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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

Review of Interpreting & Translation Services – Linguistic Services

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 Linguistics Translation and Interpreting Service offers face-to-face language interpreting, telephone language interpreting, and document language translation. Translators have the skills and experience to work with individuals in a wide range of settings to support the delivery of health and social care services, as well as in educational establishments and as required by other areas within Glasgow City Council. The aim of this service is to help break down any barriers which may exist between English speakers and non-English speakers. The service has contributed to a culturally diverse Scotland for more than 30 years, serving clients in the public and private sectors. Previously managed through Cordia LLP, the Linguistics Service returned to Glasgow City Council, managed by the Health and Social Care Partnership in October 2018.

The sessional translating staff are fluent in over 70 languages and dialects with customers from within the HSCP and the wider Glasgow City Council Family, with the majority of the demand coming from Social Work Services (70%), Education Services (20%) and the remainder from other areas within the council as well as housing associations and third sector bodies (10%). Separate arrangements are in place for NHS services within the HSCP to access translation and interpreting services and this is not in scope for this EQIA.

Each year the Linguistics Service receives around 20,000 requests for assigning translators. Linguistics has access to 120 interpreters who are supplemented by a team including a language assessor, linguistic administrators and a coordinator, in addition translators are also

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provided by a third party company, Global Languages. A translation service is available 7 days a week through appointments. The cost of the service is borne by the area of the organisation who is providing the wider service to the individual, there is no charge to the individual.

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.)

The review of the Linguistics Service by the HSCP and how it is delivered is required to ensure it meets the objectives and requirements of the HSCP to deliver services to the citizens of Glasgow and remove barriers to accessing services. As a result, an EQIA is required to ensure that the proposed future provision of the service, both in terms of how it operates and the service received by the citizens of Glasgow, considers equality, diversity and inclusion in relation to accessing our services.

The review recognises that the use of communication technology is constantly developing with the use of Skype, FaceTime, MS Teams and translation software available via apps. The service operated historically with mainly face to face interpretation, however, during the Pandemic, due to covid restrictions, and common to the rest of Health and Social Care, there has been increased use and wider acceptance of telephone interpreting and the use of virtual interpreting through MS Teams when appropriate to the situation. The review of the Linguistics service and the proposals to commission services from specialist translation companies has identified the potential for a wider range of options for service areas to engage with the service user, improving the immediacy of response to access a translator enabling a more streamlined process to improve engagement with, and benefit, the service user which is recognised as a positive development. This EQIA considers the use of wider forms of communication to provide translation services to support the service user accessing our services. Whilst it is noted that the form of communication the translation service will be provided through is linked to the source request from the service area to provide an interpreter, it has to be acknowledged that not all service users may have access to digital devices, and an alternative method of engaging will have to be found to mitigate this.

Currently back-office support systems require investment to meet even current demand and practices with an over reliance on manual processes. Specification of requirements for a future service model will be worked up in conjunction with service areas and as a result of feedback on the service experience from the service user, with the introduction of contract management processes to ensure standards of service are as required and the contract(s) offer value for money. Discussions with stakeholders have taken place as part of this review. Sessional interpreters and services users have responded to a survey regarding the operation of the current service, the experience of the move to digital communications during the pandemic and their ability to access technology to enable this. Meetings have also taken place with service areas who utilise the service the most.

Feedback from the engagement with the Translation staff was that they would like wider access to more assignments. The Cordia model for the Linguistics service had a commercial focus which is not an objective of the HSCP in providing services. Commissioning the provision of an interpreting and translation service from a specialist provider is anticipated to offer the possibility of a wider range of assignments to the translating staff than the HSCP could do, as it is expected the provider would have multiple contracts and greater demand for assignments.

