

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:

Closure of Ward 36, RAH

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.

In order to deliver modern older adult services in RAH, there is an opportunity to review the current model of older people's long stay services, with a view to realigning resource to better meet patient needs. The proposed redesign will see the closure of Ward 36, RAH, with patients and staff retained within the wider Older People & Stroke Service in the RAH and resources realigned to better meet the needs of older frail patients.

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.)

Historically, long stay older people's care was provided within Ward 36. Ward 36 provides care for medically fit patients, who have no active rehabilitation needs, but who are anticipated to have a longer length of stay, predominantly due to being complex delayed discharges. As older people's care has modernised and alternatives to hospital admission have developed, the demand for this model has reduced as it is no longer the most effective pathway for patients. As this redesign directly impacts the older population it has been selected for EQIA.

One of the initiatives that this redesign will support is the implementation of Hospital at Home – this has been assessed for impact in its own right by the Scottish Government - [Background - Hospital at Home Programme - virtual capacity: equality impact assessment - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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: Victoria Cox	Date of Lead Reviewer Training: December 2024
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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):

Dr Lucy McCracken, Clinical Director Alastair Low – Interim Lead, Equality and Human Rights Team

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	The data captured is limited to those fields available via Trakcare patient information management system. -There are: Name -Address -Religion -Ethnicity -Interpreter required Communication format -Gender -Age -Marital status	Trakcare doesn't routinely capture all protected characteristics.
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2. Please provide details of how data captured has	<i>A physical activity programme for people</i>	Data on patient age and then corresponding length of stay has been evaluated to inform this redesign. Evidence shows that	

	<p>been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>longer hospital stays for older adults can increase the risk of falls, delirium, hospital-acquired infections, and deconditioning. This redesign aims to address these risks and promote better health for patients by reducing hospital stays where appropriate.</p> <p>Ward 36 is a mixed sex wards with single sex bays and side rooms.</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</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and</i></p>	<p>The closure of Ward 36 to reinvest in front door frailty services and hospital at home aligns with multiple Scottish National Policies.</p> <p>Ageing and frailty Standards for the care of older people (November 2024): Standard 11: Care in hospital When in hospital, older people living with frailty receive safe, effective and person-centred care. This includes ensuring people with frailty are not moved between wards unless there is a clinical need. At present, there is no clinical need for patients to transfer to ward 36. The current model of care conflicts with</p>	

	<p>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>harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>National Standards and this change seeks to mitigate against this and align services with best clinical evidence.</p> <p>The National Clinical Strategy for Scotland: Outlines the importance of delivering care closer to home and promotes approaches to reduce hospital admissions and length of stay.</p> <p>Healthcare standards - Delayed discharge: “Any delay in discharge can have a severely detrimental effect on a person’s health and wellbeing. Evidence shows that lengthy periods of unnecessary bed rest can lead to severe muscle wastage, pressure sores, loss of independence and confidence, and can ultimately lead to early admission to a long term care”</p> <p>The current model risks delaying patients discharges by increasing the risks associated with multiple ward moves.</p> <p>2020 vision for Health and Social care: Advocates shifting the balance of care from hospitals to community, prioritising models of care that enable people to stay at home longer</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</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</i></p>	<p>It has been confirmed that the closure of Ward 36 is service redesign. As there is no planned change to the specialist service people access, with the opportunity to deliver improvements in patient pathways, there is no specific requirement to engage with equality groups.</p>	

	<p>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>home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.</i></p>	<p>Patients will continue to be cared for in Older People & Stroke Services in RAH which are designed to best meet the care of this population. There are ongoing works to ensure wards provide modern and accessible services. There will be no detrimental impact with regards to physical accessibility.</p>	

	<p>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>	<p><i>(Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and</i></p>	<p>The closure of Ward 36 has been communicated to staff in partnership. Communication to patients and relatives will be subject to the Clear to All Policy. By adopting this approach, we aim to ensure that we remove discrimination, promote equality of opportunity, and foster good relations.</p> <p>Staff have access to mandatory Equalities training and are aware of the expectation and requirements to ensure communications are undertaken in an inclusive and non discriminatory way.</p> <p>Any staff, patient or family specific concerns are addressing with a person centred approach.</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>victimisation and promote equality of opportunity).</i></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>At present, the model in ward 36 disproportionately impacts older people. Ward 36 provides care for medically fit patients, who have no active rehabilitation needs, but who are anticipated to have a longer length of stay, predominantly due to being complex delayed discharges. Patients are predominantly over 75, or under 65 and in or awaiting a long term care facility.</p> <p>Upon closure of the ward, patients will be prioritised for discharge home or to interim care, with the aim of reducing the overall length of stay.</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>Standard 15 of Older People in Acute Hospital (2015) states; "Older patients are more likely to have adverse outcomes, including increased mortality, longer stay in hospital and poorer patient experience, when they are inappropriately moved in hospital (for example, at night or multiple moves) or when discharge is delayed. Boarding is when a patient's care and treatment is delivered in hospital areas that are not designed to meet their care needs"</p> <p>It also states that while... "Boarding of any patient is minimised and patients with cognitive impairment are not moved to another bed, room or ward unless clinically necessary for their treatment or to manage clinical risks".</p> <p>This means that frail older patients and those with cognitive impairment, (such as those with a Learning Disability, types of Dementia/Alzheimer's or Acquired Brain Injury) regardless of age, should not be identified as being suitable to board. Whilst patient's who move to Ward 36 are not classed as being "boarded", it is an unnecessary additional ward move in the patient's journey that could be avoided.</p> <p>A 'Home First' approach should be taken, and the closure of Ward 36 will allow resources to be redirected to prioritising earlier discharges.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>It is anticipated that this will have a positive impact for patients. For elderly and frail patients the benefits of having a reduced length of stay and / or remaining in their own home rather than admission to hospital are significant. An inpatient stay for these patients is more likely to result in deconditioning and compromise recovery.</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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>	No specific impact identified.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>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>	No specific impact identified.	
(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>	No specific impact identified.	

	<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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No specific impact identified.	
(g)	Religion and Belief	No specific impact identified. Person centred care plans are in place across GGC and consider patients religion and beliefs.	

	<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 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>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>NHS staff are predominantly Female (84%). Staff working within Ward 36 will be redeployed through the Workforce Change process, and all can be accommodated in Older People & Stroke services within the RAH.</p> <p>There are no implications for patients with the protected characteristic of Sex. The overall discharges from RAH Geriatric medicine is approximately 55% female to 45% male. This is on par with the Scotland's Census 2022 which demonstrated that 43% of the population over 75 are male.</p>	<p>Individual meetings will be held with employees to ensure understanding of the organisational change process and to complete the Personal Questionnaire which considers personal circumstances.</p>

	<p>4) Not applicable <input checked="" type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>	<p>No specific impact identified.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(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</p>	<p>No specific impact identified.</p>	

	<p>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>		
(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>No specific impact identified.</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>	<p>This redesign will ensure the efficient use of resources and allow for reinvestment in front door frailty services. There is an element of cost saving in line with the Boards Sustainability and Value Programme and has been considered via this programme board.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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.	Statutory & Mandatory training includes Equality and Diversity, current compliance rate within Older People & Stroke Services is 91.8%. Within Ward 36 specifically it is 95.8% (figures as of October 2024)	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

No risks in relation to the service redesign have been identified. A prolonged hospital stay for medically fit people will impact on someone's right to respect for private and family life and while this may not be the immediate aim of the redesign, it recognises that independence, well-being and autonomy are key human rights values and protected by Article 8 in the Human Rights Act 1998.

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* .



*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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

6 months from closure of Ward 36 - date TBC

Lead Reviewer:
EQIA Sign Off:

Name Victoria Cox
Job Title General Manager Older People & Stroke Services, Clyde

Signature 
Date 10th December 2024

Quality Assurance Sign Off:

Name Dr Noreen Shields
Job Title Planning and Development Manager

Signature 
Date 9/12/24

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:

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