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:

Support Information Services (SIS) and Family Support & Information Services (FSIS)

Is this a: Current Service ☒   Service Development x   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 service offers patient, staff and visitors to hospital advice on simple and complex non-clinical enquiries – e.g. support pathways, partnership working with 3rd sector - personalised needs assessments, brief intervention conversations and direct referral to health improvement services like money advice. New Victoria Ambulatory Care Hospital (ACH), New Stobhill ACH and Queen Elizabeth University Hospital each host Support and Information Services. An increased SIS presence was established in Glasgow Royal Infirmary during 2018 & Clyde developments have commenced during 2019-20 for RAH, IRH & Vale of Levan. The equivalent service for children & families, the Family Support and Information Service, is located within the Royal Hospital for Children.

The SIS/FSIS is managed by the health improvement team, Public Health, NHSGCC. These services are well-developed within NHSGGC and house a wide variety of quality assured information and access to support pathways. NHS Greater Glasgow and Clyde works in partnership with a range of partners and third sector

agencies to provide support services within SIS/FSIS.

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.)

Recent service development which links to the Health Promoting Health Service programme of work. The Support Information Service is a major focus of the Board's health literacy commitments and other public health priorities. The Last service EQIA was conducted in 07.02.13 and during this time the services were formally known as PIC's (Patient information centres). PiC's focus for delivery had an out-patient focus and was located within NHSGGC's two Ambulatory Care Hospitals (ACHs) at the New Victoria and New Stobhill sites. The service then been designed around the social model of health and takes a holistic, non-clinical approach to health and lifestyle in a hospital environment. More recently, as the services have expanded to account of larger in-patient hospitals including QEUH which is regional in its nature, it has resulted in a need to carry out a new EQIA to ensure all service developments are in line with health board policy and ensure accessibility for key population groups including in-patients, out-patients, carers, visitors & NHSGGC Staff.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Gillian Harvey	Date of Lead Reviewer Training:

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):

Debbie Schofield, Support & Information Services & Family Support Teams

		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.*	The Support Information Service captures the following data for all longer enquiries. Sex Age LTC/disability SIMD Carer/cared for Race The service defines a long enquiry is one that lasts longer than 5 minutes and often involves a care planning conversation and/or onward referral to an external services. In relation to short enquiries (those lasting less than 5 minutes), it is not appropriate or necessary to capture this data due to no onward referral being required, no additional support being required and the use of time being inefficient therefore for the person presenting to the services. Examples of short enquires in this context can include hospital directions and travel expenses queries All support & information staff receive training in relation to how to carry out a	Add additional PCs capture into all longer enquiries including the following: Gender reassignment Marriage and civil partnership Pregnancy and maternity Religion or belief Sexual orientation Add missing data on SIS Database drop down menu to ensure it accurately reflects NHSGG protected characteristics. Of the 9 protected characteristics, we are able to currently record the following on the database: The database currently doesn't allow the recording of gender reassignment marriage/civil

		caring conversation, complete statutory/mandatory training in relation to equalities and also participate in monthly team meetings where case studies are discussed and skills in relation to gathering information are continually developed. Across all Hospital sites where a Support & Information service is present, GDPR leaflets have been developed and are available to distribute to anyone who may query why data on protected characteristic is collected, how it is used and reassurance that that any data provided is confidential and no identifying patient data is used.		partnership status pregnancy/maternity sexual orientation. SIS/FSIS team already complete annual equalities training via their statutory/Mandatory training. Success in implementation will be monitored via improved data collection & recording rates in relation to these additional PC's.
		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**	**A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and**	**Data feeds into reports for HIIG to evidence the effectiveness of Support Information Services in targeting patient groups and better understanding patterns of use.** **Data has been used to monitor unmet needs and these inform service developments such as identify additional support (listening ear service) in response to the presentation of people with**	**Streamline Youth Health Services information & develop service referral pathway for inclusion in Acute referral Pathways tool** **Deliver recommended actions from 3rd sector review conducted by**

			EHRT
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. X** **4) Not applicable** ☐	**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)**	**emotional issues, emergency food provision in relation to increasing demand for practical needs on presentation (including money & fuel) Additionally service data is used to explore service provision gaps such as outreach to maternity services and mental health services.** **Data shows low levels of uptake from younger people. Ensuring the services were viable and accessible universally required a closer look in 2018/19. In relation to age category, the services had a presentation rate of 51% across all sites from people aged 51 years or over during 2017/18. This age group continued to present highly during 2018/19 at 45%. Age 0 to 20 accounted for 5% of presentations in 2017/18 and has dropped to 3% in 2018/19. The question is therefore asked where young adults present in hospital in relation to support for their health and wellbeing. During 2018/19 this had decreased to 3%.** **During 2019/20 a recommendation moving forward was to establish where young patients, particularly transitioning from children acute services, mainly the Royal Hospital for Children, into Adult acute services, present when they require**	**EHRT**

support for their wider health & social needs. Working with the youth transition nursing teams to provide increased awareness that these services exist for young patients and the improvement of young health referral pathways is a current priority in 2019/20.