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Personnel implications have been discussed with HR and Legal and TUPE would apply should the service be commissioned from an external provider. The Linguistics Admin Team has a headcount of 6, and it is anticipated that the staff could be redeployed. Currently 120 sessional workers are currently available to the service. These sessional staff are not obliged to accept requests to undertake translation assignments, nor are the HSCP obliged to provide them with a set amount of work

The review of the Translation and Interpreting service will result in changes in the process for HSCP and Glasgow City Council services to access an Interpreter. For the service user, the interpreter currently is provided either from the sessional interpreting staff or via the third party service provider, the individual who attends the appointment cannot discern a difference. Going forward this will continue to be the case, and there should not be an impact on the individual who will continue to benefit from the support to overcome any language barriers to accessing our services. It is the view whilst undertaking this EQIA that the service user experience of the translation and interpreting service should not be negatively affected by the change in provision of sourcing a translator, and it is the intention that they can receive a better service by reducing gaps in the service lead in time to arrange a translator and consequently accessing the service.

The annual cost of providing the Linguistics service is c£1.0m, and an HSCP savings target of £0.090m had been applied in 2020/21 pending the outcome of the review.

The Equalities (Scotland) Act 2010 requires a wide range of public sector organisations to plan and report on equalities outcomes. The HSCP Equalities Mainstreaming and Outcome Plan focuses on three priority areas:

- foster good relations and remove discrimination
- contribute to closing 'gaps' and
- listen to, and work with, people and communities.

When planning and designing services, we are committed to equalities and human rights legislation, and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations.

All service changes/developments in pursuit of achieving the strategic priorities of the HSCP are subject to equality impact assessment, including consideration of Human Rights elements to identify and mitigate negative impacts, understand how best to involve groups in service design and to reduce discrimination in service development and delivery to remove barriers to accessing services or information about them.

Provision of a robust and responsive interpreting and translation service is key to achieving and underpinning the priorities of the HSCP including

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The Five Key Strategic Priorities Of The Glasgow City IJB / HSCP For Health And Social Care In Glasgow

1. Prevention, early intervention and harm reduction
2. Providing greater self-determination and choice
3. Shifting the balance of care
4. Enabling independent living for longer
5. Public Protection

Enabling Independent Living For Longer:

Work will take place across all our care groups to support and empower people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible. To do this will show ambition and be innovative to develop and try new ways of providing services that haven't been done before, even that is difficult and sometimes more risky than the easy option.

Achieving The National Health and Well Being Outcomes

- **Outcome 1:**
People are able to look after and improve their own health and wellbeing and live in good health for longer
- **Outcome 2:**
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- **Outcome 3:**
People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4:**
Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services
- **Outcome 5:**
Health and social care services contribute to reducing health inequalities
- **Outcome 6:**
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- **Outcome 7:**
People using health and social care services are safe from harm
- **Outcome 8:**
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- **Outcome 9:**
Resources are used effectively and efficiently in the provision of health and social care services.

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Access to wider translation options are in line with our digital and technology strategies.

Technology Enabled Care (TEC) By year 3 – 2021/22 to meet National Health and Well Being Outcomes 1, 2, 4, 6

- Increase the uptake and effectiveness of TEC in relation to older people and adults
- Address a number of weaknesses in relation to brand recognition and trust, pathways and processes, client contribution and staff roles and responsibilities
- Significantly increase the number of service users (older people and adults) being supported by complex telecare products
- Raise awareness of the ability for new technologies to facilitate better privacy for individuals and less intrusion to their personal space, enabling and encouraging a culture of personal autonomy and a more prevalent use of personal resources in individuals care choices.

Planning Context

Scotland's Digital Health and Care Strategy was published in April 2018, with a strapline of 'enabling, connecting and empowering'. The strategy seeks to support the vision for health and social care in Scotland so that citizens have access to the digital information, tools and services they need to help maintain and improve health and wellbeing. Information is captured electronically, integrated and shared securely to assist staff and carers who need to see it, and so that digital technology and data will be used appropriately and innovatively to:

- help plan and improve health and care services
- enable research and economic development and
- ultimately improve outcomes for everyone.

