

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:

NHS Greater Glasgow and Clyde Right Patient, Right Meal, Right Time (RPRMRT) Policy for Adult Inpatients

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 RPRMRT policy provides a framework that puts the patient at the centre of the mealtime experience. Its effective implementation is supported by the adoption of the Improving Mealtimes Experience Bundle which, along with adherence to this policy, is the operational responsibility of the Senior Charge Nurse or Midwife in each ward area. Mealtime planning includes:

Allocating responsibility of the meal service to a 'mealtime coordinator'.

Preparing the physical environment and the patients for meal service

Protecting mealtimes in line with locally agreed mealtimes, these timings are displayed at the entrance of the ward.

Ensuring hot courses are served separately when food is regenerated at ward level.

Ensuring a system is implemented to identify the level of assistance each patient requires at mealtimes.

Documenting individual food / fluid consumption as directed in care plan.

The above is underpinned by a robust Food Fluid and Nutrition assessment on admission for inpatient care.

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.

Food, fluid and nutrition are fundamental to health and wellbeing and therefore to quality and safety. Every ward area has a responsibility to

ensure that during mealtimes all non-essential staff activity is stopped and the focus is solely on providing the best possible environment to support patients to eat and drink. It's vital that aligned frameworks to support this aspiration understand and include an understanding of possible barriers to equity of provision/nutritional outcome. An EQIA offers an opportunity to test the framework.

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: John Carson & Carol Ruth	Date of Lead Reviewer Training 11/04/23
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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):

FFN Op Group & FFN Oversight Group

	<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	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Every full nutritional assessment on admission captures relevant information to support the provision of patient-centred mealtime planning. This includes age, disability, religion and belief, race, sex and socio-economic factors. Not all collected information will be directly relevant to mealtime planning.

	data omitted.			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been 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><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found 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>Relevant protected characteristic data is used to inform mealtime planning. For instance disability may be a consideration in ensuring adequate additional support is available to a patient at mealtime and that the meal is prepared in a way that makes it as accessible as possible to eat. Information relating to communication support is used to ensure patients can understand and make informed meal choices. Where appropriate meals will be provided in line with previously captured information relating to recorded faith (Halal/Kosher etc.).</p>	

	4) Not applicable <input type="checkbox"/>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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>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).</i></p>	<p>The policy has been informed by national best practice approaches developed in 2008 from an action learning set. This informed the Improving Mealtimes Experience for Patients: Implementing the Mealtimes Bundle resource.</p> <p>The policy has also been informed by Health Improvement Scotland's Food Fluid and Nutrition Care Standards (2014) and is a 'sub-policy' of NHSGGC's overarching Food Fluid and Nutrition Policy. Both of these guiding documents have been equality impact assessed.</p>	
		<i>Example</i>	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	<i>A money advice service spoke to lone parents (predominantly women)</i>	As a sub-policy of the FFN Policy the RPRMRT has been informed through a range of engagement activities as captured in the EQIA of the FFN Policy:	

<p>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 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>to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Menu planning in NHSGGC Acute Hospitals has been informed through ongoing engagement activity with diverse population groups. In addition to collation and analysis of monthly feedback, specific patient groups were established to better understand need and create inclusive menus that are Halal and Kosher.</p> <p>Direct engagement with patients in inpatient mental health settings has also helped evolve menu planning.</p>	
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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?</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>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The RPRMRT ensures that all reasonable adjustments are made to create person-centred mealtimes. This will be informed by the comprehensive food fluid and nutrition assessment to ensure a proactive planning approach is adopted.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it</p>	<p><i>Following a service review, an information video to explain new procedures was hosted</i></p>	<p>Though primarily a framework for use by staff, the mealtime experience is informed by taking a person-centred approach to individual mealtime planning. This is facilitated through provision of any</p>	

<p>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 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>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>on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>communication support required using mainstream NHSGGC resources. This includes the use of BSL interpreters and other spoken language interpreters.</p> <p>Evidence returned in the FFN Policy states:</p> <p>Effective communication lies at the heart of appropriate menu planning and patient choice. NHSGGC utilises a range of communication support resources including easy read menu guides, translated materials and interpreter liaison to ensure patients are empowered to make the right menu choices. NHSGGC also regularly reviews patient opinion feedback and complaints to better understand how catering provision is received and what additional steps can be taken to continue to deliver an inclusive and high quality service.</p> <p>Meal time coordinators will ensure that any communication support needs will be made to facilitate informed menu choices.</p>	
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <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>There is no expected detriment on the grounds of the protected characteristic of Age. As an over-arching policy, the FFN Policy sets the direction and expected standards for local FFN provision including the RPRMRT policy, with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.</p> <p>Bespoke nutritional assessment screening tools are used for adults and inclusion of carers where appropriate is a mainstream consideration.</p> <p>The inter-relationship between age and disability or age-related conditions that may place some restrictions on menu planning will be taken into account and any considerations discussed with the patient.</p> <p>Meals comply with the International Dysphagia Diet Standardisation Initiative (IDDIS) to ensure appropriate consistency of fluids and foods are available.</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>There is no expected detriment on the grounds of the protected characteristic of Disability. As the relevant overarching policy, the FFN policy sets the direction and expected standards for</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>local FFN provision – including the RPRMRT Policy - with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.</p> <p>Mainstream communication support functions are in place to ensure disabled patients have a voice in menu planning and choice. In addition, services will engage directly with carers where required to further facilitate advocacy in provision of food, fluid and nutrition.</p> <p>The FFN Policy refers to the STOPSS nutritional assessment tool used with patients who have difficulty swallowing and this would be included in the Mealtime Bundle considerations.</p> <p>The policy outlines requirement to provide assistance with eating if required and the provision of adaptive equipment to support eating and drinking.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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</p>	Not relevant	

	<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 checked="" type="checkbox"/></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> <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>	Not relevant	

	4) Not applicable <input checked="" type="checkbox"/>		
(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 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>There is no expected detriment on the grounds of the protected characteristic of Pregnancy and Maternity. As an over-arching policy, the FFN Policy sets the direction and expected standards for local FFN provision including delivery via the RPRMRT Policy with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.</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</p>	<p>There is no expected detriment on the grounds of the protected characteristic of Race. As an over-arching policy, the FFN Policy sets the direction and expected standards for local FFN provision including RPRMRT compliance, with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.</p> <p>As previously stated, patients who require</p>	

	<p>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>communication support to make informed choices will have access to mainstream interpreting and translation services. This support is available during all discussions relating to food fluid and nutrition support.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>There is no expected detriment on the grounds of the protected characteristic of Religion and Belief. As an over-arching policy, the FFN Policy sets the direction and expected standards for local FFN provision, including compliance with the RPRMRT policy, with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.</p> <p>All menu choices are fully inclusive of the dietary requirements of faith groups and extend to meet the needs of those whose philosophical beliefs will determine menu planning. This has been further supported through establishing patient groups specifically to consider the provision of Halal and Kosher diets.</p> <p>Proactive menu planning to make the most of mealtimes happens at the initial food, fluid and nutrition assessment.</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>4) Not applicable <input checked="" type="checkbox"/></p>	Not applicable	
(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>	Not applicable	

	<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
(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> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 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>Food first approach - expand (can't remember what you'd said in relation to this and the association with socio-economic status). The narrative here may need to reflect on the current economic crisis and the impact this has on diet and poverty. Evidence needs to avoid stereotyping on the grounds of Socio-economic status</p> <p>Eating better to feel better leaflet – can be given – expand. FFN</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>There is no expected detriment on other marginalised groups that is not captured within the other sections of this assessment.</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</p>	<p>Not applicable</p>	

	<p>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>		
		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 members of staff are expected to complete the Statutory and mandatory e-learning module for Equality and Human Rights. In addition to this, each clinical area has an appointed link nurse for food fluid and nutrition who will cascade learning where relevant to the care team.</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.

No risk anticipated – inclusive menu planning and provision that takes into account individual need supports a rights approach to patient-centred care ensuring the right menu is provided to the right patient at the right time.

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* .

Provision of appropriate food, fluid and nutrition that meets national policy guidance and is informed by patient feedback upholds the principles of a human rights approach. This is further strengthened through supporting specific groups to engage and comment on menu planning, including food tasting sessions and taking all reasonable measures to deliver person-centred mealtimes.

*

- 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)
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Due regard ref for John and Carol		
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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Lead Reviewer:
EQIA Sign Off:

Name Carol Ruth
Job Title Practice Development Nurse – Acute Services



Signature
Date 29/05/2023

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature
Date 20/05/23

**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:

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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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