

Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Mental Health Strategy and Primary Care Improvement Plan

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 Compassionate Distress Response Service (CDRS) is delivered by Glasgow Association for Mental Health and provides a listening service for people experiencing acute emotional distress. Contracted by Glasgow City HSCP, the service provides support to people aged 16+ from 9am to 2am Monday to Friday and 5pm to 2am Saturday and Sunday. Access to CDRS is via a range of referrers including staff in General Practice, first responders, services within the HSCP and from third sector organisations for young people aged 16 to 25 years. CDRS provides an immediate response to alleviate distress with follow up support in place for up to one month following. The service is offered via telephone and face to face, depending on the needs of the person. Face to face support takes place within the service base, in people's homes and community spaces.

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.)

CDRS was commissioned as a result of the board's Multi-Agency Distress Collaborative. It has been selected for EQIA as a new service.

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: Ruth Donnelly

Date of Lead Reviewer Training: circa 2012

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):

Ruth Donnelly, Health Improvement Lead, Glasgow City HSCP
 Rena Ali, Service Manager, Glasgow Association for Mental Health (CDRS)
 Pamela McGoldrick, Change and Development Manager
 Barbara Adzajlic, Health Improvement Lead, Glasgow City HSCP

| | | <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> | Around 90% of the service takes place via phone call with the first calls being when the person is experiencing distress. People are asked to provide equalities information when they are being discharged from the service, that is when the distress has reduced for the person. To ensure anonymity, this is collected via anonymous Webropol survey. | People coming into the service will be asked to complete equalities information either with paper form and anonymous 'drop box' or by scanning a QR code link to the form. Staff will ask people to complete e-survey after initial distress has reduced but before discharge, so potentially 2 nd or 3 rd contact. This should increase response rate. |
| | | <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 policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> | <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</i> | The service received a call from a practice nurse in the first weeks of its operation requesting support for a person who didn't have any spoken English. The service quickly identified and accessed telephone interpreting and are now offering this routinely when identified at point of referral as being beneficial. All interpreters are arranged via NHS process https://www.nhsggc.org.uk/working-with-us/hr-connect/staff-banks/interpreting-services/quick-user-guide/ The service was originally made available to age 18+, however the data showed there was a demand from 16 and 17 year olds. In response the service has expanded to include this age group as part of a 16-25's Young Persons CDRS with an enhanced referral pathway. The postcode is available for everyone using the service allowing for | Continue to ask at point of referral if an interpreter is required. Continue use of interpreting service. Not all young people will readily present to statutory services so a third-sector referral pathway is being piloted Jan to March 22. Bilingual staff will not interpret for people using the service rather they will use their language skills to explain the service and ask if the person requires an interpreter. |

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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><i>uptake. (Due regard promoting equality of opportunity)</i></p> | <p>tracking of usage by SIMD. This shows to date that the majority of users live in SIMD 1 and 2 quintiles. As in 1. service is working to increase data capture of all protected characteristics.</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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>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 service was initially developed as a result of a multi-agency collaborative between statutory services and service user representatives. It was then expanded to provide a daytime service as a result of research with people working in general practice and people marginalised due to experiences of psychological trauma. We have commissioned an external evaluation of the service which is currently in progress.</p> | <p>Utilise findings from evaluation to co-produce recommendations for service improvement.</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</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</i></p> | <p>CDRS is identifying a sample of people who have used the service to approach for service evaluation. We know from the data currently collected during the process of engagement that most presentations are from people in SIMD 1 and 2, there is a significant number who are seeking asylum, who identify current or previous experience of trauma, addiction issues and domestic abuse. We will continue to accrue this information whilst seeking increased responses to</p> | |