Both NHS Greater Glasgow and Clyde and Glasgow City Council published their respective Digital Strategies in the second half of 2018. Glasgow City HSCP is both a contributor to these strategies and an expected beneficiary from strategic investments and transformations, such as the significant investment in communications technologies across Glasgow. Within Glasgow City, we will aim to use digital technologies to support service transformations, in particular to improve the efficiency of our services and support staff to promote new services with service users, carers and other key stakeholders to contribute to meeting the National Health and Wellbeing Outcomes.

Glasgow city population (2016 National Records of Scotland), which is 11.4% of the population of Scotland. 19.9% of Glasgow population, more than 120,000 people, live in an income deprived area compared to 12.2% for Scotland

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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: Gillian Hennon, Head of Finance, GCHSCP	Date of Lead Reviewer Training:
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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):

Amanda Ferguson, Senior Officer, Business Development Lead, GCHSCP	Amanda.Ferguson@glasgow.gov.uk
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Whilst there is no direct collection of protected characteristics at the point of referral, we are able to evidence a range of potential age groups, disabilities, and socio economic factors through the nature of the online or telephone referral source on behalf those individuals who have requested the service. The nature of the service itself is in the requirement for the service area to ascertain the details and pass on any pertinent information to the linguistics service to support the appointment appropriately. Online, telephone referrals, or virtual meetings can be requested by the English speaking party.	The review of the Linguistics service has identified that provision of wider options to support service areas engage with service users who do not have English as their first language will be a positive impact and address any barriers to entry that are currently experienced due to the time involved sourcing an interpreter. Collection of equalities information could be included in the service specification for the commissioned service and monitored through the Council's Contract Management Framework.

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		<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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	<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.</i> <i>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>	Data captured by the Linguistics Service over the past two years identifies demand for languages and dialects. Data includes service usage levels and percentage request for service per language however stops short of recording any protected characteristics data directly. This data would be held by the requesting service area who requires support from the linguistics service Experience of service provision during the pandemic has resulted in wider use of alternative methods of communication and the review proposes that increased options for providing translation services would benefit the future service delivery. Use of external providers has provided a wider access to dialects and languages enabling a response to changing demand therefore removing discrimination and promoting equality of opportunity through translation services. Use of a wider range of service provision methods has enabled removal of discrimination and further promotion of equality of opportunity. The method of communication to attend the appointment will be directed by the service not the Translation Service, although it should be proportionate so if only for a five minute conversation should be by telephone rather than engaging in an in-person appointment.	The use of more than one communication option may be required in order to mitigate impact on some protected characteristics. For example, some age groups may find the use of technology rather than face to face interpreting intimidating. Any changes implemented from the review, will not dictate what mode of communication, the Service requesting the translator must use. Their professional judgement will continue to decide this. It is the intention that they will now have more options available to them to secure translation support through different channels, and some experience of this has occurred as a result of business continuity arrangement during Covid. It is recognised that not all service users have access to digital technology and to mitigate this the service will have the ability to offer an alternative method to engage. Service specifications should ensure detailed monitoring of translation methods requested and met/not met are recorded to mitigate any negative

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				equality impacts. This will be supplemented by ongoing service review by canvassing feedback from both the service areas and service users to ascertain the impact of the changes introduced and ensure the service continues to be effective.
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	<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>	Feedback from the sessional translation staff around the use of telephone and virtual translation methods of providing the service has been positive. Whilst the proposal has not been informed by equality research due to lack of available data ongoing service delivery will be informed by data at any future point of contract renewal or retendering processes and will ensure that any required data is collected through the management of the contract. Evidence is present on the positive impacts of providing a translation service, particularly in relation to the provision of services for medical care, the benefits of which can be transposed to the social care environment. It is also acknowledged that the nature of the requirement for translation services poses a barrier to the immediacy of any situation.	Services will still determine which method is best for the situation and the Translation service will support accordingly. Feedback and review mechanism will be incorporated into the contract management process. Service specifications should ensure a comprehensive set of data requirements in order to monitor and improve service provision and continue to reduce any barriers to service provision and negate any negative equality impacts. Service specifications should ensure detailed monitoring of implementation periods through methods and timescales for provision, ensuring any barriers to communication are mitigated as far as is possible.

