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:

Person Centred Visiting

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 new person-centred visiting approach is an approved Scottish Government model designed to empower patients to determine when and who visits them while in NHS care. The model is based on the understanding that social contact while in hospital is an essential element within the patient's overall care package with substantial therapeutic benefits and that access should be flexible enough to enable patients to exercise choice that may sit outwith traditional visiting times.

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.)

While delivery of a change to visiting time scheduling is considered to bring benefit to NHS patients, there may be hidden or unintended detriment to some patient groups. An EQIA is considered a proportionate means of further investigating the potential for this to happen through application.

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:	**Date of Lead Reviewer Training:**
Ann McLinton	2014/15

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):

Katie Higson	Senior Charge Nurse, Ward 26/27, Glasgow Royal Infirmary
Lesley Don	Lead Nurse, Orthopaedics, North Sector
Pamela Murray	Senior Charge Nurse, High Dependency Unit, Glasgow Royal Infirmary
Hazel Miller	Consultant Physician, North sector
Jennifer Morrison	Senior Charge Nurse, Immediate Assessment Unit, Queen Elizabeth University Hospital
Heather Crawford	Senior Charge Nurse, Ward 54, Queen Elizabeth University Hospital
Ann Marie Selby	Lead Nurse, Orthopaedics, Clyde Sector
Con Gillespie	Lead Nurse, Dermatology, Clyde Sector
Iain Keith	Consultant Physician, Acute Medical, Royal Alexandra Hospital
Wendy McClintock	Senior Charge Nurse, Ward 4C, Queen Elizabeth University Hospital
Hazel Gavin	Clinical Nurse Educator, Royal Hospital for Children
Annette O'Neill	Senior Charge Midwife, Princess Royal Maternity
Mary Hannaway	Senior Charge Midwife, Queen Elizabeth University Hospital
Lesley Nairn	Consultant Paediatrician, Royal Hospital for Children
Christine Ramsay	Community midwife/birthing suite co-ordinator, Royal Alexandra Hospital
Nicola Crossan	Charge Nurse, IPCU, Gartnavel Royal Hospital
Lynda Meyer	Senior Charge Nurse, Ward 4, Larkfield, Inverclyde CHP
Diane Young	Interim Professional Nurse Advisor, Partnerships
Morven Cowie	Senior Charge Nurse, Fruin Ward, Vale of Leven Hospital, West Dunbartonshire HSCP, Mental Health Services.
Steven McCulloch	Clinical Policy, Guidelines & Improvement Manager, Glasgow City HSCP
Stephen Conlon	Senior Charge Nurse, Leverndale Hospital
Jacqueline Mullen	Senior Charge Nurse, Leverndale Hospital
Sharon Ovenden	Clinical Governance Facilitator, Learning Disabilities
Caroline Pow	Behavioural Family Therapy Lead, Projects & Carer Lead
Sajida Ahmad	Dietician, Acute Sector
Nicola Turner	Paediatric Physiotherapist, Women and Children's Directorate
Carol Duguid	Senior Occupational Therapist, Acute Sector
Dawn Allan	Lead Chaplain
Ann McLinton	Programme Manager, Person-Centred Health and Care
Rachel Killick	Lead Clinical Improvement Coordinator – Person-Centred Care
Lesley Ann Shand	Corporate Services, South Sector

Rosie Cherry	Head of Performance and Quality, Facilities
Allan Hughes	Health and Safety Practitioner
Susan Fitzpatrick	Senior Graphic Designer, Corporate Communications Team
Gillian Harvey	Health Improvement Lead (Acute)
Donna Athanasopoulos	Information & Publications Manager
Jac Ross	Equality and Human Rights Manager
Kate Hamilton	Acting Infection Prevention and Control Nurse Consultant
Nicole McInally	Patient Experience Public Involvement Manager
Elaine Hamilton	Practice Development Nurse (Nutritional Care)
Jennifer Crawford	Lead Clinical Pharmacist OP/SS Clyde
Margaret McDonald	Public Partner Volunteer
Aileen Chalmers	Public Partner Volunteer
Charles Carmichael	Public Partner Volunteer
Anne Swartz	Public Partner Volunteer
Marion McArdle	Public Partner Volunteer
Annie Hair	Unite the UNION

