

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:

Community Treatment Centre for Brain Injury – Move to WGACH March 2019

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 Community Treatment Centre for Brain Injury (CTCBI) provides person-centred goal-focused community rehabilitation for adults living with non-progressive cognitive, psychological and communication difficulties because of an acquired brain injury. The service covers Glasgow, East Dunbartonshire and some postcodes in East Renfrewshire and West Dunbartonshire and accepts referrals for people aged 16 and older. Referrals are accepted for people who need rehabilitation after traumatic brain injury, vascular events (not including stroke), hypoxic brain injury, encephalitis and meningitis, and after surgery for non malignant brain tumours and other non-progressive space occupying lesions.

CTCBI works to deliver rehabilitation within a holistic neuropsychological framework. Goals focus on return to pre-injury function and roles wherever possible. Client-centred interventions aim to reduce the impact of any impairment, thereby reducing disability and handicap as a result of brain injury. Rehabilitation sessions are delivered within the centre, in clients' homes and within other relevant community environments. The service has a strong vocational rehabilitation focus when required.

CTCBI accepts referrals from health and social care professionals, 3rd sector organisations and self referrals from people living with brain injury. The service receives 350 referrals per annum of which approximately 250 are accepted. Reasons for non-acceptance can include age, diagnosis and postcode.

The service is provided by an interdisciplinary team consisting of occupational therapists, clinical psychologists, a speech and language therapist and a rehabilitation assistant.

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.)

CTCBI moved from leased accommodation to the WGACH site in March 2019. This move was necessitated by the end of the lease. The move to NHS GG&C accommodation allowed for the budget for CTCBI service accommodation to be saved, contributing to the 2018/2019 FIP.

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: Caroline Davidson

Date of Lead Reviewer Training: September 2019

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):

Pamela Cassidy, acting Centre Administrator

Laura Young, Occupational Therapist

Meghann Richardson, Rehabilitation Assistant

All CTCBI

| | <i>Example</i> | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| <p>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.</p> | <p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> | <p>CTCBI uses Trakcare. This allows for the recording of age, gender, ethnicity, religion, preferred language and interpreting requirements.</p> <p>CTCBI also has a service database which records information on socio-economic status and receipt of disability related benefits.</p> <p>CTCBI also collects information about client relationships at initial interview. This can lead to information about clients' sexual orientation being recorded in their clinical notes.</p> | <p>CTCBI currently collects a wide range of client data. This should be reviewed to ensure adherence with NHS GG&C equalities monitoring data collection policies and procedures.</p> <p>This will be undertaken as part of a broader review of service processes.</p> |
| | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| <p>2. Please provide details of how data</p> | <p><i>A physical activity</i></p> | <p>Past review of CTCBI database information and individual case review</p> | |

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| <p>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).</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><i>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>has indicated that clients with some health, social and financial difficulties may be more likely to fail to attend appointments at CTCBI.</p> <p>Cognitive, sensory and physical impairments also impact on clients' abilities to travel to appointments at CTCBI.</p> <p>Public transport costs can be reimbursed for people in receipt of some benefits. However, some clients have difficulties with using buses and trains for psychological or cognitive reasons. The NHS will not reimburse taxi costs for these clients.</p> <p>CTCBI will proactively manage these issues on a case by case basis by, for example, identifying treatment venues in the clients' local communities or seeing clients in their homes.</p> <p>CTCBI regularly uses interpreting services for clients who have a preferred language which is not English.</p> <p>CTCBI clients often present with co-morbidities like addictions, mental health issues and social issues. It is widely</p> | |
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| | | | <p>accepted that people who have health problems which do not easily fit into one category, or are related to life circumstances, are often unintentionally discriminated against in health services. CTCBI staff members are aware of this and endeavour to minimise the impact other health and social issues have on the client's access to brain injury rehabilitation.</p> <p>The above measures promote equality of opportunity for clients referred to CTCBI.</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</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 disproportionatel</i></p> | <p>The service at CTCBI adheres to the Equality Act 2010 in a wide range of ways including:</p> <p>Adjusting service delivery on a case by case basis to ensure clients with physical, cognitive, behavioural, psychological and sensory impairment have equal access to rehabilitation. For example, seeing clients in their local health centre or homes if needed and appropriate.</p> <p>Using interpreting services when needed.</p> | |

