

NHS England: Equality and Health Inequalities Impact Assessment (EHIA) template

Please read NHS England's [internal guidance on the development of EHIAs](#) before completing this document. **Please note a copy of the draft policy must be provided together with the EHIA to whoever is being asked to review your policy and the EHIA.** Key resources are available if you join the [Equality and Health Inequalities Network \(EHIN\)](#) on the NHS Futures site.

A completed copy of this form, together with the policy, **must** be provided to the decision makers. The decision makers must consider this assessment when they make their decision about the policy.

1. Name of the policy

The term 'policy' refers to **any** activity carried out by NHS England. This covers decisions, policies, programmes, provisions, proposals, initiatives, criteria, practices and activities across NHS England's commissioning, regulatory, oversight, employment or other functions.

Privacy, dignity and safety in hospital accommodation

2. Brief summary and purpose of the policy in a few sentences:

In your summary, please also confirm who the policy will affect (e.g. patients and/or staff)

The Privacy, dignity and safety for all in hospital accommodation policy provides updated guidance on ensuring privacy, dignity, and safety for all patients in hospital accommodation, outlining circumstances where breaches may occur and highlighting reporting responsibilities for providers and Integrated Care Boards.

The policy updates the Delivering Same Sex Accommodation Guidance (2019) and takes into account the ruling from the Supreme Court in the [For Women Scotland Ltd \(Appellant\) v The Scottish Ministers \(Respondent\)](#) case and the [EHRC's Code of Practice for Services, Public Functions and Associations \(2026\)](#) which was laid before parliament on 21 May 2026.

This revised guidance provides a clear set of principles to support staff when making shared decisions with patients to ensure the privacy, dignity and safety of all patients who are admitted to hospital accommodation. The guidance highlights the importance of prioritising clinical need, should be used to support delivery of the NHS Constitution's pledge on same sex accommodation and provides detail to support staff to balance the needs of all patients in their care appropriately to meet this commitment.

3. Main potential positive or adverse impact(s) of the policy for protected characteristic groups summarised

Please briefly summarise the main potential impact(s) (positive or adverse) on people with the nine protected characteristics (as listed below). Central resources to help make these assessments can be found on the [Equality and Health Inequalities Network hosted on FutureNHS](#) (please request access to this network, as it is for members only).

If after careful consideration, you conclude that your policy will not impact adversely or positively on the protected characteristic groups listed below, please state '**neutral**.' Information on mitigation of adverse impacts is included in the [Developing EHIA's Guidance](#).

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Age: e.g. older people; middle years; early years; children and young people; or people of a particular age (e.g. 32 years old)	There are potential positive impacts of the policy for older people. Older people are more likely to spend time in hospitals in later life. Many of these will be experiencing end of life care; a time where dignity is particularly important.	To maximise the positive impact for older people the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	Younger children are unlikely to be impacted by the guidance as it does not apply to any units or wards which are exclusively responsible for the care of children and young people, such as paediatric/children's wards/units and paediatric intensive care. Some older children may request to be placed in single sex accommodation. Clinicians will assess these requests on the basis of clinical and operational requirements. There are potential positive impacts on younger people from the focus of the policy on privacy, dignity and safety for all.	To maximise the potential positive impact on younger people the guidance highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. What might be particularly relevant to young people is that the policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The guidance recognises that where a reasonable request is made by an individual child for their care to be delivered in a single sex environment, this request should be met where it would be clinically and operationally appropriate to do so. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Disability: any long-term physical or mental impairment; substantially effecting day-to-day activities. ¹	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for people with disabilities, especially where an individual has specific care needs or requires reasonable adjustments, as the revised guidance advises a focus on assessing communication and accessibility needs.	To maximise the positive impact for disabled people the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.
Gender reassignment. ²	There are a number of potential adverse impacts for trans people through the policy's advice on meeting the NHS constitution's commitment to single-sex hospital accommodation. Trans people may fear and potentially experience discrimination by being 'outed' as trans through not being accommodated in a ward that aligns with their lived gender or being placed in a side-room.	To mitigate the adverse impact on trans people the policy highlights that every individual has the right to receive high quality, safe and effective care that provides a positive experience. What might be particularly relevant to trans people is that the policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.

