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. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. 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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Mental Health Services Continuous Intervention Policy

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).

The NHS Greater Glasgow and Clyde (NHSGG&C) Continuous Intervention Implementation and Monitoring Group have developed a policy and practice guidance to ensure that inpatients receive the highest quality care and most appropriate level of supportive engagement and intervention.

Continuous Intervention (CI) is an enhanced level of care and is used when a patient requires the continuous, supportive intervention of a member of staff. This intervention should be therapeutic in nature and should focus on supporting and collaborating with the patient in their recovery. CI should be specific, therapeutic, and purposeful and informed by the patient's needs, strengths, purpose of admission and best practice. The need for CI will be determined by the presence of persistent elevated levels of risk that cannot be safely managed without CI and should be subject to ongoing review determined by the needs of the patient.

This policy and practice guidance is applicable to all NHS Greater Glasgow and Clyde Inpatient Mental Health Services, Alcohol and Drug Recovery Services (ADRS), Child and Adolescent Mental Health Services (CAMHs), Specialist Learning Disability Inpatient settings and Forensic Regional Services.

The purpose of this policy is to:

- To take cognisance of current evidence and national guidance.
- Set out aims, principles and standards for Continuous Intervention practice and training.
- Confirm roles and responsibilities within the organisation and Multidisciplinary Teams
- Identify other policies and guidance that interface with this Continuous Intervention policy

The policy aims to;

- To promote a proactive, collaborative, formulation-based approach to person centred care and the management of clinical risk.
- Focus on prevention and early identification of deteriorating mental health.
- Improve individual's experience of inpatient care and involvement in their care.
- Ensure that all patients have a dynamic, readily accessible Clinical Risk Assessment Framework for Teams (CRAFT) and risk management plan that informs a Person-

Centred Care Plan (PCCP).
- Promote safe, effective and recovery focused practice.

Policy Standards

The following standards have been developed using the 9 strands described within the national guidance document:

- Every patient will have a PCCP that describes the interventions relating to patient's clinical needs, signs of deterioration, recovery, and risk as part of a multidisciplinary coordinated and planned approach.
- Where consent has been obtained, carers and families will be included in the person-centered care plan development and review of the clinical risk management plan when the patient has not given consent, this must be reviewed regularly.
- Required level of care and intervention will be described following the completion of CRAFT
- The care and intervention within the person centred care plan must detail strategies that would manage patient safety and promote recovery focused outcomes that would indicate risk reduction and escalation indicators based upon an individualised, person-centred, and formulation-driven understanding of the patient's distress and associated risks.
- Staff will be provided with the opportunity to enhance their skills and learning in relation to providing effective, safe, person centred CI Practice.

The previous Safe and Supportive Observation Policy focused on describing categories of observation and physical proximity of the person conducting the observation rather than the individualised nature of the care and interventions required.

This Continuous Intervention Policy promotes practice that is person centred and proportionate to presenting risks and engages the person directly. The interventions should always consider how the care will be conducted, the number of staff involved and the proximity of the member of staff to the patient. This must always be assessed, considered, agreed, and recorded in the persons CI PCCP.

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: Lorraine Cribbin Interim Chief Nurse Glasgow City/Chief Nurse Adult Services **Dr Una Graham Associate Medical Director** **Mental Health and Alcohol and Drug Recovery Services**	**Date of Lead Reviewer Training:** 12/3/2019

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):

Fiona McMahon, MH Professional Nurse Lead Joan Blackwood, Senior Nurse Projects Lucy Carrick, Clinical Director, Northwest Glasgow Dr Una Graham ,Deputy Medical Director MH & ADRS Julie McKelvie, Occupational Therapy Mental Health Advisor (Adult) Nicola Crossan, Manpower/Project Nurse Afton Hill, Lead for EQIA Shared with the NHSGGC Mental Health Continuous Intervention Implementation and Monirotring Group

		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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	All services in policy scope gather information covering all 9 protected characteristics via the mental health and risk assessment process, this data is collected on admission to the service and as part of ongoing assessment and review. Positively ethnicity, age, religion are all captured on EMiS. Ethnicity and religion are non-mandatory data recording items on the EMiS system, which means not always recorded	Not being routinely reported however it is gathered at an individual person centred level and care and treatment is designed in accordance with any specific requirements. There is data collected that relates to ethnicity that has informed the most common languages translation of the patient information resources 'Clear to All' Raise 9 characteristics data reporting overall with governance and policy groups
		Example	**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** ☐	***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)***	Data captured is used to inform the person centred care plan and interventions Multidisciplinary approach ensures discussion and consideration of individual needs*** The nature of the principles behind person centred care drives us to remove any discrimination, needs considered as a person Dynamic of person centred care supports general duties 1,2,3	
		Example	**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**	***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***	Healthcare Improvement Scotland (HIS) developed national guidance in 2019 **'From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care'**. The national guidance was developed following shared learning from quality improvement projects from across NHS Scotland, along with an emerging evidence base, discussion, consultation and engagement with various groups and organisations and has informed the content of this policy and practice guidance	

