for all patients; examples include increasing use of Attend Anywhere technology for outpatient consultations (telephone/video access personal or via local health centre), promoting transport options to hospital sites (eg public transport and volunteer transport services), a revised communications plan to promote the Cahier Service. Work will be taken forward over the coming months to explore volunteer transport options and whether there are circumstances in which ‘upfront costs’ can be supported.</p>
(k)	Other marginalised groups	No specific additional burden identified other	

	<p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>than possible financial costs</p>	
<p>8.</p>	<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</p>	<p>The amendments to the policy have not been directed by cost savings but rather efficiency and patient care.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional</p>

		Mitigating Action Required
<p>9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff are expected to undertake the statutory and mandatory Equality, Diversity and Human Rights e-learning module and any mandatory learning and education aligned to their professional group. Compliance with statutory and mandatory e-learning currently sits at 92% of the workforce.</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.

The right to health is of paramount importance. The policy has been considered alongside possible risks to human rights and considers NHSGGC has met its duties in relation to all related articles.

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* .

Not applicable.

Facts: What is the experience of the individuals involved and what are the important facts to understand?

Analyse rights: Develop an analysis of the human rights at stake

Identify responsibilities: Identify what needs to be done and who is responsible for doing it

Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

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

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

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

Not applicable

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

	Date for completion	Who is responsible?(in initials)
Implementation of a comprehensive performance monitoring framework including analysis of demographic data on patients with protected characteristics	6 months	Director of Access
Extended use of Attend Anywhere technology	12 months	Sector/Directorate Directors
Work with HSCPs to understand the scope and scale of Volunteer Driver services across NHSGGC and how these can be used most appropriately to support patient access in vulnerable groups	12 months	Director of Access
Explore whether there are any potential options around providing ‘up front costs’ in particular situations	12 months	Director of Access

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

October 2020

Lead Reviewer:

Name

Pamela Ralphs

EQIA Sign Off:

Date

Job Title Planning Manager

3rd February 2020

Quality Assurance Sign Off: **Name Alastair Low**
Job Title Planning and Development Manager
Date 3rd February 2020

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

		To be Completed by	
		Date	Initials
Action:			

Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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