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	<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 to the service review or policy development? What did this engagement tell you about user experience and how was this information used? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i> <i>(Due regard to promoting equality of opportunity)</i> <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>	Meetings have taken place with Trade Unions and Admin Staff within the Service. Sessional Translation Staff received an online survey to feedback on the current service and their views on future developments. A survey was provided to Service Areas at the appointment confirmation stage and where appropriate they were asked to complete a brief questionnaire at the end of their session. Currently the service user is not aware where the sessional worker provided is sourced from, going forward it is anticipated that this position remains the same.	Positive impact of accessing wider range of languages and dialects from a specialist provider who has more interpreters available to them and who can offer a wider range of methods of communication that currently provided. For the sessional translating staff who TUPE transfer to the specialist provider there may be more opportunities to undertake assignments than currently is offered by the HSCP. Transfer of staff has the potential to both increase or decrease the number of assignments an individual interpreter carries out, which may be driven by both service demand and individual acceptance of assignments resulting in fluctuation of income, however this as is current. Socio-economic and financial status may be impacted either positively or negatively.

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	<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>	The ability to physically access the service from both the service user and the translator staff should be identified at the time of arranging the translation assignment and advised where any barriers need to be addressed.	Any barriers to service provision identified at the point of referral will be discussed and arrangements put in place to identify and implement appropriate mitigating actions to ensure accessibility for service users.

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☒		<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> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	Development of the service specification will involve service areas who rely on the service and take into consideration feedback from service users. Communication with staff and Trade Union Groups will take place during the consultation process and will be supported by HR and Legal Departments where appropriate to ensure correct policies and procedure are followed. When the service change is ready to be implemented the HSCP communication team will support dissemination of the change and where appropriate in a range of languages and formats.	The service review process will continue once any changes have been introduced and continue to monitor impact and effectiveness of the new arrangements this will involve canvassing all stakeholders to ensure that the service continues to support service delivery but also identify if further improvements can be made. The service specification and /or procurement process should include reference to the requirement for the successful provider to have a communications strategy in place for communication with service users and staff accessing the service in order to mitigate any potential discrimination.

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

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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age 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). 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to age, and where age is a barrier to engaging, for example unwillingness to engage virtually, there is alternative options provided.	It is possible that the provision of a service model that includes increased emphasis on digital or non face to face methods of delivery will present barriers to people accessing the service. This includes those falling within age groups which are traditionally less likely to engage with digital communication methods. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to disability, and where age is a barrier to engaging, for example unwillingness to engage virtually, there is alternative options provided.	It is possible that the provision of a service model that includes increased emphasis on digital or non face to face methods of delivery will present barriers to people accessing the service. This includes those service users with specific disabilities that act as a barrier to accessing services via digital communication methods. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Identity Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	It is possible that service provision and access to appropriately trained interpreters/translators does not take account of the specific needs and preferences of service users in relation to their gender identity. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	None identified

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	It is possible that service provision and access to appropriately trained interpreters/translators does not take account of the specific needs and preferences of service users in relation to racial identity or relevant cultural characteristics. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	It is possible that service provision and access to appropriately trained interpreters/translators does not take account of the specific needs and preferences of service users in relation to their religion and beliefs. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	It is possible that service provision and access to appropriately trained interpreters/translators does not take account or is not adequately sensitive to the specific needs and preferences of service users in relation to their sex. The specific barriers and preferences in relation to methods of service provision will be identified at the point of referral with appropriate mitigations put in place by the provider wherever practical. The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? 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 ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Determination of the appropriate form of engaging with a translator will be linked to the request from the service area who will consider an appropriate format in relation to equalities of access to services.	None identified

