

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to <u>Specific Outcomes as stated in your local Equality Outcomes Report</u>. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Vale of Leven Bus Service – Proposal to move to NHSGGC Shuttle Service

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.

Due to changes in clinical services at Vale of Leven, a bus service was introduced to link Vale of Leven and RAH. The service is not exclusively for patients or visitors, picking up and setting down passengers at bus stops along the route. It is understood that the service has been in operation since at least 2009, with the level of service generally having been 5 trips in each direction, Monday – Friday, and 2 trips in each direction on Saturday and Sunday. A few trips extend to serve Helensburgh at the start and end of the day. At the point of introduction, NHSGGC agreed that the public transport service would continue, with no end date, to enable support to patients and staff.

Due to significant increases in costs following withdrawal from SPT contract by the route operator, NHSGGC has had to seek alternatives to the current service model. The proposal that this EQIA is applied to seeks to halt current provision delivered by a commercial contractor and replace with an in-house patient transport service operating directly between Vale of Leven Hospital and Royal Alexandria Hospital. There would be an amended timetable, with the number of daily services increasing.

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

Following changes to service provision in the Vale of Leven Hospital, NHSGGC made a commitment to the community of Dumbarton to support access to ongoing care at the Royal Alexandria Hospital. NHSGGC continues to prioritise this commitment and wants to ensure that any proposed amendment to provision will avoid any unintended consequences for protected characteristic groups who may be reliant upon this service. Patronage for the current bus service has been reviewed and the changes planned have taken cognisance of current demand. The proposed service would be an enhancement of current service provision between the sites and its sole aim is to replace the service provision of the current SPT / NHSGGC supported bus service.

Who is the lead reviewer and when did they attend Lead re	viewer 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:
Denis Sweeney, Travel Planning and Systems Manager	

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):

Patient Experience, Travel and Transport Team and Corporate Facilities Team.

		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.	The supported bus link was introduced as part of clinical services realignment. The service will be monitored from users feedback to ensure it is meeting capacity and access to hospital services will be fully accessible and the current schedule of operation will increase, so there would be no perceived change in how the needs of protected characteristic groups are met.	The service will be monitored from service users feedback to ensure it is meeting capacity.

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
 2. Please provide deta how data captured I been/will be used to policy content or se design. Your evidence shou which of the 3 parts General Duty have I considered (tick rele boxes). 1) Remove discrimin harassment and victimisation 2) Promote equality opportunity 3) Foster good relat between protected characteristics. 4) Not applicable 	 programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity) 	will increase from the current provision. The vehicles being deployed on the route will be fully accessible.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
learning freevidence experience groups to Policy? Your evide which of t General D considere boxes). 1) Remove harassme victimisat 2) Promot opportuni	e of equality the service or ence should show he 3 parts of the uty have been d (tick relevant e discrimination, nt and ion e equality of ty good relations protected istics	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. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).	The inclusion of protected characteristics groups will not change from the transfer of the service from contracted service to in-house GGC. The frequency of the service will increase from current provision and so an enhanced service will be provided.	

		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? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. 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	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. (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.	SPT provided a range of patronage figures for the current service. These showed that the current bus service was operating at approximately 30-35% capacity, with a few journeys being slightly higher. The proposed replacement service will be fully accessible and the timetable will follow similar times to the current service, but the level and frequency of service will increase from current provision. Users of the service were asked to give feedback on the proposal via adds posted on the bus and at each hospital bus	The service will be monitored from service users feedback to ensure it is meeting capacity.
			stop,	

	 3) Foster good relbns between protected characteristics 4) Not applicable 	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 discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected	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).	The vehicles being deployed on the service will be accessible for all users, including wheelchair users. The service will provide a direct link between RAH & Vale of Leven, reducing journey times for users.	The service will only pick up and set down at RAH & Vale of Leven, it will not pick up at any other location on route. The aim of the service is to ensure access to services at both hospitals is provided.

	characteristics.			
		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 2) Promote equality of 	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 remove discrimination, harassment and	Information about the change was posted on the NHSGGC website and shared via the NHSGGC newsletter to subscribers to the Vale of Leven Hospital (VoLH) and Royal Alexandra Hospital (RAH) on 19 th May 2025. A further newsletter with information about the change was sent to VoLH subscribers on May 30 th .	Keyuneu

opportunity	victimisation and	email about the change	
	promote equality of	was sent to local	
3) Foster good relations	opportunity).	community groups and	
between protected		asked to be shared.	
characteristics		This was shared with	
		VoL Hospital Watch,	
4) Not applicable		West Dunbartonshire	
		CVS, and Engage	
The British Sign Language		Renfrewshire.	
(Scotland) Act 2017 aims to			
raise awareness of British		There have	
Sign Language and improve		subsequently been	
access to services for those		meetings with VoL	
using the language.		Hospital Watch	
Specific attention should be		representatives, as well	
paid in your evidence to		as responses to media	
show how the service		inquiries and	
review or policy has taken		correspondence from	
note of this.		locally elected officials.	
		The timetable for the	
		service will be posted at	
		the departure points at	
		both locations in a	
		format in line with	
		the current information	
		provided by SPT.	
		Copies will also be	
		available from the driver	
		and Information Support	
		Services. The timetable	

			will also be posted on the NHSGGC website for VoLH and RAH. An FAQ will be created ahead of the change and hosted on the NHSGGC website. This will also be shared with VoLH subscribers in the next newsletter, scheduled for 30 th June 2025.	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age Could the service design or p disproportionate impact on pe age? (Consider any age cut- service design or policy conte objectively justify in the evide segregation on the grounds o policy or included in the servi If this decision is likely to imp young people (below the age evidence how you have consi Principles of the United Nation	eople due to differences in offs that exist in the ent. You will need to once section any f age promoted by the ce design). act on children and of 18) you will need to dered the General	The replacement service would be a direct service, avoiding pick-ups and drop offs and so will mean less time in transit for all users.	The service will be monitored from service user's feedback.

	Rights of the Child. Please include this in Section 10 of the form.	
	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	
(b)	Disability	The replacement
	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 dvictimisation 2) Promote equality of opportunity 3) Foster good relations between protected	vehicles are accessible and will have similar capacity to the current vehicles. The frequency of the service will increase and provide a non-stop service between both locations, reducing time in transit

	characteristics.		
	4) Not applicable		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	Not relevant	
	Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? 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		
	4) Not applicable		

Protect	ted Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
Could t disproj protect Partner Your e Genera boxes) 1) Rem victimi 2) Pror 3) Fost charac	vidence should show which of the 3 parts of the al Duty have been considered (tick relevant nove discrimination, harassment and	Not relevant	

(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).	The replacement vehicles are accessible and will have similar capacity to the current vehicles and can accommodate wheelchairs and prams.	
	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
(f)	Race Could the service change or policy have a	Any changes to the service will be communicated to	

	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	patients who do not have English as a first language via translated text. Any notification on the Board website can be translated using the online translation app.	
(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	Not relevant	

	 3) Foster good relations between protected characteristics. 4) Not applicable 		
	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	Service will be free of charge and will remove any potential financial burden experienced by women as primary carers.	
(i)	Sexual Orientation		

	Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?	Not relevant	
	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
(j)	Socio – Economic Status & Social Class	Service will be free at point of delivery . The	
	Could the proposed service change or policy have a	previous service was	
	disproportionate impact on people because of their social class or experience of poverty and what	not. The service will only pick up and set down at	
	mitigating action have you taken/planned?	RAH & Vale of Leven, it	
		will not pick up at any	
	In addition to the above, if this constitutes a 'strategic	other location on route.	

	decision' you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions and complete a separate assessment. Additional information available here: <u>Fairer Scotland</u> <u>Duty: guidance for public bodies - gov.scot</u> (www.gov.scot)	The aim of the service is to ensure access to services at both hospitals is provided.	
(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?	Not directly relevant	
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 	The costs to provide the contracted service have increased substantially in recent years. The in- house service will yield a saving to the Board, increased provision, with no reduction in accessibility.	

	 3) Foster good relations between protected characteristics. 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.	NHSGGC staff are delivering the service and not a contracted bus company. All our staff will have completed statutory and mandatory learning in equality and human rights. They will be equipped with knowledge and understanding of tackling discrimination.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The proposed service change does not present any risk to breaching articles of the Human Rights Act.

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*.

Final planning for changes to the service will be informed by further engagement of service users. Their participation will help secure a service model that is fair for all.

- 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.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. The full list of articles to be considered is available <u>here</u> for information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

There is no projected negative impact on children and young people in relation to this service in that anyone (including carers) who require access to appointments will have access to the bus service.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that a options considered need to be reframed against the best possible outcome for children.

The service is accessible to all patients and their carers who have scheduled appointments at RAH or Vale of Leven. Children and young people who used the previous service were invited to give their views as per detail provided in section 4.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

The enhanced service will continue to meet the needs of the patient group requiring transport to access service provision. There is no anticipated detriment to children and young people in this regard.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Children and young people who used the previous service were invited to give their views as per detail provided in section 4.

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



Option 1: No major change (where no impact or potential for improvement is found, no action is required)



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

- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here):

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Not applicable

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
No actions identified Further user engagement	December 2025	

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

Lead Reviewer: EQIA Sign Off:	Name Job Title Signature Date	William Hunter Deputy Director – Facilities and Corporate W Hunter 23/06/2025
Quality Assurance Sign Off: (NHSGGC Assessments)	Name Job Title Signature Date	Alastair Low Equality Manager A Low 23/06/25

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



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

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

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

	Comp	leted
	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 Com	npleted 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: <u>alastair.low@ggc.scot.nhs.uk</u>