¹ For further information about the definition of 'disability' for the purposes of the Equality Act 2010, please see: [Disability: Equality Act 2010 - Guidance on matters to be taken into account in determining questions relating to the definition of disability \(HTML\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/disability-equality-act-2010)

² A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	They may fear being accommodated on a ward that aligns with their biological sex, which could lead to avoiding accessing healthcare at all. There may be delays and a greater risk of 'corridor care' for trans people with a negative impact on their physical and mental health and wellbeing if side-rooms are not available. There is a risk that hospital estates will not have the capacity to provide side-rooms when needed, forcing trans people into the potentially distressing situation of being accommodated on wards aligned with their biological sex. The EHRC's Code of Practice for Services, Public Functions and Associations (2026) recognises that "In separate or single-sex services, a trans man will be excluded from the men-only service because his sex is female, and a trans woman will be excluded from the women-only service because her sex is male. Trans people are likely to be disadvantaged by this, by comparison to people who are not trans"	The policy encourages shared decision making and regular communication with patients to ensure privacy, dignity and safety are maintained. The policy recognises that there are times when the need to urgently admit and provide specialist care overrides the need for complete segregation of sexes and details a number of scenarios and settings where the guidance does not apply, such as A&E and intensive care. The policy recognises that, due to high demands on NHS services, there may be occasions when both meeting clinical needs and delivering same sex accommodation may not be possible and that ensuring clinical needs are met is the priority. The policy highlights that delivery of same-sex accommodation should not be a reason for patients to receive care in a non-designated clinical space (corridor care) or for individual patient care to be compromised in any other way.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	(paragraph 13.119). This is also acknowledged in the accompanying Equality Impact Assessment. There may also be a negative impact on fostering good relations between those with protected characteristics of gender reassignment and sex, as situations may arise where providers of hospital accommodation may need to balance the needs of one group against the other. This has the potential to create animosity and division between these groups.	The policy states that NHS staff should consider the needs of each patient on an individual basis and that decisions relating to hospital accommodation for trans people must be made on a case-by-case basis. The policy advises that, in instances where it would not be clinically appropriate to deliver care to a trans patient on a ward or bay that aligns with their biological sex, alternative arrangements should be identified. This should be based on an assessment of the specific circumstances, balancing the individual patient's needs with wider clinical requirements for alternative accommodation including single rooms. It also recognises that there may be circumstances where the choice is between placement on a ward aligned with a trans person's gender identity and not providing the required service.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
		The policy notes that the EHRC code of practice says that in the case of services that are “necessary for everybody... it is very unlikely to be proportionate to put a trans person in a position where there is no service that they are allowed to use.” In such circumstances, ensuring that the patient’s clinical needs are met remains the overriding priority.
Marriage & civil partnership ³ : people married or in a civil partnership.	There are no expected positive or adverse impacts for people with the protected characteristic of marriage and civil partnership other than the general positive impact of the focus on privacy, dignity and safety for all.	There are no specific actions required.
Pregnancy and maternity : women while pregnant and during maternity leave.	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for people who are pregnant or might be breastfeeding, especially in relation to the provision of same sex accommodation, due to the enhanced focus on assessing individual privacy and dignity requirements.	To maximise the positive impact for people who are pregnant or might be breastfeeding the policy highlights the individual’s right to receive high quality, safe and effective care that provides a positive experience.

³ Please note that the provisions on marriage and civil partnership are limited in relation to service-delivery (See: [Developing Equalities and Health Inequalities Impact Assessments \(EHIAs\)](#): Page 8)

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
		The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.
Race and ethnicity⁴: includes colour and ethnic and national origins.	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for people from minority ethnic groups or races, especially in relation to the provision of same sex accommodation.	To maximise the positive impact for people from minority ethnic groups or races the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.

⁴ Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. The Equality Act 2010 prohibits discrimination on the basis of colour, nationality and ethnic or national origins. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities. So, for example, this includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Religion and belief: people with different religions/faiths or beliefs, or none.	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for people with different religions or beliefs, especially in relation to the provision of same sex accommodation, specifically as the overall policy is aligned with the single sex requirements in some religious practices.	To maximise the positive impact for people with different religions or beliefs the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.
Sex: men; women.	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for men and women especially in relation to the provision of same sex accommodation. There will be potential positive impacts in terms of the legal accuracy reflected in the guidance regarding access to single sex services being based on biological sex. There may be a negative impact in terms of women who do not present in line with general societal expectations being	To maximise the positive impact for men and women the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact(s) of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	subjected to questioning around their sex to enable access to single sex accommodation. There may also be a negative impact on fostering good relations between those with protected characteristics of sex and gender reassignment, as situations may arise where providers of hospital accommodation may need to balance the needs of one group against the other. This has the potential to create animosity and division between these groups.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	There are potential positive impacts from the focus of the policy on privacy, dignity and safety for people with a minority sexual orientation especially in relation to the provision of same sex accommodation. There may be a negative impact in terms of lesbian and bisexual women who do not present in line with general societal expectations potentially being subjected to questioning around their sex to enable access to single sex accommodation.	To maximise the positive impact for people with a minority sexual orientation the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The policy clearly states both provider and ICB roles and responsibilities for ensuring compliance with the guidelines, how to report and act on breaches.

4. Information and communication support needs

Have you considered whether steps are necessary to meet the information and communication support needs of patients, service users, carers and patients? Please place an 'x' in the appropriate box below.

YesX	No
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NHS England publishes two documents that are relevant to information and communication support needs:

1. The Accessible Information Standard (AIS): Where those needs relate to a disability, impairment or sensory loss or wider disability related translation or interpretation needs see the [Accessible Information Standard](#).
2. Community languages and translation: Where English is not the first language see the '[Improvement framework: community language translation and interpreting services](#)'

Please complete the box below.

Is this standard or guidance relevant?	Yes	No
The Accessible Information Standard	X	
The Improvement Framework: community language translation and interpreting services	X	

5. Main potential positive or adverse impact for people who experience health inequalities

Please briefly summarise the main potential impact (positive or adverse) on people at particular risk of health inequalities (as listed below). In particular, you must consider outcomes in terms of the **effectiveness** of health services, the **safety** of the services, and the **quality of the experience** undergone by patients.

If after careful consideration, you conclude that your policy will not impact on patients who experience health inequalities adversely or positively, please state '**neutral**.' Information on mitigation of adverse impacts is included in the [Developing EHIA Guidance](#).

Groups who commonly face health inequalities⁵	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
Looked after children and young people and people with experience of the care system.	Looked after children and young people are unlikely to be impacted by the guidance which does not cover any units or wards which are exclusively responsible for the care of children and young people, such as paediatric/children's wards/units and paediatric intensive care. There are potential positive impacts on looked after children and young people and those with experience of the care system from the focus of the policy on privacy, dignity and safety for all.	To maximise any potential positive impact on looked after children and young people and those with experience of the care system the guidance highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. What might be particularly relevant to looked after children and young people, the policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need. The guidance recognises that where a reasonable request is made by an individual child for their care to be delivered in a single sex environment, this request should be met where it would be clinically and operationally appropriate to do so.
Carers of patients: unpaid, family members.	It is not anticipated that there will be any specific potential positive or adverse impacts for carers other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for carers the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.

⁵ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who commonly face health inequalities ⁵	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
People who experience homelessness. People on the street; staying temporarily with friends /family; in hostels or B&Bs and other temporary accommodation.	It is not anticipated that there will be any specific potential positive or adverse impacts for people experiencing homelessness other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people experiencing homelessness the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People in contact with the criminal justice system: offenders in prison, probation populations, ex-offenders.	It is not anticipated that there will be any specific potential positive or adverse impacts for people in contact with the criminal justice system other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people in contact with the criminal justice system the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People with drug and alcohol dependence.	It is not anticipated that there will be any specific potential positive or adverse impacts for people with drug and alcohol dependence other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people with drug and alcohol dependence the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People or families on a low income.	It is not anticipated that there will be any specific potential positive or adverse	To maximise the positive impact for people on a low income the policy highlights the

