

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:

Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy

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 NHSGGC Primary Care policy aims to support palliative or end of life care patients, and/or informal carers, to administer prescribed subcutaneous medication by intermittent injections.
- The medication will be given in order to facilitate effective and timely symptom control for Palliative and End of Life Care in people's own homes via a subcutaneous cannula which will be inserted by health care staff.
- This policy will enable patients who are unable to take oral medication or with poorly controlled symptoms to self-administer breakthrough medication when needed without waiting for a district nurse to visit to administer it.
- Patient and/or informal carers will only take part if they wish to do so. Those patients who are unable, or do not wish to participate, will continue to receive the service from District Nurses.
- Maintaining the safety of patients is a priority throughout this policy and specific eligibility and exclusion criteria are detailed in the policy to ensure this.

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.)

- EQIA is a requirement for all NHSGGC policies where it is considered proportionate and relevant. Though this policy will apply to a very small cohort of patients and their named carer (estimated to be less than 10 per year) it will support palliative care patients to better manage symptoms, placing additional responsibilities on carers and considering aspects of capacity and competency associated with some protected characteristics.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Patricia O’Gorman	Date of Lead Reviewer Training: 06/09/2021 online via MS teams
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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):

Shirley Byron Patricia O’Gorman Claire O’Neill Jackie Wright

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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.</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><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>It is expected that this Policy will be used infrequently. This has never been done in NHS Greater Glasgow and Clyde. Primary care team leads managing district nursing teams will collate information of patient/informal carers involved in administering intermittent subcutaneous medication in Palliative and end of life care. Data collecting all 9 protected characteristics will be available through nursing/medical documentation and community nursing information system (CNIS).</p> <p>In addition to the above, protected characteristic data (including SIMD data) will be collected via anonymised equality monitoring forms for all patients/carers administering medication using for the subcutaneous medication by patient/Informal Carer policy.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low</i></p>	<p>Though the patient/carer cohort supported by the policy will be small, data collected will be used to identify any possible patterning in uptake by protected characteristic group or SIMD status. Where there appears to be anomalies in terms of proportionate representation further work will be done to</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 opportunity of <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 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.</i></p> <p><i>(Due regard promoting equality of opportunity)</i></p>	<p>promote opportunities to under-represented groups.</p>	
	<p>Example</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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of</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>Policies and guidance for patient and/or carer administration of subcutaneous medication in adult palliative care have been developed elsewhere within the United Kingdom ¹⁻⁵. In Australia the benefits of this practice are reported as not only offering immediate symptom relief but carers also valued the role and felt that it gave them a sense of empowerment, pride and achievement as opposed to feelings of hopelessness ⁶. Studies have shown that with appropriate education and support, carers can confidently administer subcutaneous medication to relieve breakthrough symptoms, including documenting appropriately, providing the right medication for the particular symptom and monitor effectiveness⁷. In a survey by Dying Matters, six out of ten people said that they would feel comfortable giving a pain relief injection to someone who was dying and wanted to stay at home.</p>	

	<p>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>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</p>	<p>NHSGGC follows a number of other health boards who have been early adopters of this approach and will continue to liaise with service leads as part of an ongoing learning and continuous improvement process.</p> <p>1. Twycross R, Wilcox A and Howard P. Procedures and safeguards for informal carers giving SC injections. Palliative Care Formulary 5th edition (2014). Palliativedrugs.com Ltd. Nottingham UK.</p> <p>2. Patient/Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy, NHS Lothian (April 2020)</p> <p>3. NHS Grampian Policy and Staff Guidance On Patient and Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection – Adult Palliative Care (2016)</p> <p>4. The Lincolnshire Policy for Informal Carer’s Administration of As Required Subcutaneous Injections in Community Palliative Care (2013)</p> <p>5. South Tees Hospitals NHS Foundation Trust: Self Administration or Relative Administration of Subcutaneous Injections (2016)</p> <p>6. Anderson BA, Kralik D. Palliative Care at Home: carers and medication management. Palliative Supportive Care Dec 2008;6(4):349-56</p> <p>7. Healy S, Isreal F, Charles M and Reymond L. Lay carers can confidently prepare and administer subcutaneous injections for palliative care patients at home: A randomised controlled trial. Palliative Medicine May 2018. https://doi.org/10.1177/0269216318773878</p>	
	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>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</p>	<p>A multi profession Short life working group was established to develop the policy. (Appendix 1).</p> <p>It is envisaged that this policy will be used rarely. Where appropriate, throughout the use of this policy ongoing patient and carer experience will be gathered to achieve a better understanding of suitability and inclusion.</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 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>difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased 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><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>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><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 by magnets that could deactivate in the event of a fire.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>This policy will be for patients with a palliative care diagnosis who are being cared for in their own home. There are no expected barriers to successful implementation, with patients having already received appropriate home assessments and adaptive resources where required.</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>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<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 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>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve</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 discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>The policy sets out the expected provision for palliative and end of life care and this would include access to mainstream provision of any communication support required to ensure full involvement of related parties who do not have English as a first language or require other forms of support. Staff can access information via NHSGGC's Clear to All Policy which includes information on translated materials and interpreter support.</p>	

	<p>access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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>This policy is intended for the care of Adults with a life limiting progressive illness/ or end of life care diagnosis. Named carers who wish to opt in to aligned training must be over 16 years or older. No upper age limit has been set.</p>	<p>For safety reasons, patients or carers considered for administration of subcutaneous medication would be required to understand and follow clear guidance. Fine motor skills would also be required. Some age-related impairments may exclude carers of patients from taking part in this programme. Where a patient or carer is unable to participate in the programme the District Nursing service would remain available to them.</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</p>	<p>There is limited risk of the policy impacting on the protected characteristic of disability.</p> <p>All reasonable adjustments will be made to engage and involve related persons who have a disability that may otherwise experience barriers in using this policy. This would extend to provision of any communication support needs or</p>	<p>Where a patient or carer has an impairment that prevents them from self-administering medication, their care needs would continue to be met by the appropriate peripatetic clinical support team.</p>

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" 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>aids.</p> <p>It is expected that this service will be used infrequently and the numbers of individuals small. However it is imperative that patient safety is maintained when administering any medication using this policy. Any patient or informal carer must meet the eligibility and exclusion criteria of the policy to participate. If any criterion are not met the usual provision of care by nursing/medical staff will continue.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</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 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 is no risk of the policy impacting on the protected characteristic of Gender Reassignment.</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>The policy will have no impact on the protected characteristic of marriage and civil partnership.</p> <p>Staff will be aware of the need to avoid making assumptions about relationship status and ensure that all rights are afforded to next of kin in married or civil partnerships.</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>4) Not applicable <input type="checkbox"/></p>		
(e)	<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 checked="" 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 is no anticipated impact on Pregnancy and Maternity from the implementation of the policy.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(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</p>	<p>Mainstream provision of communication support will ensure that family members who do not have English as a first language are engaged with and included in any discussions relating to the policy.</p> <p>For the safety of the patient it is vitally important that the individual administering medication using this policy is able to communicate with the nursing and medical staff effectively</p>	

	<p>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>on a day to day basis which can be achieved through mainstream communication support and the use of translation services.</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 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>There is no anticipated impact on religion and belief through the application of the policy. Staff and families have access to NHSGGC's Faith and Belief Resource and peripatetic clinical teams are aware of the fundamental importance that religion will have with some families and be respectful and inclusive at all times.</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>There is no clear risk of discrimination on the grounds of sex though data capture will show whether there is patterning in uptake by sex.</p>	<p>The burden of care in society typically falls to women and though the opportunity to participate is voluntary there may be a sense of expectation that a female carer will be named. Staff will, to the best of their ability, ensure that there is no sense of obligation or coercion to participate and that any relevant supports for the carer are in</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>place.</p> <p>The district nurse will assess the patient on a daily bases to ensure that symptoms are well managed.</p>
(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 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>The policy will not impact people with the protected characteristic of sexual orientation. Staff will adopt a person-centred care approach to the individuals involved using this Policy.</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 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</p>	<p>This policy will be implemented irrespective of an individual's socio-economic status or social class. Monitoring of SIMD data will identify any patterning that could indicate a skewed uptake by socio-economic status.</p>	

	<p>mitigate risk of exacerbating inequality on the ground of socio-economic status.</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" 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>		
(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>1) Remove discrimination, harassment and victimisation <input checked="" 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 is limited risk of the policy impacting on other Marginalised Groups. This policy will not create additional barriers where the individuals meet the eligibility and exclusion criteria of the policy.</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>There will be no anticipated cost savings when implementing this the policy.</p>	

	3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" 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 are required to complete a number of statutory and mandatory e-learning modules including the NHSGGC Equality, Diversity and Human Rights module.	

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.

No risks in relation to stated Human Rights Articles have been identified

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* .

Though not directly informed by the PANEL principles, the rationale for the policy is to work alongside patients and carers in a way that meets those principles.

*

- **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.

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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)

Put in place routine equality data monitoring and analysis to identify participating individuals by protected characteristic and any patterning in uptake that requires additional investigation.

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

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Lead Reviewer:

Name Claire O'Neill

EQIA Sign Off:

Job Title Palliative Care Lead Nurse and Clinical Services Manager

Signature *Claire O'Neill*

Date 10/11/2021

Quality Assurance Sign Off:

Name Alastair Low

Job Title Planning Manager

Signature

Date 23/11/2021

**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

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