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| | <p>(tick relevant 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><i>y 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>Ensuring clients' rights for returning to and being supported at work are met. For example, supporting clients in occupational health meetings, providing detailed reports for clients returning to work.</p> <p>Ensuring cultural sensitivity in community work. For example, respecting cultural dietary requirements in kitchen work.</p> <p>Liaising with other health and social care services where clients present with co-morbidities which impact on their opportunities to access rehabilitation. For example, referring to and liaising with Addictions, Mental Health and Criminal Justice services.</p> | |
| | <p>Example</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</p> | <p>A money advice service spoke to lone parents (predominantly women) to better</p> | <p>CTCBI provides rehabilitation within a person centred model. Where an issue with equity to access rehabilitation after brain injury is identified, individual solutions are developed where possible.</p> | <p>CTCBI will formalise client engagement and feedback activities and ensure that we include appropriate equalities</p> |

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| <p>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 boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>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.</p> <p>(Due regard to promoting equality of opportunity)</p> <p>* The Child Poverty (Scotland) Act 2017 requires</p> | <p>Regular goal planning, review and discharge planning meetings with clients (and their significant others where appropriate) allow for detailed discussion about any inequality of opportunity to access rehabilitation.</p> <p>For example:</p> <p>We can offer flexibility in timing of appointments.</p> <p>We offer to meet with clients in their local communities if appropriate and needed to minimise access issues.</p> <p>We run an Understanding Brain Injury group where clients are asked for their feedback. The content and format of the group is adjusted according to this feedback.</p> <p>We aim to adhere to NHS GG&C's Accessible Information Policy.</p> | <p>monitoring data collection.</p> <p>CTCBI will undertake analysis of equalities monitoring data to ensure client feedback is representative of the demographic who use the service.</p> <p>TrakCare clinical letters are not easily accessible for people</p> |
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| | | organisations to take actions to reduce poverty for children in households at risk of low incomes. | | with cognitive and linguistic impairment after ABI. This may lead to missed appointments at initial interview. |
| | | 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>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.</p> <p>(Due regard to</p> | <p>CTCBI is currently located in the old A&E department in the WGACH site. There is level access. There is a car drop off point at the entrance. There is an on-site patient car park. Some of the pathways from the car park to the hospital building are challenging for people with mobility issues.</p> <p>Finding a department in a busy hospital environment can be challenging for people with cognitive, psychological and behavioural changes after ABI. We have placed signage appropriate for people with cognitive and visual impairment around the site in an attempt to orientate clients.</p> | <p>We do not currently provide bariatric seating. We will source this seating.</p> |

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| | <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/> X</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> | <p>remove discrimination, harassment and victimisation).</p> | | |
| | <p><i>Example</i></p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> | |
| <p>6.</p> | <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</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</i></p> | <p>CTCBI adheres to NHS GG&C's Accessible Information Policy. We adjust our verbal and written communication depending on our clients' needs and abilities.</p> <p>We use interpreting services when people speak a language other than English. We use BSL interpreters when needed.</p> <p>We liaise with specialist services for people with visual and hearing impairment when we need to adapt or</p> | |

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| <p>which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/> X</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> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those</p> | <p><i>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>modify information for people with sensory impairment.</p> <p>CTCBI service information is available on the NHS GG&C website.</p> | |
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| | <p>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</p> | <p>No.</p> <p>CTCBI offers rehabilitation to adults in the GGHB area. The service is offered to people with cognitive and psychological change after ABI, aged 16 and older. There is no upper age limit.</p> | | |

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| | <p>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. X</p> <p>4) Not applicable <input type="checkbox"/></p> | | |
| (b) | <p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>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</p> | <p>CTCBI is a rehabilitation service. The aim of the service is to reduce the impact of clients' disabilities on their day to day lives. This aim extends across all of the work undertaken by all staff within the service.</p> <p>Access to the department at WGACH may be more challenging for clients with cognitive, sensory, behavioural or physical changes after ABI.</p> <p>Public transport links are walking distance from the WGACH but may present a challenge for people with</p> | |

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| | <p>X 3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p> | <p>mobility, sensory or cognitive issues. There is no direct bus service for the WGACH site.</p> <p>CTCBI will continue to offer flexibility in service delivery to ensure that access to rehabilitation is not adversely affected by disability.</p> <p>All team members are aware of their responsibilities according to the Equality Act 2010.</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 X</p> | <p>No. CTCBI offers access to rehabilitation where appropriate regardless of gender identity. CTCBI staff are familiar with the NHSGGC Transition policy.</p> | |

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| | <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p> | | |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| <p>(d)</p> | <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 X</p> | <p>No. CTCBI offers rehabilitation to clients where appropriate regardless of marriage or civil partnership status.</p> | |

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| | <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></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 X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> | <p>No. CTCBI offers rehabilitation to clients where appropriate regardless of pregnancy or maternity status.</p> | |

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| | 4) Not applicable <input type="checkbox"/> | | |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (f) | <p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p> | <p>No</p> <p>CTCBI is committed to delivering a non-discriminatory service and will continue to be sensitive to clients' individual cultural and communication needs.</p> | |
| (g) | <p>Religion and Belief</p> <p>Could the service change or policy</p> | <p>No. CTCBI offers rehabilitation to clients where appropriate regardless of religion or belief.</p> | |

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| | <p>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 X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p> | | |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| <p>(h)</p> | <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</p> | <p>No. CTCBI offers rehabilitation to clients where appropriate regardless of sex.</p> <p>CTCBI staff members are familiar with issues and responsibilities surrounding gender-based violence, e.g. how to enquire and respond if there are concerns that someone may be experiencing</p> | |

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| | <p>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. X</p> <p>4) Not applicable <input type="checkbox"/></p> | <p>gender-based violence.</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>No. CTCBI offers rehabilitation where appropriate regardless of sexual orientation.</p> | |

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| | <p>X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. X 4) Not applicable <input type="checkbox"/></p> | | |
| | <p>Protected Characteristic</p> | <p>Service Evidence Provided</p> | <p>Possible negative impact and Additional Mitigating Action Required</p> |
| <p>(i)</p> | <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</p> | <p>No</p> <p>Travelling to appointments and engagement with some rehabilitation activities continues to present a financial challenge to some clients after ABI.</p> <p>CTCBI will continue to proactively minimise the adverse impact of poverty and other social issues on clients' opportunities and abilities to engage in rehabilitation after brain injury.</p> | |

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| | exacerbating inequality on the ground of socio-economic status. | | |
| (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>CTCBI regularly works with clients who are in homeless accommodation, are ex-offenders, ex-service personnel, have addictions, are asylum seekers and refugees and who are from travelling communities.</p> <p>Barriers to accessing rehabilitation and other services for any clients are assessed on a case by case basis and staff members at CTCBI support each client to develop strategies to overcome barriers where possible.</p> <p>CTCBI does not currently provide rehabilitation for prisoners. The service model is focused on return to previous function and re-integration into clients' communities and life roles. This is not possible within a prison environment.</p> | |
| 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 | The move to the WGACH led to savings in the CTCBI accommodation budget. This did not disproportionately impact on protected characteristic groups. | |

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| | <p>protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable 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>CTCBI staff members complete all statutory and mandatory training. They are all familiar with the Equality Act 2010 and of the relevance of the Act for our client group.</p> <p>The service aim is to minimise the impact of impairment after brain injury and we apply this ethos broadly with all of our clients.</p> | |

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care

provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

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* .

CTCBI provides person centred rehabilitation for people with acquired brain injury. The service works within the World Health Organisation International Classification of Functioning, Disability and Health model. CTCBI aims to minimise the impact of impairment on clients' abilities to engage in previous activities and life roles. This rehabilitation model asks staff members to consider participation, equality and empowerment throughout the rehabilitation process.

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- **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?(in initials) |
|--|-----------------------------------|---|
| <p>Review of current CTCBI database and data collected to ensure adherence with NHS GG&C equalities monitoring data collection policies and procedures.</p> | <p>1/2/21 CD/PC/ST</p> | |
| <p>CTCBI should formalise client engagement and feedback activities and ensure that we include appropriate equalities monitoring data collection.</p> | <p>1/2/21 CD/LY/MR</p> | |
| <p>CTCBI will undertake analysis of equalities monitoring data to ensure client feedback is representative of the demographic who use the service.</p> | <p>1/2/21 CD/LY/MR</p> | |

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

1/2/21

**Lead Reviewer:
EQIA Sign Off:**

**Name Caroline Davidson
Job Title Clinical Lead
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 | |
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| | | Date | Initials |
| Action: | | | |
| Status: | | | |
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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 | |
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| | | Date | Initials |
| Action: | | | |

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| 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

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

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.