

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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

West of Scotland Sexual Assault and Rape Service

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.

This service development is the implementation of a model for the West of Scotland Sexual Assault and Rape Service which is hosted for the west region within NHS Greater Glasgow & Clyde.

Current service delivery within the West of Scotland (WoS) for women, men and young people aged 13-15 years, who have been raped or sexually assaulted is based in Archway, Glasgow. The new West of Scotland service will be delivered through a hub and spoke model of care in new facilities which have been funded by the Scottish Government. Glasgow City HSCP has contributed additional funding to the development of the new forensic suite at William Street which will form the hub and centre of expertise for the regional service. It will have two forensic examination suites and will be the central location for operational management and service co-ordination across the region. Adult and adolescent patients from NHS GG&C and Argyll & Bute will be examined there. Patients from Lanarkshire, Ayrshire & Arran and Dumfries & Galloway will be offered the choice of examination locally in the new facilities at Wishaw University Hospital, Biggart Hospital (Prestwick) and Mountainhall Treatment Centre (Dumfries) 0900 – 2100 hours, 7 days per week. Out of hours (2100 – 0900hrs) all patients will be examined in the Glasgow facility.

Service provision includes medical services, counselling, and follow-on support to women, men and children who have been raped or sexually assaulted, ensuring forensic integrity to support cases in the judicial process. Service provision is for adult police and self-referral in NHS GG&C, NHS Lanarkshire, NHS Ayrshire & Arran, and NHS Highland (Argyll & Bute) in addition to this adult self-referrals from across Scotland are accepted. All adolescents aged 13-15 years are police referrals and service is provided to NHS GG&C, NHS Lanarkshire, NHS Ayrshire & Arran, and NHS Highland (Argyll & Bute), NHS Dumfries & Galloway and NHS Forth Valley

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 regional service development offers an enhancement to existing services across the West of Scotland. Victims of sexual crime will be able to access services which are equitable and with consistent standard and delivery of service provision.

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: Rhoda Macleod (Head of Service)	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):

Gaynor Steele (Lead Nurse), Debbie Ambridge (Service Manager), Fiona Noble Planning and Performance Manager), Tamsin Groom (Consultant)

		Example	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>	<p>The WoS Sexual Assault and Rape Service collects data on 6 of the 9 protected characteristic groups:</p> <ul style="list-style-type: none"> Age Disability Gender Identity Race Sex Sexual orientation <p>The information is collated in conjunction with type of referral (police or self-referral) socio economic (postcode) information including social history, homelessness, alcohol and drug use, allowing the service to ensure appropriate clinical, health, emotional and service support processes are in place within the health care service and associated partner organisations.</p> <p>Data on the other 3 protected characteristic groups is not routinely collected unless it is relative to the health care needs or</p>	Nil

			<p>support required from an individual's holistic assessment.:</p> <p>Marriage and civil partnership Religion or belief Pregnancy and maternity</p> <p>Additional data collection is planned in line with the CMO task force work in Healthcare and Forensic Medical Services for People Who Have Experienced Rape, Sexual Assault or Child Sexual Abuse. This new data collection will include referrals to mental health, social work, relevant 3rd party organisations to support the delivery and development of relevant services in line with service user needs.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The current Archway model of service and 3 year activity data across the west region was reviewed to inform the agreed regional service model. This included the review of throughput, geographical data, time from referral to forensic examinations, the spread of cases seen throughout the day and throughout the week, and the proportion of cases examined by GGC medical staff or by an externally commissioned provider (COMS). It was noted that a high number of people were examined out of hours due to the lack of a second examination suite within Archway.</p> <p>The outcome of this review led to the agreed service model as being</p> <ul style="list-style-type: none"> - Core regional team based in Glasgow - Core clinical team available 24/7 - Second clinical team to allow peripatetic service provision to be delivered across the west region. Available 12 hours/7 days <p>Various options and workforce configurations were considered in developing a costed model with the focus on stabilising</p>	

	<p>between protected characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>provision in each Board area</p> <p>The data review with respect to activity across the west region has supported the redesign of the Glasgow site to include further examination suite (and other improvements), and the development of 3 further sites in the WoS to assist in local access for all referrals. This will ensure fair and prompt access for all individuals referring to the service.</p> <p>Data collection will be ongoing and in accordance with national CMO task force requirements and the HIS standards and indicators; however more data is collected locally across the west of Scotland for service monitoring purposes and to continue to enhance service delivery and development.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><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</i></p>	<p>In March 2017 HM Inspectorate of Constabulary in Scotland issued its report 'Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime'. This report was heavily critical of the care and support provided to victims of sexual crime across Scotland.</p> <p>HMIC engaged with a wide range of agencies and stakeholders to gather evidence for this review, including the perspective of service users which was accessed through feedback collated by Rape Crisis Scotland, and from those who had attended Archway (Review of Archway, Axiom Consultancy January 2016).</p> <p>The HMIC report led to the Scottish Government convening a Task Force for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault chaired by the Chief Medical Officer. The national vision as set out by the Task Force is</p> <p><i>Consistent, person-centred, trauma-informed</i></p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/> X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>discrimination, harassment and victimisation and fostering good relations).</i></p>	<p><i>healthcare and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland</i></p> <p>and each NHS Board Chief Executive has been tasked with ensuring this is delivered.</p> <p>In support of the Task Force vision, Healthcare Improvement Scotland (HIS) published 'Standards in Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adults' in December 2017.</p> <p>In June 2018, a national options appraisal was carried out to determine the future service model across Scotland, which resulted in a regional approach enabling services to be delivered in local health board areas but coordinated by regional (West, North and East) centres of expertise. Scottish Government funding was made available for 3 years to enable this.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which</i></p>	<p>Rape Crisis Scotland provide a quarterly report of feedback from service users engaging with both Rape Crisis and the WoS services. From this qualitative feedback it became clear that we need to gather more information from service users – this led to a new service user feedback process being implemented for WoS service.</p> <p>Since July 2020, all clients who come through Archway are given the option to provide feedback. This is reviewed internally to identify any service changes or improvements to be implemented, and a quarterly report is shared with the Scottish Government and with the CMO Taskforce. They are interested in sharing this with other regions in order to consider a national consistency.</p>	