		Example	**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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	While the patient may have equality, information captured on care records there is no realistic way of monitoring the characteristics of visitors. Through fair and equitable application of the policy, patients of all protected characteristics should benefit.	N/A
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data 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).**	***A physical activity 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***	As above, there is no realistic way of capturing visitor information and so it is not possible to inform service design and delivery using this intelligence.	N/A

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***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)***		
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **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** ☐	***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***	NHS Scotland cite the benefits of person-centred visiting as: • Creating more chances for people to be involved with care • Helps improve safety and effectiveness of care • More convenient for the demands of life • Keeps people connected at difficult and stressful times of their life • Enhances staff communication and relationships with family and friends • Less disruptive to the flow of the hospital than thought	A fully accessible communication and marketing plan is under development. Produce and have available information in the most common language formats. Have available QR Codes for all communication and information materials produced electronically Communication Campaign to include Social Media approaches Ensure all communication and

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***more confident in asking related questions to young people.*** ***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***		marketing materials are compliant with the Accessible Information and Clear to All Policy
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	***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***	A process of engagement has been undertaken via the NHSGGC 'Connecting People' database and with staff involved with the service change. As there is a perception that any risk is likely through barriers to communication, separate work is scheduled with black and minority ethnic people and Deaf people. Equality and Human Rights Team designed 4 session workshops to promote Access to NHS Services and engage with Community groups. One of the workshop covered "Rights to NHS Services" part of this session patient were ask for the feedback regarding their visiting experience in the hospital.	N/A

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***		
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**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?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove**	***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. (Due regard to remove discrimination,***	There will be no impact to accessibility for patients or visitors as a result of the extended opening hours though provision will be required to clearly identity entrances that will remain open to visitors over the 24 hour period with appropriate way finding signage if required and accessible entrances chosen. A verbal conversation with patients and visitors should happen at the earliest opportunity to discuss what a person-centred visiting approach is there to achieve. What matters, who matters and what to expect etc. It is not a 'free for all!' Family presence in any clinical area should be managed appropriately and professionally.	Out of hours access should be clearly displayed at all hospital entrances. The reduced number of entrances 'out-of-hours' may present problems for people with a disability entering and leaving some hospital buildings. Maintaining safety within the clinical environment is important. For the well-being and comfort of the patient and others particularly in shared rooms, it should be recommended that numbers of

	discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***harassment and victimisation).***		visitors present at each bedside should be managed consistently and appropriately. There may be times when more than two visitors may be permissible at a bedside – this should be managed with discretion. Visitors should be guided to stagger the number of visitors to ensure this is managed appropriately.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **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** ☐	***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.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to***	The extended person- centred visiting times will be supported by a comprehensive communication and marketing plan. The plan will include reference to the NHSGGC Clear to All policy and interpreting protocol. Badgernet (Electronic Notes) Patient App is being launched week beginning 14th Oct 2019 in Maternity Services. This will be used as an electronic means of communication with pregnant women about the person-centred visiting approach.	Ensure all communication and marketing materials are compliant with the Accessible Information and Clear to All Policy Hospital visiting will be a routine discussion during elective admission pre-assessment discussions. For pregnant women unable to use or access the Badgernet Patient App information will be available in other appropriate formats. Visiting in hospital will be a routine discuss during pre-natal visits. There is the potential for

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **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.**	***remove discrimination, harassment and victimisation and promote equality of opportunity).***		person-centred visiting to hinder routine aspects of care with and risk to safety, effectiveness, security, privacy and confidentiality e.g. ward rounds, medicine rounds, education sessions etc. Clear information will be provided and backed-up with verbal discussion to advise patients and relatives of key times in their care and advised on occasion it may be necessary to ask people to step outside the ward temporarily while key care interventions and treatments are being administered (particular to shared accommodation rooms).
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **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**		A person-centred approach to visiting does not have age-specific cut-offs. A conversation should take place prior to admission or when appropriate after admission to identify who matters most to them and how they would like them	There may be some restriction in place for children visiting. For example: Children under one year to minimise exposure to infection

	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). **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	to be involved in their care. In most clinical areas children are welcome to visit. It is recommended if very young children are visiting that the parents are advised that a short visit may be better i.e. maximum of 15 minutes to avoid them becoming restless and bored. Children are the responsibility of the parents during visiting and should be supervised by the parents. If children are not being managed appropriately it is appropriate for clinical staff to discuss this with the parents and ask them to limit the time spent in the ward to ensure that a restful ward environment is achieved. There may be some areas of practice where there may be restrictions to children visiting i.e. haemato-oncology, intensive care/high dependency care units, forensics, learning disabilities etc. When this is the case this should be discussed with visitors in advance. Babies aged less than 1 year do not have a fully developed immune system. Therefore, there is a very small risk that they might pick up an infection when present in a clinical area. Research has shown that children over the age of four mainly find visiting a sick relative helpful as it increases their understanding and involvement in their relative's illness and reduces their feelings of separation and fear. All neonatal facilities should provide emergency accommodation on the unit for parents, with accommodation nearby for parents of less critically ill babies in the 'Best Start' recommendations. In Maternity Services it is recommended in the 'Best Start' recommendations that parents should be involved in decision making throughout and involved	Children of all ages in areas where there are immuo-compromised patients – this will be risk assessed on an individual basis In specialist areas of practice e.g. Forensics Consideration of the needs of adolescents transitioning from the Children's Hospital to Adult Services to accommodate their individual needs and requirements will be assessed on an individual basis. Parents and guardians will be made aware of the opportunity to stay overnight. Vulnerable adults/children with cognitive impairment, acutely unwell, end of life care, stress and distressed etc. should be offered the opportunity for family to be present with them in hospital at all times. Where restrictions apply make sure that people visiting are informed as early as possible.

		in practical aspects of care as much as possible. This includes the provision of facilities for overnight accommodation, encouraging kangaroo skin-to-skin care and early support for breastfeeding	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	A person-centred approach to visiting brings a number of perceived benefits to disabled patients where there may be specific times (outwith historical visiting times) where familial support would benefit their recovery. Patients who have associated communication needs may find a lessened sense of isolation as family and friends can visit for longer periods or at different period's out with historical visiting times. Evidence suggests having continuity of a familiar carer (paid/unpaid) when someone with a disability is in hospital they are much more likely to recover sooner- and conversely if this is not allowed then the individuals health can suffer from more than the health condition that they went into hospital with. People visiting who have a disability will have a greater degree of flexibility when it is possible to visit.	People with a disability may not be able to express their wishes independently. Family, Guardian, Power of Attorney will be provided with clear information on the person-centred approach to visiting to discuss their specific needs and requirements. Some patients may not be able to have support from those who matter to them, if that person is a paid carer. Currently funding for paid carers ceases when someone is admitted to hospital. This could potentially have an adverse impact on disabled people, as they would not be able to have this support from people essential to their care while in hospital.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Identity**	There was no perceived change to this protected characteristic group.	N/A

	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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐		
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **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** ☐	There was no perceived change to this protected characteristic group.	N/A

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐		
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Provision of person-centred visiting in maternity services has adopted a slightly different approach where parents can designate whom they would like to visit. The Strategic Group awaits further guidance from the Scottish Government in terms of best practice learning within this area.	Some women in the maternity service may be younger than 16 years. Currently Partner/parent would not be able to remain as inpatient but is currently being reviewed in 'Best Start.' When required Child and Adult Protection Guidance should be in place. There should be transparency of involvement with Social Care Services. There may be negative impact from the increased opportunity for visiting in situations where there is a history of or suspected domestic violence/sexual coercion (Trafficked Women) or criminality. Each situation should be risk assessed on an individual basis and managed in line with existing policies.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race**	The flexibility in the policy will be to the advantage of	N/A

	Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	BME groups as with all Protected Characteristics. As the policy will be applied fair across all Protected Characteristics there will be no differential to any visitor.	
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	It is perceived that a person-centred approach to visiting may support patients with specific religious customs that might fall outwith historical visiting times. For instance shared prayer times with family members may be easier to organise while in hospital.	There may be challenges in shared accommodation rooms for shared prayer time for families. Around religious festivals, families may visit in larger numbers. Religion and belief should be discussed with patients on admission to anticipate their wishes and agree what can be accommodated and how. If more than two people would like to visit at a time, this must be arranged in advance with the nurse in charge of the

	4) Not applicable ☐		ward or unit.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There are some concerns regarding extended visiting times in shared ward areas in relation to perception of personal safety, particularly for women where male family members/friends may be arriving late at night or early morning. Person-centred visiting will be managed to ensure dignity, respect, privacy and personal safety are upheld for all patients. NHSGGC takes extremely seriously the health, safety and welfare of all its employees, patients and visitors. It believes that violence and/or aggression including stalking towards staff and others is unacceptable. Members of staff have the right to be able to perform their duties without fear of being stalked by other staff, patients/clients or members of the public. No member of staff should consider violence or aggression including stalking to be an acceptable part of their employment. The organisation recognises, however, that situations do arise where stalking is directed against staff or patients. **Stalking** is a pattern of coercive behaviours that serves to exercise control and power on another person. These behaviours are cumulative and may vary in frequency, intensity and duration. The definition of stalking in current use in structured risk assessment of stalkers (Kropp et al (2006) is **'...unwanted and repeated communication, contact, or other conduct that deliberately or recklessly causes people to experience**	Through discussions with patients, a clearer understanding of 'who matters to me' can be established and conversely details of anyone who would not be welcome as a visitor to the patient. Person-centred visiting may open the possibilities of unwanted and repeated communication, contact, or other conduct that deliberately or recklessly causes people to experience reasonable fear or concern for their safety or the safety of others known to them.

		reasonable fear or concern for their safety or the safety of others known to them." Te current Stalking Policy (approved October 2013) is currently being updated.	
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There was no perceived change to this protected characteristic group.	N/A
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **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?**	A person-centred approach to visiting will mean people who otherwise would be unable to visit due to work-related restrictions will be able to find appropriate times to visit. Further benefits will be accrued through travelling at 'off-peak' times to visit relatives.	There may be lose of wages for people in an unpaid caring role who wish to carry-on their caring responsibilities while a relative is in hospital. Referral for financial support

	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.		should be progressed if money worries are a concern. Person-centred visiting may offer an increased opportunity to identify vulnerable people i.e. people visiting at odd hours
(k)	**Other marginalised groups** **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?**	Noted issues have been raised in the past regarding the safety of trafficked people who may be visited by coercive individuals during their stay in hospital. As with historical visiting times, staff will be able to determine any personal safety issues relating to the patient and put the necessary safeguards in place.	The person-centred –centred approach to visiting should be applied fairly without discrimination for marginalised groups.
8.	**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?** **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** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	There is no cost saving accrued from a person-centred approach to visiting.	

	4) Not applicable ☐		
		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 have undergone their statutory and mandatory Equality and Human Rights training and there will be further tailored learning sessions for staff associated with the service change. The Communication Plan, Policy and Guidance Documents will further highlight roles and responsibilities of staff.	There is a perceived negative impact on the well-being of staff as a consequence of visitors being present in clinical areas over longer periods of the day/night. Staff well-being should be monitored during face-to-face meetings with staff to address issues as they arise. This should be further monitored as a cause of sickness/absence. Concerns have been raised about low levels of staff confidence to hold conversations with relative's particularly for junior nursing staff about visiting arrangements and additional fears about violence and aggression from the public particularly if they are asked to step-out of the ward temporarily for any reason. Role modelling from senior nursing staff to demonstrate how to progress conversations with relatives should be a priority in all clinical areas.

			All staff should complete GGC003 Reducing Risks of Violence & Aggression Statutory and Mandatory online module and attend face-to-face training when required/appropriate. An increase in episodes of violence and aggression should be monitored to assess factors related to person-centred visiting.

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.

Some concerns have been raised that may be captured by the articles relating to right to liberty and security and respect for private and family life, though the latter also cites positive benefits from increased contact with familial support.

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* .

There has been participation and the extended visiting times come with an accountability held by both patients and staff to ensure freedoms are enjoyed without detriment to others.

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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.

Patient, relative and staff stories will be collected as part of the implementation approach to learn and reflect on the benefits as well as identify any gaps for further improvement.

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)**
Update Visiting Policy to reflect the person-centred approach to visiting	March 2020	Programme Manager, PCHC Lead Clinical Improvement Coordinator (PCC)
Development of a communication and marketing pan to include social medial	March 2020	Corporate Communication Team Lead Clinical Improvement Coordinator (PCC)
Ensure all communication and marketing materials are compliant with the Accessible Information and Clear to All Policy	March 2020	Programme Manager, PCHC Equality and Human Right's Team
Produce and have available information in common language formats	June 2020	Equality and Human Right's Team

Have available QR Codes for all communication and information materials produced electronically	March 2020	Equality and Human Rights Team
Out of hours access should be clearly displayed at all hospital entrances	March 2020	Facilities and Estates Department
For the well-being and comfort of the patient and others particularly in shared rooms, it should be recommended that numbers of visitors present at each bedside should be managed consistently and appropriately. Visitors should be guided to stagger the number of visitors to ensure this is managed appropriately. (Link to recommendations in update to Visiting Policy)	March 2020	Clinical Services
Hospital visiting will be a routine discussion during elective admission pre-assessment/ pre-natal discussions. (Link to recommendations in update to Visiting Policy)	March 2020	Clinical Services
For pregnant women unable to use or access the Badgernet Patient App - information will be available in other appropriate formats.	June 2020	Maternity Services
Religion and belief should be discussed with patients on admission to anticipate their wishes and agree what can be accommodated and how during religious festivals. (Link to recommendations in update to Visiting Policy)	March 2020	Clinical Services
Facilitate conversations to support a reliable process for patients to designate the people who matter most to them whilst they are in hospital and how they would like them to be involved in their care. Three enquiry questions have been added to the Acute Adult Admission document in September 2019 as follows: • What matters and is important to you whilst you are in hospital? • Who is important to you, to help support you whilst you are in hospital? • How do you want the people who matter to you to be involved in your care?	March 2020	Clinical Services

(Link to recommendations in update to Visiting Policy)		
Cross-reference the Board Stalking Policy within the Visiting Policy with reference to the Protected Characteristic -Sex	March 2020	Programme Manager PCHC
Referral for financial support should be progressed if money worries are a concern if people in an unpaid caring role wish to carry-on their caring responsibilities while a relative is in hospital. (Link to recommendations in update to Visiting Policy)	March 2020	Clinical Services
Staff well-being should be monitored during face-to-face meetings with staff to address issues that arise as a consequence of person-centred visiting e.g. increased anxiety, stress etc. This should be further monitored as a cause of sickness/absence	March 2020	Clinical Services
All staff should complete GGC003 Reducing Risks of Violence & Aggression Statutory and Mandatory online module and attend face-to-face training when required/appropriate. An increase in episodes of violence and aggression should be monitored to assess factors related to person-centred visiting.	March 2020	Clinical Services

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

April 2020

Lead Reviewer:	**Name**	**Ann McLinton**
EQIA Sign Off:	**Job Title**	**Programme Manager, Person-Centred Health and Care (CGSU)**
	Signature	*Ann McLinton*
	Date	**29/10/2019**
Quality Assurance Sign Off:	**Name**	
	Job Title	
	Signature	

Date

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

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

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

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

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

		To be Completed by	
		Date	**Initials**
Action:			
Reason:			
Action:			
Reason:			

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to CIT or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.