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| | <p>information used?</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 checked="" type="checkbox"/> Y</p> <p>4) Not applicable <input type="checkbox"/></p> | <p><i>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>anonymous equalities data monitoring.</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 considered (tick relevant boxes).</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><i>(Due regard to remove discrimination, harassment and victimisation).</i></p> | <p>The service is predominantly telephone based but with provision for in-reach and outreach. This supports people who do not have a safe space from which to talk (e.g. women living with an abuser) or those with communication issues to see the service face to face in their base on in the person's own home or other venue. The base is accessible with ramp access for wheelchair users, accessible toilet facilities and induction loop system? The CDRS room is located on the ground floor, adjacent to an accessible toilet and disabled ramp access from their car park.</p> | |

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| | <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> Y</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | | | |
| | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required | |
| 6. | <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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> y</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</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 victimisation and promote equality of opportunity).</i></p> | <p>The service does not having public-facing information as access is referral only.</p> <p>People engaging with the service are often provided with resources on managing their distress tailored to their individual. One recent example is of support to a person with Down's Syndrome where the staff resourced materials specifically tailored to this person's need for support around grief and used Down Syndrome Association materials to talk with the person about their feelings.</p> | <p>If any public-facing written material is produced, the service will make sure that patients are provided with information in requested accessible format in line with NHS GGC Clear to All guidelines and National Interpreting and Translation Policy.</p> |

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| | 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. | | |
| 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 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>Case study;</p> <p>An 82 year old woman, 'S', was referred into CDRS by her GP for anxiety, distress and the recent loss of her husband. S had very little family support and was feeling lonely and isolated. She expressed that weeks go by when she has had no face to face contact. She emphasised that she struggled with technology and although she had an iPad she was not confident using it. This further exacerbated her anxiety.</p> <p>CDRS offered S home visits and going outside for short walks. This started with small steps, as going outside triggered panic attacks. She got an opportunity to talk about her concerns and worries about the future. She was provided with grounding exercises to support anxiety and support to manage her expectations.</p> <p>It was very apparent that the face to face visits improved S's mood and reduced her anxiety whilst she also enjoyed the company of someone relatable. She shared video on her iPad of her husband and it was wonderful seeing the joy, happiness and love that she had for him. S fed back that she felt listened to and 'heard.' Actually seeing someone had a huge impact on her. She used to love reading books but her hospital appointment for her eyes had been delayed due to Covid. The CDRS worker supported her to chase up the hospital appointment and helped with referral to a befriending organisation. S is now enjoying reading again.</p> <p>Young people- service has adapted as young people have engaged. Many 16 and 17 year olds wished to bring a parent/carer with them and to attend in person rather than phone. The service has adapted to work in this way and is piloting a partnership where parents/carers are offered support via Parentline.</p> | |

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| <p>(b)</p> | <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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> Y</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>The service is physically accessible. Communication needs of those with disabilities are considered by the service. Written resources are available in different formats as required. Interpreters are accessed to enable BSL users to utilise the service. Staff have undergone training in;</p> <ul style="list-style-type: none"> Equalities & Diversity & Human Rights NHSGGC Tackling Health Inequalities in Health and Social Care Guiding a Blind or Partially Sighted Person British Sign Language & Tactile BSL Improving Access for Deaf People SMHFA for Deaf People | <p>Glasgow Disability Alliance are currently gathering qualitative information on people with disabilities' experiences of accessing crisis support. They will share the results of this with contract managers and this will be used to improve accessibility of the service.</p> |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| <p>(c)</p> | <p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/> y</p> <p>4) Not applicable <input type="checkbox"/></p> | <p>The service won't impact disproportionately on these groups however the access route for most people is via referral by other agencies thus anyone accessing it has to present firstly to a referring organisation. Recent data suggests that a significantly higher than population average number of people access the out of hours service who identify as being transgender or non-binary. CDRS staff undertake training in</p> <ol style="list-style-type: none"> 1. Equalities & Diversity & Human Rights 2. NHSGGC Tackling Health Inequalities in Health and Social Care 3. Transgender Awareness | <p>Need to further understand transgender people's service journeys through evaluation and routine collecting of data.</p> |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |

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| (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</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></p> | No impact. | |
| (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</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p> | Parents and carers might have difficulty finding quiet time for a phonecall. | This should be mitigated by the service being flexible about timing during the follow up period (day time, evenings, 'out of hours') and providing in reach and outreach. |
| | 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> | Following working with the Community Links Worker for asylum seekers, the service now receives referrals from the Asylum Health Bridging Team. Interpreting service in place. | Contract managers are working to identify a provider of anti-racist training |

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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</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics</p> <p>4) Not applicable <input type="checkbox"/></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</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p> | <p>Service is flexible to work around religious festivals, prayer time etc of clients.</p> | <p>Service staff will take care to identify and respond to potentially sensitive issues in accessing the service which arise from a service user's religion or recognised personal beliefs.</p> |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| (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</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> | <p>Uptake of the service by males is lower than by females. This is in line with what we know of help seeking behaviour by sex. The service has recently recruited a male staff member to create a balance in the service during the day and to ensure that people referred can have the option of speaking with someone of either sex as is their preference.</p> | <p>Use feedback from male service users in further promoting the service to referring bodies.</p> <p>Work with partner agencies to increase knowledge of how sex can impact on distress presentations e.g. via HSCPs commitment to trauma informed practice.</p> |

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| | <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | | |
| (i) | <p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/> <input checked="" type="checkbox"/> y</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/> <input type="checkbox"/></p> | Limited data on sexual orientation of people presenting. | Service will undertake to improve collection of anonymous patient data to identify sexual orientation and any related support issues for service users. |
| | 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 the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p> | The service uses data on postcode to understand the patterning of referrals and access by SIMD. The service is currently accessed in highest numbers by people in SIMD quintile 1 which is commensurate with our understanding of need. | Continue to monitor SIMD quintile information. |
| (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-</p> | Evidence suggest those experiencing forced marriage or female genital mutilation may not seek help but may experience psychological trauma a result. CDRS staff have undertaken training in forced marriage and FGM to better understand the impact of these | Some of the most marginalised people may not have access to a phone to receive support or funds to travel to the service. |

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| | <p>service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p> | <p>and how best to support people using the service who may have experienced this. Homeless people are accessing the service via referral from Hunter Street.</p> | <p>Service makes direct access referrals for money advice and welfare rights.</p> |
| 8. | <p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>No cost saving – new and expanding service</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 GAMH staff undertake extensive equalities training.</p> <ol style="list-style-type: none"> 1. Equalities & Diversity & Human Rights 2. NHSGGC Tackling Health Inequalities in Health and Social Care 3. Guiding a Blind or Partially Sighted Person 4. British Sign Language & Tactile BSL 5. Improving Access for Deaf People 6. SMHFA for Deaf People 7. Transgender Awareness 8. Gender Based Violence 9. Forced Marriages 10. Human Trafficking 11. Gypsy/Traveller Communities Awareness 12. FGM Awareness 13. Dementia Awareness 14. Autism Awareness 15. Dyslexia Awareness | |

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| | | 16. Menopause Awareness 17. Personality Disorder Awareness 18. Mental Health Awareness | |
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

No risks 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* .

Service currently working with external evaluator to engage previous users of the service in shaping its future.

*

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

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

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

| Date for completion | Who is responsible?(initials) |
|---|-------------------------------|
| Complete | |
| In progress due for completion summer 22 RD | |
| Complete | |
| Review after evaluation | |
| Complete | |
| Complete | |
| Progress during 2022 RD | |

- Introduce an anonymised process to capture data on protected characteristics to inform service development and improved service for all
- Planned evaluation of the service to consider equality across all groups
- Complete planned reduction in age range will ensure access to all young adults/adults
- Review of recent male recruit and the impact on callers from all genders
- add in diversity etc training if not already undertaken
- sign/deaf patients
- text/email option for those who can't speak

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

Lead Reviewer:

EQIA Sign Off:

Name Ruth Donnelly
 Job Title Health Improvement Lead
 Signature 
 Date 12.4.22

Quality Assurance Sign Off:

Name Martin Paterson
 Job Title Engagement Officer, NHSGGC
 Signature Martin Paterson
 Date 12.4.22

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

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

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| | 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:

| | |
|---------|--|
| 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