Groups who commonly face health inequalities ⁵	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	impacts for people on a low income other than the general positive impacts of the focus on privacy, dignity and safety for all.	individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People with poor literacy or health literacy: (e.g. poor understanding of health services, low levels of reading or writing ability, or people who do not speak fluent English).	It is not anticipated that there will be any specific potential positive or adverse impacts for people with poor literacy or health literacy other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people with poor literacy or health literacy the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People living in deprived areas.	It is not anticipated that there will be any specific potential positive or adverse impacts for people living in deprived areas other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people living in deprived areas the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People living in remote, rural, coastal and island locations.	It is not anticipated that there will be any specific potential positive or adverse impacts for people living in remote, rural, coastal and island locations other than the	To maximise the positive impact for people living in remote, rural, coastal and island locations policy highlights the individual's right to receive high quality, safe and effective care that provides a positive

Groups who commonly face health inequalities ⁵	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	general positive impacts of the focus on privacy, dignity and safety for all.	experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
Refugees, asylum seekers or those experiencing modern slavery.	It is not anticipated that there will be any specific potential positive or adverse impacts for refugees, asylum seekers or those experiencing modern slavery other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for refugees, asylum seekers or those experiencing modern slavery the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
People who are digitally excluded: People who have little or no access to digital devices or internet connection, or who lack the skills and knowledge to use digital devices, processes and systems. ⁶	It is not anticipated that there will be any specific potential positive or adverse impacts for people who are digitally excluded other than the general positive impacts of the focus on privacy, dignity and safety for all.	To maximise the positive impact for people who are digitally excluded the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.
Members or former members of the armed forces, and service families.	It is not anticipated that there will be any specific potential positive or adverse	To maximise the positive impact for members or former members of the armed

⁶ This also includes those at risk of exclusion due to evolving technology, financial challenges, life transitions, or inadequate support for adapting to digital advancements.

Groups who commonly face health inequalities ⁵	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact
	impacts for members or former members of the armed forces and service families other than the general positive impacts of the focus on privacy, dignity and safety for all.	forces and service families the policy highlights the individual's right to receive high quality, safe and effective care that provides a positive experience. The policy highlights the need to safeguard individuals from risks of harm, abuse or neglect and to prioritise clinical need.

Other groups experiencing health inequalities. Please name:	Summary explanation of the main potential positive or adverse impact of your policy	Actions taken to mitigate adverse impact and/or maximise the positive impact

6. Engagement and consultation

a. Has **your team** undertaken any engagement or consultative activities in relation to the policy that considered how to address equalities issues or reduce health inequalities? Please place an 'x' in the appropriate box below.

Yes	X	No
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b. If yes, please list up to 5 of the most important engagement or consultation activities by completing the table below.

Name of engagement and consultative activities undertaken		Summary of engagement or consultative activity undertaken and what was learned from it in relation to addressing equalities issues and/or reducing health inequalities. How that has informed the final policy?	Date of activity (Month/Year)
1	PDS Steering group	Steering group consisting of DHSC, CQC, clinical leads from NHSEI, clinicians from NHS organisations, members of the NHS Heads of Patient Experience Network and representatives from charities who met 9 times to support engagement and policy updates. The guidance was re-drafted and updated following the work of the Steering Group to bring it in line with the Supreme Court in the <i>For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent)</i> case and the EHRC's Code of Practice for Services, Public Functions and Associations (2026)	2021 - 2022
2	Engagement within NHS England	Liaising with NHS England directorates which have an interest in, and responsibility for privacy, dignity and safety: • Medical Directorate • Allied Health Professionals • Mental Health and Learning Disability • Patient Safety • Nursing (including Safeguarding) • Improvement Directorate • Commercial Directorate • Estates re: Hospital Buildings • Finance re: sanctions following same sex accommodation breaches • Primary care leads	2021 – 2022
3	Patient representation engagement	Engagement with relevant VCSE organisations and patient groups. Engagement was managed primarily through the Health and Wellbeing Alliance. Engagement involved organisations who represented all of the 9 protected characteristics, with the exception of marriage and civil partnership (but recognising there is intersectionality with this group and other protected characteristics). Over 100 patient representatives were involved in the engagement.	Dec 21 – Mar 22

		The guidance was re-drafted and updated following the engagement work to bring it in line with the Supreme Court in the For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) case and the EHRC's Code of Practice for Services, Public Functions and Associations (2026)	
4	Staff representation engagement	Engagement with over 300 NHS staff. The guidance was re-drafted and updated following the engagement work to bring it in line with the Supreme Court in the For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) case and the EHRC's Code of Practice for Services, Public Functions and Associations (2026)	Dec 21 – Mar 22
5	Staff representation engagement	Further engagement with NHS staff following the Supreme Court in the For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) case to discuss how the assumed interpretation of this ruling could be reflected in the guidance.	Aug 2025 and May 2026
6	Engagement within NHS England	Further engagement with senior leads in Nursing, Medical, Mental Health teams on guidance in the light of the For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) case.	May 2025 – June 2026`
7	Engagement with external clinical stakeholders	Further engagement with external organisations representing clinicians working in ITUs, assessment centres and enhanced care settings.	March 2026

7. What other key sources of evidence have informed your impact assessment?

Evidence Type	Key sources of available evidence	Date of evidence (Year)
Published evidence		
Other published written consultation, engagement		

Evidence Type	Key sources of available evidence	Date of evidence (Year)
or other involvement findings ⁷		
Research		
Other (if any)	The Supreme Court ruling in the For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) case and the EHRC's Code of Practice for Services, Public Functions and Associations (2026)	2025 and 2026 respectively

8. Were there any important gaps in the identified evidence, in relation to equalities and /or health inequalities, and are there any steps that may reasonably be taken to address these gaps?

No

9. Is your assessment that your policy will support compliance with the Public Sector Equality Duty? Please add an 'x' to the relevant box below and include an explanation of your assessment. You might find the [guidance](#) helpful when answering this question.

	The policy will support	The policy may support	Uncertain if the policy will support	The policy will not support
Tackling discrimination, harassment and victimisation		X		
Advancing equality of opportunity		X		
Fostering good relations		X		

⁷ Other published information means relevant authoritative published reports or information on which you have been able to draw,

Assessment

If implemented in the way the policy is intended this policy could support compliance with the Public Sector Equality Duty through tackling discrimination, harassment and victimisation for most groups. As noted above, trans people are likely to be disadvantaged by the approach to the provision of single sex hospital accommodation and the EHIA details the ways in which the guidance aims to mitigate or reduce the impact of this.

10. How confident are you that the actions outlined above will support reducing health inequalities? Please add an 'x' to the relevant box below and include any explanation of your assessment. You might find the [guidance](#) helpful when answering this question.

	Very confident	Somewhat confident	Not very confident	Not at all confident
Reducing inequalities people face in access to health care		X		
Reducing inequalities in health outcomes for patients		X		
Reducing inequalities in the effectiveness of services and the health outcomes achieved for patients		X		
Reducing inequalities in the safety of the services and health outcomes achieved for patients		X		
Reducing inequalities in the quality of the experience undergone by patients and the health outcomes achieved for patients.		X		

Assessment

If implemented in the way the policy is intended this policy could support the reduction of health inequalities through the focus on each individual's right to receive high quality, safe and effective care that provides a positive experience. As noted above, trans people are likely to be disadvantaged by the approach to the provision of single sex hospital accommodation which risks increasing health inequalities for this group. The EHIA details the ways in which the guidance aims to mitigate or reduce the impact of this.

11. Summary assessment of this EHIA's findings

Please summarise whether the findings are that this policy will or will not contribute to eliminating prohibited conduct (including discrimination, harassment, and victimisation), advancing equality of opportunity, fostering good relations, and/or reducing health inequalities. If no impact is identified, please summarise why below.

The policy should have a positive impact for most groups through the approach of ensuring privacy, dignity and safety for all in hospital accommodation and highlighting the importance of each individual's right to receive high quality, safe and effective care that provides a positive experience.

As noted above, trans people are likely to be disadvantaged by the approach to the provision of single sex hospital accommodation. It is possible that the policy will not eliminate discrimination, harassment and victimisation, foster good relations or reduce health inequalities for trans people. The approach to provision of single sex hospital accommodation has been written in line with the Supreme Court ruling in the [*For Women Scotland Ltd \(Appellant\) v The Scottish Ministers \(Respondent\)*](#) case and the [EHRC's Code of Practice for Services, Public Functions and Associations \(2026\)](#). The EHIA details the ways in which the guidance aims to support providers and commissioners to mitigate or reduce the impact of this.