	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** ☐	***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).***	In NHSGG&C the current MH23 Safe and Supportive Observation policy has been replaced by a revised policy statement and this practice guidance. The practice guidance has been informed by the national guidance, other associated and relevant NHS GGC local policies and guidance. It has been developed by representatives from nursing, medical, psychology, AHP, operational management, staff partnership and the Mental Health Network and lived experience members. Specific guidance applies to Children, young people and adults with learning disabilities who are being considered for admission to an adult ward. Children and young people: • http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/Legislation/PEP/S%20-%20Admission%20of%20under18s%20to%20General%20Adult%20Psychiatry%20Wards%20in%20 Glasgow%20and%20Clyde.pdf • Admission_of_young_people_to_adult_mental_health_wards review_12_june_2020.pdf (mwcscot.org.uk) • A best practice guideline for admission to adult mental health wards for under 18s with mental health problems : Adaption for Scotland. January 2020 (www.gov.scot) Learning Disability: • LD support to LD patients on GA wards.docx • http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2045%20-%20Shared%20Protocol%20for%20Learning%20Disability%20and%20Mental%20Health%20Interface%20document.pdf	
		Example	**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**	***A money advice service spoke to lone parents (predominantly women)***	A Person-Centred Care Plan (PCCP) is a requirement within NHS GGC for all who use mental health services, it demonstrates biopsychosocial needs and a person's preferences for care, and it considers and takes into account views of relative's carers and or the	

	to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. **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** ☐	***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.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	person's nominated proxy. The MDT discuss and review information gathered in preparation for the meeting and feedback from members of the team, patient, family, and carers. The practice guidance has been informed by the national guidance, other associated and relevant NHS GGC local policies and guidance. It has been developed by representatives from nursing, medical, psychology, AHP, operational management, staff partnership. The Mental Health Network the commissioned service user organisation for GGC were members of the policy steering group and as such represented service users and lived experience members. The Policy manager also had lead role for engaging with the MH Network to gather feedback on the policy and practice guidance. This work is ongoing a we are seeking some feedback on the impact of the change for people, with their support Earlier draft of policy and practice guidance was distributed for feedback from staff, as a result of the feedback it was agreed to redraft the policy and guidance using a MDT, clinical approach, with service user involvement Consultation process was carried out using a range of methods. Formal consultation process completed and this was backed up by staff focus groups were to gather views and comments on draft policy and guidance and Mental Health network consulted through their members that included service users and carers	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If**	***An access audit of an outpatient physiotherapy***	Any needs for the service to be accessible are assessed at an individual level and during assessments.	

	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** ☐	***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).***	No requirement to describe access arrangements and this policy is about practice and assessment of access will have been completed via other processes	
		Example	**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**	***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***	MDT awareness sessions delivered Wide distribution of the policy and practice guidance using the policy management process Continuous Intervention 7 minute briefing being developed Information needs to meet the quality standards outlined in the patient information management policy. It will be all quality assured with regard to the clear to all principles. Patient and carer information leaflets and posters developed,	

	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** ☐ **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.**	***users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	information being review via 'Clear to All board policy is being translated to be available into 10 most common languages, these are available to staff, patients and carers within the wards.	
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age**		The policy will apply across all age groups. Specific guidance applies to children, young people who are being considered for admission to	A Person-Centred Care Plan (PCCP) is a requirement within NHS GGC for all

	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** ☐	an adult ward. CAMHS Consultant RMO Role: • Involved in the ongoing management of the patient in conjunction with other community CAMHS staff involved in the case working with the inpatient multidisciplinary team. • Assumes S22 Approved Medical Practitioner duties. • Conducts weekly clinical reviews and coordinates a management plan. Patient Admission: • If admitted to a general adult psychiatry ward, the patient is considered boarding from Skye House and should be on the transfer waiting list. MWC Guidance: • Recommends using side rooms over dormitories whilst considering the impact of isolation. Staff Training and Intervention: • Staff with experience of working with young people should be available to provide direct input to the PCCP, and support and guidance to ward staff. • Ward managers should access bank staff familiar with young people • Joint training sessions and regular meetings with CAMHS are essential. • Intervention levels are based on a multi-professional assessment of the young person's needs and vulnerabilities in an adult environment.	who use mental health services, it demonstrates biopsychosocial needs and a person's preferences for care, and it considers and takes into account views of relative's carers and or the person's nominated proxy. Where CRAFT indicates a continuous intervention this will support the MDT to formulate a Continuous Intervention Person Centred Care Plan that is aligned to personal preferences, preserves dignity is proportionate and of therapeutic benefit to the person requiring additional care and support including a description of the continuous intervention and engagement which has been agreed through the MDT processes to ensure that care is safe and effective. Where any MDT practitioner becomes aware of a change in a person's risk profile, during their own therapeutic interaction or otherwise they would initiate a review of the Mental Health Risk Assessment and Management Plan, CI will not apply for patients where there is an ongoing need for increased/episodic support for specific needs such as personal care or where other care interventions exist, for example the falls bundle. In these situations, CI would only apply if there were a deterioration in mental health triggering a review of the risk which may result in CI.

