

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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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:

Clinical Governance Policy

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Clinical Governance Policy sets out the key policy requirements for clinical governance and the organisational arrangements for NHSGGC in order to protect and improve population health and wellbeing whilst providing a safe, accessible, affordable, integrated person centred and high quality health service. The policy is written at a high level, understanding that the important issues of implementation and practice will be supplemented by the publication of other supporting guidance, providing greater detail on specific quality improvement or governance practice and methods.

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.

It's an important reflection of the investment made by NHSGGC in providing equality-sensitive person centred care that this underpinning policy is robustly assessed for consideration of possible negative impact on protected characteristics and aligns to our commitment to eliminate discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between groups that share a protected characteristic and those who do not.

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:
Geraldine Jordan

Date of Lead Reviewer Training:

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):

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| | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| 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 Clinical Governance Policy does not establish parameters for collecting patient data but is applied in settings where protected characteristic data is routinely captured through various mainstream patient information systems. |
| | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 2. | Please provide details of how data captured has been/will be used to inform | <i>A physical activity programme for people with long term conditions reviewed service user data and found very low</i> | Review of patient data is an important aspect of understanding how service uptake may be patterned by protected characteristic groups. The Policy specifically states that all quality improvement activity is patient and carer focussed taking special |

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| | <p>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 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>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>account of inequality sensitive practice and legally protected characteristic groups. To this end, review of data through an 'equality lens' and capture of population demographic data when engaging with service users etc will help define improvement programmes.</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><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</i></p> | <p>The policy specifically references the requirement to take account of the Specific Equality Outcomes as noted in A Fairer NHS Greater Glasgow and Clyde. These outcomes have been developed in response to engagement with protected characteristic groups and wider evidence that describes additional barriers to equitable service experienced by some protected characteristic groups.</p> <p>In addition to alignment with the needs of protected characteristic groups, the Policy reflects and aligns to the direction of NHS Scotland's Healthcare Quality Strategy.</p> | |

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| | <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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>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><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? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</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>As per above – the Policy will be followed within services that are required to show due regard to meeting the Public Sector Equality Duty and respond to local evidence of possible variations in service uptake by protected characteristic groups (Specific Outcomes). NHSGGC service design is person-centred and understands the pivotal relationship protected characteristics have with successful service delivery. Patient engagement within service developments is explicitly inclusive of different protected characteristic groups.</p> | |

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| | <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>* 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>The policy will apply to the delivery of NHSGGC clinical services on the understanding that all clinical environments are fully accessible to patient groups unless there are grounds to objectively justify exclusion.</p> | |

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| | <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>(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>This is an internal policy and will be promoted via mainstream staff communication channels including appropriate governance groups/committees. Any reasonable adjustment required to enable staff to access the document will be made.</p> | |

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| | <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve 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>Given the high level nature of the policy, there is no specific impact identified on the grounds of age. The policy reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGC's Specific Equality Outcomes, one of which relates to the care of older people - <i>Person Centred Care for older people is enhanced by addressing ageism and its impact on treatment options and care for older people</i></p> | | |

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| | <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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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>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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>Given the high level nature of the policy, there is no specific impact identified on the grounds of Disability. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes, two of which relate to the provision of services to disabled people.</p> | |

| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| (c) | <p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>Given the high level nature of the policy, there is no specific impact identified on the grounds of Gender Reassignment. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHS GGC's Specific Equality Outcomes, one of which relate to LGBTQ people - <i>NHS GGC is perceived as a safe and inclusive place by Lesbian Gay Bisexual and Transgender + (LGBT+) people.</i></p> | |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (d) | <p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> | Not applicable. | |

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| | <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> | | |
| (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 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>Given the high level nature of the policy, there is no specific impact identified on the grounds of Pregnancy and Maternity. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes, one of which relate to Pregnancy - <i>Women with protected characteristics of race, socio-economic inequality or who are affected by gender based violence (GBV) receive perinatal care which improves their health outcomes</i></p> | |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |

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| <p>(f)</p> | <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 checked="" type="checkbox"/></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>Given the high level nature of the policy, there is no specific impact identified on the grounds of Race. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes, one of which relates to Race - <i>Ensure that Black and Minority Ethnic (BME) patients have access to full service pathways in all NHSGGC services, particularly those that do not speak English, informed by an understanding of the impact of racism on health.</i></p> | |
| <p>(g)</p> | <p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> | <p>Given the high level nature of the policy, there is no specific impact identified on the grounds of Religion and Belief. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes, one of which relates to Religion and Belief - <i>The needs of patients with religious beliefs are understood and acted on in services through an established Staff Interfaith Group.</i></p> | |

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| | 4) Not applicable <input type="checkbox"/> | | |
| | 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 checked="" type="checkbox"/></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>Given the high level nature of the policy, there is no specific impact identified on the grounds of Sex. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes.</p> <p>NHSGGC Women's Health Plan will intersect with the Clinical Governance Policy in key priority clinical identified as:</p> <p>Menstrual Health Menopause Endometriosis Contraception and Abortion Cardiac Disease Reduction in inequalities in health outcomes</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>Given the high level nature of the policy, there is no specific impact identified on the grounds of Sexual Orientation. The policy specifically reminds staff of the need to deliver services that are compliant with the three parts of the Public Sector Equality Duty and aligned to NHSGGC's Specific Equality Outcomes, one of which relates to Sexual Orientation - <i>NHSGGC is perceived as a safe and inclusive place by Lesbian Gay Bisexual and Transgender + (LGBT+) people.</i></p> | |

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| | <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 checked="" 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 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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> | <p>Given the high level nature of the policy, there is no specific impact identified on the grounds of socio-economic status or social class.</p> | |

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| | <p>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</p> <p>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</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>Given the high level nature of the policy, there is no specific impact identified for other marginalised groups.</p> | |

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| 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 checked="" type="checkbox"/></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>There are no anticipated cost savings directly associated with the Policy</p> | |
| | | 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> | <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.</p> | |

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.

None identified

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The Clinical Governance Policy is based on core principles and commitments to deliver care that is person centred, safe, effective and responsive to the needs of our diverse patient groups.

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- 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.

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

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

Lead Reviewer:

Name Geraldine Jordan

EQIA Sign Off:

Job Title Director of Clinical and Care Governance

Signature Geraldine Jordan

Date 21/03/23

Quality Assurance Sign Off:

Name Alastair Low

Job Title Planning Manager

Signature Alastair Low

Date 22/03/23

**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 | |
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| | | 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 | |
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| | | Date | Initials |
| Action: | | | |
| Reason: | | | |
| Action: | | | |
| Reason: | | | |

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

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

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

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| 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