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>There is a formal process in place (since July 2020) for service-to-service feedback across WoS. This is a mechanism to share learning between services, and supports the review of service delivery and users' experience.</p> <p>There is ongoing routine engagement with services across all board areas which assisted in the pathways of care for adults and adolescents:</p> <ul style="list-style-type: none"> - Referral on to services in local areas to support access - Support to report – advocacy - Moira Anderson Foundation Lanarkshire - Richmond Fellowship - Base 75 – routes out of prostitution - Glasgow Drug crisis centre 218 - SNIPS – Special Needs in Pregnancy Service - TARA 	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<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>1) Remove discrimination, harassment and</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>All areas are accessible to all patients now and on future sites. Assistance provided for patients in transferring from chair to bed if they can self-transfer.</p> <p>New service development will continue to support self and police referral to a site more local to patients through a peripatetic model with same level of service delivery, skills and experience available.</p>	<p>If lifting aids are required because patient not able to self-transfer, staff are able to attend site/home where patient is based to carry out forensic examination.</p>

	<p>victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> X</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"/> X</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Standard Operating Procedures are completed to unify service delivery across all sites with the peripatetic team</p> <p>All communications provided for local sites will be consistent. They will be available in other formats and languages and will take into account barriers to access created by literacy issues. Staff will adhere to the Clear to All clear communication policies in all aspects of service delivery including provision of spoken language and BSL interpreters.</p> <p>Continued support following attendance is provided to answer any ongoing questions and identify support needs.</p> <p>Equal access to all interpreting services is available on all sites</p> <p>Access to appropriate adult support is available on all sites</p> <p>Public access to the current Archway website – this is currently being updated to reflect regional service.</p> <p>CMO taskforce group are developing a national website in support of the Forensic Medical Services Bill, it is expected the website will be available by end 2021</p>	<p>Further discussions are required regarding National leaflets which have been produced</p>

	<p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		
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>	No considered disproportionate impact	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable X		
(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 X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	No considered disproportionate impact. The service development will provide equal access for all. See Question 5 for comments on service users who have mobility issues	
	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?	No considered disproportionate impact	

	<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 X</p>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	No considered disproportionate impact	

	<p>characteristics</p> <p>4) Not applicable X</p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input 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 X</p>	No considered disproportionate impact	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	No considered disproportionate impact	

	1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable X		
(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 <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable X	No considered disproportionate impact	
	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	No considered disproportionate impact In line with the CMO taskforce requirements, the service will provide a female examiner and female forensic trained nurse for	It has been proven in all national work that individuals have a preference for a female in the examinations process. A choice of

	<p>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 X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>all patients. A choice of sex of examiner is available for all patients.</p>	<p>sex of examiner though is available for all patients and the relevant request can be supported where relevant. This will be monitored in line with the HIS standards nationally.</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 <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 X</p>	<p>No considered disproportionate impact.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on 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>	<p>This service development will improve access for all individuals to local service delivery reducing travel requirements and hopefully time spent in accessing care.</p>	<p>It is noted that access for the service outwith the Glasgow area will be 0900 – 2100 hours 7 days per week and individuals will still require to travel to Glasgow if there is a need for the examination to be undertaken overnight. If possible and appropriate for the individual it can be postponed to the following day if that is the person's preference.</p> <p>The aspiration is for a full 24 hour service This is based on data which shows that from December 2018- November 2019 88% of cases were examined between the hours of 0900 and 2100. However, this model of service delivery is not financially viable at this time.</p>
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>No considered disproportionate impact</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</p>	<p>No cost savings were included. The service was initially funded by Scottish Government and funding is now agreed across all boards recurring</p>	

	<p>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 X</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 staff will have completed NHS statutory mandatory training - currently 100% completion. All new starts will complete this as part of induction.</p> <p>Asist and Safe Lives training</p> <ul style="list-style-type: none"> - Staff received this training which has informed their practice to better manage service users, and in particular informs the way individuals are asked about domestic abuse and the model in which they are assessed - This was also delivered to Sandyford service <p>Staff received training from the GGC Trauma Team (the Anchor) on criteria for referral with long term chronic trauma. This has Opened up options for referral to the Anchor for clients identified as suffering from long term chronic trauma. Training also gave staff better understanding of the effects of trauma on individuals and the manifestation of this in their behaviour and presentation.</p> <p>Annual update sessions held for all clinical staff and support and counselling staff (CPD) with FFLM – updates on research, experience of dealing with victims, service updates/changes,</p>	

		evidence based practice	
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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* .

No update required

*

- 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:

- X 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.

Since July 2020, all clients who come through Archway are given the option to provide feedback. This is reviewed internally to identify any service changes or improvements to be implemented, and a quarterly report is shared with the Scottish Government and with the CMO Taskforce. They are interested in sharing this with other regions in order to consider a national consistency.

The website now includes a page with published service user feedback

Regular Peer Review sessions held for clinical staff to review changes to practice, providing the opportunity to discuss and present case reviews.

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:

Name

EQIA Sign Off:

Job Title

Signature

Date

Quality Assurance Sign Off:

Name

Job Title
Signature
Date

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to [CIT](#) or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.