			CI will not apply for patients where risk can be managed by routine care and treatment. CI will not apply where there is an acute event, and the incident is resolved, and the MDT are satisfied that the clinical risk has been managed.
(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** ☐	<u>Learning Disability</u> Specific guidance applies adults with learning disabilities who are being considered for admission to an adult ward. Expertise and Services: • Specialist Learning Disability Inpatient Services provide specialist assessment and treatment in relation to the patient's learning disability. • Most patients who need specialist input have moderate to profound learning disabilities. • Patients with mild learning disability and severe and enduring mental illness may have their needs better met on a General Adult ward. Referral Process: • All referrals should come from the sector Learning Disability psychiatrist and are discussed through the weekly bed management group. Alternative Arrangements: • If a patient is deemed to require a bed in Specialist Learning Disability Services but a bed is unavailable, patients may be admitted to adult mental health units. • The receiving mental health service will be the same as for other patients of the same age and address. Specialist Input: • Admission and patient transfer should be in line with "MHS 45 Shared Protocol for Learning Disability and Mental Health Interface Working" and the PEP.	As above CI will not apply for patients where there is an ongoing need for increased/episodic support for specific needs such as personal care or where other care interventions exist, for example the falls bundle. In these situations, CI would only apply if there were a deterioration in mental health triggering a review of the risk which may result in CI. CI will not apply for patients where risk can be managed by routine care and treatment. CI will not apply where there is an acute event, and the incident is resolved, and the MDT are satisfied that the clinical risk has been managed.

		• Whether or not a patient with a Learning Disability requires a specialist inpatient service, they should receive support from the community Learning Disability team in line with the guidance "LD support to LD patients on GA wards". Intervention Levels: • Determined by a multi-professional assessment of the patient's needs. • Consider the patient's potential vulnerability in an adult environment. <u>Admission Assessment</u> The admission assessment includes areas specifically related to disability, including; • Cognitive issues • Consideration of any additional requirements to support the admission process e.g. British Sign Language or Interpreter • Physical co-morbidity e.g. diabetes, history of cancer, mobility <u>Accessing Advocacy Support</u> Accessing Advocacy Support is crucial for ensuring that individuals' voices are heard, and their rights are protected. By providing independent support to help patients understand their rights, express their views, and make informed decisions about their care and treatment. Advocates can assist with navigating systems, attending meetings, and communicating with professionals involved in providing care. They also offer support in situations where individuals may feel vulnerable or unable to speak up for themselves including the use of Continuous Interventions.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a**	Some inpatient accommodation may be single sex provision. Patients will be allocated room space in line with NHSGGC policy	**<u>As above</u>**

	disproportionate impact on people with the protected characteristic of Gender Reassignment? **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** ☐		
	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** ☐	No anticipated impact	**As above**

	4) Not applicable ☐		
(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** ☐	This would be considered as part of the risk assessment of the individual and the PCCP will be developed accordingly. Also opportunity to involve the MH Perinatal service if required both prenatal and postnatal	**<u>As above</u>**
	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).**	Patients would have access to an interpreter for Continuous Intervention discussion. Needs relating to race, culture and ethnicity would be discussed and considered as part of the PCCP Completion of the 'What Matters to Me' template on admission and throughout admission, the detail used to inform the PCCP and interventions	**As above**

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐		
(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** ☐	Admission Assessment will include religious/spiritual history	**As above**
	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**	Care plan includes staff matching, in particular it can include preference for male or female staff member.	As above Ability to meet this all of the time for everybody is dependent on staffing

	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** ☐		resource Mitigation – this would be escalated and raised through service management structures and the board wide huddle to attempt to get appropriate staffing resource.
(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** ☐	No anticipated impact	As above

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on 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 when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:**Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately	No anticipated impact	All patients irrespective of economic status and social class will have access to advocacy to represent their views and needs

	according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(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 application of this policy is applicable to all accessing inpatient MH services regardless of individual circumstances The PCCP will take into account any specific needs that may emerge in relation to these marginalised groups Collect ex service personnel status on Trakcare on admission	
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** ☐	No anticipated impact on cost savings or on protected characteristic groups	

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
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.**	Existing mandatory LearnPro module for all staff - completion rates are monitored by the organisation. In addition to the above, the training delivered to staff focused on the person centred assessment, risk and care planning. A skills enhancement programme also delivered at local level	Local implementation teams and cascade model through training for trainers approach

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.

There will be times when patients on CI are not in agreement with the plan and are managed under the MH Act where all legal responsibilities need to be adhered to, which include least restrictive interventions and application of the Milan principles

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* .

The policy has been based on National Guidance, which has considered the above

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview 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.

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)**
Present the EQIA to the Continuous Intervention Implementation and Monitoring Group and to the MH Policy Steering Group	October 2025	CIIMG – (LC/UG)
Have further discussion on data collection, consider if this is something that could be part of the measurement framework	October 2025	CIIMG

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

Lead Reviewer: **Name Dr Una Graham**
EQIA Sign Off: **Job Title Deputy Medical Director MH & ADRS**
Signature
Date 23/09/2025

Quality Assurance Sign Off: **Name Dr Noreen Shields**
Job Title Planning and Development Manager
Signature
Date 21/10/25

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:			
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

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk