

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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

NHSGGC Research and Innovation Strategy

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.

This strategy sets out the vision of NHSGGC to continue to build on our strengths and maximise the opportunities for our patients and staff to take part in high quality, world leading clinical research and innovation (R&I) that will deliver health and economic benefits for our population.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

As above, NHSGGC needs to deliver clinical R&I that will deliver health and economic benefits to the population. To achieve this, modelling for research needs to reflect the population and their needs. It's important that programmes of work are inclusive of the specific needs of some protected characteristic groups and that these needs can be 'designed in' to innovative developments to ensure no one is left behind due to a characteristic they may have. It's also important that awareness of health deficit patterned by protected characteristics is understood and that this is actively considered when designing research and innovation programmes. The EQIA is a proportionate consideration to ensure that due regard is shown to meet the needs of the Equality Act 2010 and Public Sector Equality Duty with a focus on advancing equality of opportunity.

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: Chloe Cowan, Senior Research and Innovation Manager	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EOIA

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

<p>Prof Julie Brittenden, Director of Research and Innovation, NHSGGC (to July 2024)</p> <p>Chloe Cowan, Senior Research and Innovation Manager, NHSGGC</p> <p>Alastair Low, Planning Manager, Equality and Human Rights Team, NHSGGC</p> <p>Pamela Ralphs, Planning Manager, Corporate Planning, NHSGGC</p>
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		<i>Example</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? 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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Strategy section 3. When patients are being recruited to participate in research/innovation projects, each study collects elements of data on patients; for example this may include locality, gender, ethnicity and socio-economic status. However the strategy recognises that this is not standardised for all equalities characteristics across all studies. The strategy commits to actions during the lifetime of the strategy that will rectify this position by requiring studies designed by NHSGGC to begin to collect and report on protected characteristics.	Actions have been included in the strategy to capture and analyse data to mitigate on this (strategy objective 3 actions).
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has	<i>A physical activity programme for people</i>	Strategy section 3. It is understood there is under-representation across	Actions have been included in the strategy to develop 'hub

	<p>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 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><i>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)</i></p>	<p>some communities in Healthcare research (as described in Tackling the lack of diversity in health research British Journal of General Practice (bjgp.org))</p> <p>The strategy commits to actions during the lifetime of the strategy that will rectify this position by developing ‘hub and spoke’ delivery models. Using future analysis of the characteristics of cohorts (see question 1 above) will enable the NHSGGC R&I Team to better understand what groups are under-represented in research and innovation projects and take measures to bolster inclusion.</p>	<p>and spoke’ delivery models to mitigate on this (strategy objectives 1 and 3).</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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><i>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</i></p>	<p>In a number of the reference documents used to help develop the strategy there is discussion about patient representation and equality issues (see Appendix 1, references 1, 12, 14 and 15). Learning has been taken from these reference documents and used to inform the strategy – Context section 4.</p> <p>Example: policy guidance from the Medical Research Council, ref 12: <i>“When considering how to make their research design more inclusive, researchers should take a broad view of diversity, not limiting it to specific</i></p>	

	<p>1) Remove discrimination, harassment and victimisation <input 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><i>harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p><i>protected characteristics, but also include concepts such as ‘underserved’ groups or those defined by culture or behavioural characteristics.”</i></p> <p><i>“Researchers are expected to record and report relevant information about the diversity characteristics of research participants so this is available even if these characteristics are not used in the analyses.”</i></p> <p>Example: O’Shaunnessy report, ref 15: <i>“Pushing research closer to people will increase public interest and involvement in research and will help to make sure that it is as inclusive as possible. Life science companies want and need to make sure their trial cohorts are as diverse as possible so that they can prove, with confidence, that their medicines will benefit people from all ethnicities and backgrounds.”</i></p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</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 about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased</i></p>	<p>Strategy section 3.</p> <p>There is an ongoing engagement programme around research and innovation and this has helped to steer the themes and actions within the strategy. Feedback has been taken from patient/public engagement in the following areas:</p> <ul style="list-style-type: none"> • Patients involved in study design including study outcomes and importance for patients • Patients and public involved in the development of patient facing study documents • Patients involved in the committees which oversee individual trials performance, including the West of Scotland four ethical committees • Established Patient and Public Involvement speciality groups, eg working with the University 	

	<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 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><i>uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>of Glasgow Clinical Trial Units</p> <ul style="list-style-type: none"> • One-off surveys, eg the 2023 survey canvassing views on innovation priorities in cancer care <p>The Research and Innovation Team will establish links with the NHSGGC Patient Experience and Public Involvement Team to ensure that programmes of work under the strategy can respond appropriately to faith issues.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<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>Your evidence should show</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained</i></p>	<p>The strategy recognises that successful delivery of research and innovation studies is reliant on patient recruitment and participation; physically accessible locations is an essential element of this. There is a commitment in the strategy to approved programmes of work in the future will actively consider the needs of disabled people (section 3). Through objectives 1 and 3 the strategy aims to better identify and address any barriers to participation; for example</p>	<p>Actions have been included in the strategy to capture and analyse data, and to develop 'hub and spoke' delivery models to mitigate on this (strategy objectives 1 and 3).</p>

	<p>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 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><i>by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>increasing use of 'hub and spoke' delivery models can help bring studies closer to local communities.</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 considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove</i></p>	<p>We know there are underserved communities who do not take part in research and innovation Under-served communities NIHR. We are working to better understand all the barriers these communities face. We are aware a duty for 'inclusive communication' will come into force in the future and we are working to better understand any communication issues and ensure our future communication strategy has approaches that will include as many communities as possible (Objective 2 Actions to "develop and implement a comprehensive communication strategy")</p> <p>The Research and Innovation Team will establish links with the Patient Experience and Public Involvement Team to ensure that programmes of</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>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><i>discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>work under the strategy can respond appropriately and are inclusive.</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>Research and innovation studies by their very nature target specific groups depending on the study topic. This may include age specific research studies (eg for children, adults, older adults). In section 3 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to taking a proportionate approach to investment and that the intersection of multiple characteristics is understood and addressed as required.</p> <p>The strategy notes NHSGGC continued support for</p>		

	<p>1) Remove discrimination, harassment and victimisation <input 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>collaborative working with the charitable sector, including the new Children's Healthcare Innovation charity (section 1).</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 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>Research and innovation studies by their very nature target specific groups depending on the study topic. Many patients participating in research will experience disability (either in the shorter or longer term). In section 3 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to taking a proportionate approach to investment and the intersection of multiple characteristics is understood.</p> <p>The example of the emerging hub and spoke approach described within the strategy is aimed to reduce travel associated with participation in research and innovation studies and is an example of action to reduce disproportionate impact due to disability.</p> <p>The robust involvement of patients at the outset of study design is aimed to ensure research is important and relevant for patients and inclusive.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	There is no existing evidence that trans people are	

	<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 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>typically not recruited to programmes of work. However in section 2 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that we can be assured there no specific issues relating to exclusion or inclusion.</p> <p>The robust involvement of patients at the outset of study design is aimed to ensure research is important and relevant for patients and inclusive.</p> <p>There are training materials provided by NHSGGC and available to researchers to support inclusion.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(d)</p>	<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>	<p>Not relevant</p>	
<p>(e)</p>	<p>Pregnancy and Maternity</p> <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>Not Relevant</p>	

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<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 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 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>Research and innovation studies by their very nature target specific groups depending on the study topic. It is essential to ensure there is proportionate participation in research and innovation programmes from across BAME communities. In section 2 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to taking a proportionate approach to investment and the intersection of multiple characteristics is understood.</p> <p>Public facing promotional and training materials are considered for their applicability to BAME communities. Communication support is available across NHSGGC and will support R&I programmes.</p> <p>The example of the emerging hub and spoke delivery model described within the strategy is aimed to enable targeting of research activity specifically in local underserved communities, to develop confidence in participation within these communities and reduce barriers to participation.</p> <p>The robust involvement of patients at the outset of study design is aimed to ensure research is important and relevant for patients and inclusive.</p>	
(g)	<p>Religion or Belief</p> <p>Could the service change or policy have a</p>	<p>There is an understanding that research and innovation programmes need to be sensitive to the needs of different faiths and the impact this may</p>	

	<p>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 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>have. The NHSGGC Research and Innovation Team will establish links with the Patient Experience and Public Involvement Team to ensure that programmes of work under the strategy can respond appropriately to faith issues.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative 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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>Research and innovation studies by their very nature target specific groups depending on the study topic. This may include gender specific research studies however more commonly research and innovation programmes will be designed for all genders. In section 2 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to results for men and women separately in order that learning isn't modelled on results skewed by disproportionate inclusion of men or women, and that the intersection of multiple characteristics is understood and addressed as required.</p> <p>The robust involvement of patients at the outset of study design described in section 3 is aimed to</p>	

	4) Not applicable <input type="checkbox"/>	ensure research is important and relevant for patients and inclusive.	
(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 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>Research and innovation studies by their very nature target specific groups depending on the study topic. This may include gender specific research studies however more commonly research and innovation programmes will be designed for all genders. There is no existing evidence that LGB people are typically not recruited to programmes of work. However in section 2 Engagement the strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to learning from these results and that the intersection of multiple characteristics is understood and addressed as required.</p> <p>The robust involvement of patients at the outset of study design described in section 3 is aimed to ensure research is important and relevant for patients and inclusive.</p>	
	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 people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>In addition to the above, if this constitutes a ‘strategic decision’ you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by</p>	<p>Research and innovation studies by their very nature target specific groups depending on the study topic. In section 2 Engagement the strategy recognises there is currently under-representation from a number of communities including those from lower socio-economic backgrounds. Travel costs associated with research participation in particular can be a significant barrier. The strategy recognises the importance of improving the understanding of patient participation by protected characteristic(s) in order that due regard is shown to taking a proportionate approach to investment and the</p>	

	<p>socioeconomic disadvantage when making <u>strategic decisions</u> and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>intersection of multiple characteristics is understood.</p> <p>Objectives 1,3 and 5 all promote actions to improve equality of participation. The example of the emerging hub and spoke delivery model, including ‘pop-ups’ in local communities, that is described within the strategy is aimed to enable targeting of research activity specifically in local underserved communities, to develop confidence in participation within these communities and reduce barriers to participation, eg travel.</p> <p>The robust involvement of patients at the outset of study design is aimed to ensure research is important and relevant for patients and inclusive.</p>	
(k)	<p>Other marginalised groups</p> <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>Research and innovation studies by their very nature target specific groups depending on the study topic and the strategy supports a research and innovation portfolio which is inclusive of studies involving marginalised groups.</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>Not relevant</p>	

	3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All staff across NHSGGC are required to undertake statutory and mandatory training in equality and human rights. Strategy objectives 2 and 3 commit to continuing the research learning/training programmes available for staff and patients/public and these will re-enforce equality of opportunity an inclusion as a central theme for research and innovation.	

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 Strategy provides an overarching direction for programmes of work that will cover a diverse array of areas of research and innovation.

Where appropriate, programmes will be subject to strict scrutiny through internal governance arrangements that will include assessment of compatibility with human rights articles. NHSGGC extends this to include an understanding of the UN Convention of the Rights of the Child - meaning that any programmes of work that may be applied to children and young people will underpinned by the UNCRC's guiding principles of:

- Non-discrimination (Article 2)
- Best interest of the child (Article 3)
- Right to life survival and development (Article 6)
- Right to be heard (Article 12)

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* .

The Strategy provides an overarching direction for programmes of work that will cover a diverse array of areas of research and innovation. Each programme will succeed by following the PANEL principles in that participants will be valued as co-producers rather than subjects and empowered to participate fully within a robust non-discriminatory framework.

- 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: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):
- Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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.

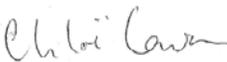
Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
No actions identified.	

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

Lead Reviewer:
EQIA Sign Off:

Name Chloë Cowan
Job Title Acting R&I Director

Signature 
Date 02/08/2024

Quality Assurance Sign Off:
(NHSGGC Assessments)

Name Alastair Low
Job Title Planning Manager
Signature *Alastair Low*
Date 02/08/2024

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

**NHS GREATER GLASGOW 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