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(i)	Socio – Economic Status & Social Class 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? 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.	There should be no impact on the service user. Should they not have access to digital device to engage virtually there are alternative methods available. For sessional staff who are TUPE transferred to an alternative provider they should have security in the protected terms and conditions which this covers.	Potential positive impact is that the translation staff may have access to a wider range of assignments through a specialist provider than the HSCP can offer.
(k)	Other marginalised groups 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?	The review of the service recognises that significant demand for translation services comes from the asylum seeking and refugee communities who require to access our services. The potential change to commissioning the service from a specialist provider should not disadvantage this group and these service areas will be involved in the service specification to ensure their needs are met	The HSCP will monitor the extent to which this is done and recorded through contract management activity and through the development of a comprehensive service specification and data collection.

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
8.	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? 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 ☒ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	A savings target of £0.09m was applied at the outset of the review. This estimate does not take into consideration and market intelligence of current providers. The development of the service specification for the translation and interpreting service will be undertaken in conjunction with service areas and feedback from the recent service user survey. Through stipulation of provision of a range of options to provide the methods of undertaking the service we do not anticipate disproportionately impacting on protected characteristic groups.	Any reduction in cost compared with current costs are not expected to result in a reduction of service. It is anticipated Specialist providers are expected to deliver the service at lower cost with no reduction in quality and this will be monitored in line with any service specification
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	The future service specification would include a requirement to adhere to continuous assessment and adherence to all applicable policies in relation to the promotion of equality, diversity and human rights, and monitoring this would be part of the ongoing management of the commissioned service.	Service procurement and specifications should ensure a comprehensive suite of data collection for the purposes of equality monitoring, including training.

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

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

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

No risks in relation to any potential service and/or policy redesign were identified which could impact on the human rights of patients, service users or staff, have been 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*.

- **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.

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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)

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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.

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Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible? (initials)
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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**Lead Reviewer:
EQIA Sign Off:**

**Name
Job Title
Signature
Date**

Once complete please e-mail a copy of the assessment to alastair.low@ggc.scot.nhs.uk for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

Quality Assurance:

**Name
Job Title
Signature
Date**

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**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:			

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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:

Please email a copy of this EQIA to alastair.low@ggc.scot.nhs.uk or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

--

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

		Completed	
		Date	Initials
Action:	Collection of equalities data included within the service specification.		
Status:	Equality data of those accessing Interpreting is collected by the service requesting the Interpreter, in line with business as usual. Language, access needs and personal preferences will be shared with the provider as part of the request. Languages and dialects will be reported via contract management.	February 2025	William Darroch and Gillian Hennon
Action:	Service specifications should ensure detailed monitoring of translation methods requested and met/not met are recorded to mitigate any negative equality impacts.		
Status:	Face to Face will continue to be available in addition to virtual, telephone and instant telephone interpreting and document translation. This is included in the service specification and will be monitored via contract management.	February 2025	William Darroch and Gillian Hennon
Action:	The service specification should include reference to the requirement for the successful provider to have a communications strategy in place for communication with service users and staff accessing the service in order to mitigate any potential discrimination.		
Status:	Communications will be through the service. The service user will not be expected to engage with the Interpreting providers.	February 2025	William Darroch and Gillian Hennon
Action:	Appropriate alternative formats of engaging an interpreter available, for those unable or unwilling to engage virtually.		

Status:	Face to Face will continue to be available in addition to virtual, telephone and instant telephone interpreting and document translation. This is included in the service specification and will be monitored via contract management.	February 2025	William Darroch and Gillian Hennon
Action:	The service specification would include a requirement to adhere to continuous assessment and adherence to all applicable policies in relation to the promotion of equality, diversity and human rights.		
Status:	Yes. Included within Contract management including training, complaints, recruitment policies and PVG check, qualification of interpreters	February 2025	William Darroch and Gillian Hennon

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:	TUPE transfer of sessional staff.		
Reason:	Specification of TUPE has been included in the tender with a specification. Work will be underway during the mobilisation period to progress this.		William Darroch and Gillian Hennon
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:			
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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: