

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:

Single sex and gender neutral toilets and changing facilities

Is this a: Current Service Service Development Service Redesign X 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.

NHSGGC's provision of single sex and gender neutral toilets and changing facilities is being reviewed in line with the Supreme Court Judgement in Relation to Gender Representation on Public Boards (Scotland) Act 2018 and the Equality and Human Rights Commission interim guidance on this ruling. The Supreme Court ruled that, 'sex' means biological sex. This means that, under the Act:

- A 'woman' is a biological woman or girl (a person born female)
- A 'man' is a biological man or boy (a person born male)

If somebody identifies as trans, they do not change sex for the purposes of the Act, even if they have a Gender Recognition Certificate (GRC).

- A trans woman is a biological man
- A trans man is a biological woman

In workplaces, it is compulsory to provide sufficient single-sex toilets, as well as sufficient single-sex changing and washing facilities where these facilities are needed. It is not compulsory for services that are open to the public to be provided on a single-sex basis or to have single-sex facilities such as toilets. These can be single-sex if it is a [proportionate means of achieving a legitimate aim](#) and they meet other conditions in the Act. However, it could be indirect sex discrimination against women if the only provision is mixed-sex. In workplaces and services that are open to the public:

- trans women (biological men) should not be permitted to use the women's facilities and trans men (biological women) should not be permitted to use the men's facilities, as this will mean that they are no longer single-sex facilities and must be open to all users of the opposite sex
- in some circumstances the law also allows trans women (biological men) not to be permitted to use the men's facilities, and trans men (biological woman) not to be permitted to use the women's facilities
- however where facilities are available to both men and women, trans people should not be put in a position where there are no facilities for them to use
- where possible, mixed-sex toilet, washing or changing facilities in addition to sufficient single-sex facilities should be provided

- where toilet, washing or changing facilities are in lockable rooms (not cubicles) which are intended for the use of one person at a time, they can be used by either women or men

NHSGGC current work in relation to the ruling includes immediate action in key sites (Beatson, Gartnavel, QEUH, Victoria Hospitals) where staff have disclosed transgender status to add an additional gender neutral sign to accessible toilets. The accessible toilets include those and those not specifically designed for disabled people. The EHRC interim guidance states separate male and female toilets should still be provided 'except where and so far as each convenience is in a separate room, the door of which is capable of being secured from the inside', to ensure gender neutral options are available that protect privacy and dignity. NHSGGC will maintain separate male and female toilets whilst having new signposts on floor to ceiling lockable toilets, with sink, in a room', removing any sex-based signage. NHSGGC has toilets that meet that criteria that are not designed as accessible for disabled people. However, NHSGGC does not have sufficient provision of this type of facility currently to meet the implications of the Supreme Court ruling. Where areas don't have these toilets, in the medium term NHSGGC may need to consider re-modelling to create this type of facility, whilst ensuring proportionate accessible toilets for disabled people and single sex toilets.

In the medium term, NHSGGC is doing a review of toilets and changing facilities. Based on any gaps identified in this review, it may be that re-designating some male and female toilets (where practical) will increase availability for our predominantly female workforce (79% of workforce) so it can be viewed as a proportionate means of achieving a legitimate aim. This issue will be considered again when the Equality and Human Rights Commission has its final code of practice on single sex and gender neutral spaces and services issued. NHSGGC will continue to ensure our guidance complies with EHRC guidance and a medium term solution to single sex and gender neutral toilets and changing facilities, alongside other service changes, may be implemented. The relevant policies currently under review will be updated and communicated to staff following the issue of the updated EHRC guidance. In the meantime, NHSGGC remains committed to ensuring the rights and dignity of all are upheld.

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.)

New legal guidance

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: Professor Tom Steele, Director of Estates and Facilities	Date of Lead Reviewer Training: 01/05/19
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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):

Jayne Jones, Assistant Director (Facilities and Production); Gordon Love, Head of Property & Asset Management; Natalie Smith Interim Director of HR and Organisational Development; Liam Spence, Head of Staff Experience; Dr Bea Von Wissmann, Strategic Lead – Equalities and Human Rights; Dr Noreen Shields, Planning and Development Manager, Equality and Human Rights; Daniel Connolly, Deputy Director Public Engagement

	<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><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>Feedback from staff and patients and complaints on this service review will be conducted</p>	<p>Staff and patients feedback and complaints will be compiled by January 2026</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>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>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</i></p>	<p>Captured data will be used to inform further public and staff information and awareness of the implications of the Supreme Court ruling on biological sex. This will be in line with new EHRC code of practice on single sex and gender neutral spaces and services.</p>	<p>Assess whether further public and staff information and awareness campaigns are required on the implications of the Supreme Court ruling on biological sex</p>

	<p>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><i>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><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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></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 harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.</i></p>	<p>This service review is due to a legal change. An audit of NHSGGC toilets and changing facilities is informing medium term responses to the Supreme Court ruling</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>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</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?</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><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 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</i></p>	<p>This service review is due to a legal change. In terms of how we make the change, NHSGGC has:</p> <ul style="list-style-type: none"> • Set up working group of Senior Personnel to review the implications of the Supreme Court ruling for NHSGGC • Discussed with partnership colleagues, with a staff side representative on the group overseeing the changes. • Engaging with the Chair and Vice-Chair of the LGBTQ+ Staff Forum • Engaging with the Chair and Vice-Chair of the Staff Disability Forum • Reached out to members of staff who are openly trans, and offered them a one to one discussion with the Director of HR&OD • Opened a dedicated helpline, through which staff can raise queries or concerns. 	<p>Staff and patients feedback and complaints will be compiled by January 2026</p>

	4) Not applicable x	<i>households at risk of low incomes.</i>		
	<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 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><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. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Accessible toilets and changing facilities are available in NHSGGC. Often the signage reflects these are specifically for disabled people. The signage will be updated on this type of accessible toilet, where there is no other immediate option, to ensure gender neutral accessibility. This will be as proportionate, as possible, as NHSGGC currently already has toilets in sites that meet the EHRC Interim Guidance. These type of toilets have a single room with a sink, lockable door that opens into a public thoroughfare or controlled staff area and are not specifically designed for disabled people. These type of toilets will have the new signage confirming gender neutral accessibility.</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 x</p> <p>2) Promote equality of opportunity x</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</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 service change is reliant on effective communication and will utilise NHSGGC policies to ensure proportionate steps are taken to remove any barriers to full and meaningful engagement with any review process.</p>	

	<p>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</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>The policy will not have an impact on the protected characteristic of age. Any relevance to age will be captured within the review process</p>	
(b)	Disability	<p>The service change may have an impact on the protected characteristic of disability. In the immediate term, adding a gender neutral sign to accessible toilets in 4 sites (Beatson,</p>	<p>Possible indirect discrimination due to disability. NHSGGC monitor implementation of changes via</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 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>Gartnavel, QUEH, Victoria) may impact on good relations between protected characteristic groups (i.e. disability and transgender groups). In the medium term, it is aimed that NHSGGC new signposts will focus on single room toilets with a lockable door that opens out into a public thoroughfare or controlled staff area, removing any sex-based signage. NHSGGC has toilets that meet that criteria that are not designed as accessible for disabled people. Where areas don't have these toilets, in the medium term NHSGGC may need to consider re-modelling to create this type of facility. While there is no law that stops someone who's not disabled from using an accessible toilet, NHSGGC generally promotes prioritisation for the needs of disabled people (of either sex). NHSGGC may find that by rebadging accessible toilets they are not fostering good relations (i.e. disabled people may consider themselves to be placed at a greater disadvantage) and we may also be diluting the need to evidence anticipatory adjustments to better meet the needs of disabled people. Currently, trans disabled people can use accessible toilets because they are gender-neutral. Overall, discrimination by perception may increase based on assumptions about gender identity and / or use of gender neutral and accessible toilets over, for example, hidden disabilities. In addition, there may be challenges in fostering good relations between protected characteristic groups (e.g. balancing needs associated with the protected characteristics of disability, gender identity and sex)</p>	<p>patient and staff feedback and complaints.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<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>The service change may have an impact on the protected characteristic of gender identity. However, it is aimed NHSGGC new signposts will focus on single room toilets with a lockable door that opens out into a public thoroughfare or controlled staff area, removing any sex-based signage. NHSGGC has toilets that meet that criteria that are not designed as accessible for disabled people. Where areas don't have these toilets, in the</p>	<p>Possible indirect discrimination due to gender identity. NHSGGC monitor implementation of changes via patient and staff feedback and complaints. It is likely remodelling of some toilets / changing areas, to be</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"/> x</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>medium term NHSGGC may need to consider re-modelling to create this type of facility. Currently also, trans disabled people can use accessible toilets because they are gender-neutral. Transgender men and women may be anxious over the Supreme Court ruling and NHSGGC will communicate clearly about availability of facilities. Overall, discrimination by perception may increase based on assumptions about gender identity and / or use of gender neutral and accessible toilets. In addition, there may be challenges in fostering good relations between protected characteristic groups (e.g. balancing needs associated with the protected characteristics of disability, gender identity and sex)</p>	<p>gender neutral, will be required in the medium term.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<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 checked="" type="checkbox"/> x</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>The policy will not have an impact on the protected characteristic of marriage and civil partnership. Any relevance to marriage and civil partnership will be captured within the review process</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>The policy will not have an impact on the protected characteristic of pregnancy and maternity. Any relevance to pregnancy and maternity will be captured within the review process.</p>	
	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>The policy will not have an impact on the protected characteristic of race. Any relevance to race will be captured within the review process.</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>		
(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 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 have an impact on the protected characteristic of religion and belief. Any relevance to religion and belief will be captured within the review process.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

<p>(h)</p>	<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 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>The service change may have an impact on the protected characteristic of sex. However, it is aimed NHSGGC new signposts will focus on single room toilets with a lockable door that opens out into a public thoroughfare or controlled staff area, removing any sex-based signage. NHSGGC has toilets that meet that criteria that are not designed as accessible for disabled people. Where areas don't have these toilets, in the medium term NHSGGC may need to consider re-modelling to create this type of facility. Currently also, trans disabled people can use accessible toilets because they are gender-neutral. Males and females may take time to adjust to more gender neutral toilets in NHSGGC and discrimination may increase. Monitoring of complaints around perceptions that single sex spaces are not being respected will be conducted. Discrimination by perception may increase based on assumptions about gender identity and / or use of gender neutral and accessible toilets. In addition, there may be challenges in fostering good relations between protected characteristic groups (e.g. balancing needs associated with the protected characteristics of disability, gender identity and sex)</p>	<p>Possible indirect discrimination due to gender identity. NHSGGC monitor implementation of changes via patient and staff feedback and complaints</p>
<p>(i)</p>	<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>The policy will not have an impact on the protected characteristic of sexual orientation. Any relevance to sexual orientation will be captured within the review process.</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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>The policy will not have an impact on socio economic status and social class. Any relevance will be captured within the review process.</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>The policy will not have an impact on other marginalised groups. Any relevance will be captured within the review process.</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>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	Not applicable.	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	All NHSGGC staff are expected to complete their statutory and mandatory Equality and Human Rights e-learning module and any role specific learning and education.	

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.

This service change may infringe someone's right to privacy and dignity and articles outlined in the Human Rights Act 1998. The review process will be cognisant of the need to consider if and how an individual's rights have been interfered with.

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* .

While the service change has not explicitly considered application of the PANEL principles, the basis of the service change is to ensure everyone is afforded a fair service.

- **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)

X Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Not applicable

12. 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)
Assess what further changes (e.g. remodelling of some toilets / changing areas to be gender neutral) are required by NHSGGC on the implications of the new EHRC Code of Practice – Supreme Court ruling on biological sex	October 2025	Professor Tom Steele, Natalie Smith
Staff and patients feedback and analysis of complaints on service changes detailed in this EQIA	January 2026	Liam Spence, Daniel Connolly
Assess whether further public and staff awareness campaigns are required on the implications of the new EHRC Code of Practice – Supreme Court ruling on biological sex	March 2026	Liam Spence, Daniel Connolly

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

Lead Reviewer:
EQIA Sign Off:

Name Professor Tom Steele
Job Title Director of Estates and Facilities
Signature Tom Steele
Date 4/6/25

Quality Assurance Sign Off:

Name Louise Carrol
Job Title Planning and Development Manager
Signature Louise Carrol
Date 5/6/25

**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