In relation to race & ethnicity, this protected characteristic is only recorded during a long intervention. 73% of all long presentations to SIS had ethnicity recorded (total long presentations to SIS in 18/19 2,534, total ethnicity recordings 1,847). The largest presenting ethnic group was white Scottish (74%). 87 people were recorded as requiring an interpreting services

As these services are well positioned in the main atriums of hospitals, often the services become the main point of enquiry for additional hospital enquirers such as travel expenses. Consequently some patient data is often captured and referred on to relevant organisations.

What about the work Jackie Fairweather did on analysing 3rd sector partners and recommendations re use of additional orgs?

		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 considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics x	*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.*	The Support Information Service model has been informed by research conducted by the Glasgow Centre for Population Health and models of engagement including Caring Conversations. The last formal research carried out in relation to the service feedback was carried out by Axiom market research & consultancy in May 2015. Findings and recommendations included: Contact and engagement (members of the public) The evaluation feedback suggested that there was a need for the service but that lack of awareness of it and lack understanding of what support it can provide is limiting its use. It would be beneficial for service management to consider increasing awareness of the service amongst potential user groups. Over the last 4 years Marketing plans to include new branding, leaflets that meet Health Literacy standards & the development of staff briefings have	As the last service user engagement was carried out in 2015, a recommendation to carry out new engagement in relation to service delivery and access is advised, particularly by building this into routine feedback models such as development of service feedback boxes across all services.

4) Not applicable ☐	*(Due regard to removing discrimination, harassment and victimisation and fostering good relations).*	resulted in increased awareness and accessibility of the services including increased access for NHSGGC staff via work embedded into the NHSGGC Staff Health Strategy Additionally improvements to signage, location, and staffing and data collection were all identified as areas that required attention in the 2015 report. Improvements relating to the development of a bespoke microstrategy database system to record data on or immediately following presentation, improvements to wayfinding including new branding and staffing models that have seen an increase in birth contracted and sessional staffing for peak delivery or holiday periods have include improvement made since the report was published. This research also acted as a catalyst to review the service name and change form PIC's (Patient Information Centres) to SIS (Support & Information Services), with the realisation that not only did these services provided more than just information but rather patient & carer support plans in addition, this was also the desired need for the services direction of travel.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.		A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly		Revisit user engagement In conjunction with children's PACE Group develop service feedback mechanisms to include an internal and external feedback boxes for Family Support & Information Services (FSIS) within Royal Hospital for Children. FSIS Team will progress identifying suitable boxes & cards will be provided by PACE Group. This practice will be used to develop mechanism for rest of SIS services in 2021-22.

		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.		
		Example	**Service Evidence Provided**	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?**

			Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).
			1) Remove discrimination, harassment and victimisation **x** 2) Promote equality of opportunity **x** 3) Foster good relations between protected characteristics **x** 4) Not applicable ☐
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are	An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to	All Support Information Service points are located in main ground floor concourse areas of NHSGGC hospital sites. Location means they have optimum accessibility for all patients and service personnel. Additionally, equality of access is promoted additional thought support on offer such as use of interpreters for those	Family support & Information Service within RHC & the SIS within the New Vic are both located on the ground floor of the hospitals but may require additional wayfinding due to the

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 x 2) Promote equality of opportunity x 3) Foster good relations between Protected Characteristics. x 4) Not applicable ☐	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).	where English is not a first language and hosting the BSL chrome books to support patients requiring this support.		services not being immediately visible as you walk through main hospital entrances.
	Example	**Service Evidence Provided**		**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy**	**Following a service review, an information**	**The service change is a planned extension of the pre-existing service to other hospital sites in NHSGGC. Each**		**Service leaflets not available in other languages – needs to be**

development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics x 4) Not applicable ☐	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. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).	site has ready access to telephone interpreting, BSL online and private spaces. Written materials are available for users in other languages via the central translation service. Promoting an ethos of equality is also visible in the physical design of the services space. All services benefit from adjoining private space or private space within close proximity to the services which allows sensitive conversations to take place & support provided in a patient-centred manner. Health-care support worker code of conduct is adhered to by staff, creating a culture that promotes dignity, respect & equality, valuing all aspects of equality and diversity. All new staff complete HCSW Code of Conduct e-learning module on induction.	translated or available on request. Scope out options to develop welcome signage in other languages for window display.

	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.		
7	**Protected Characteristic**	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to**	**The service does not operate any age cut-offs in service and there is a dedicated service within the Royal Children's Hospital that can meet the needs of younger people in our care.** **In 2017/18 the NHSGGC Support & Information Service Annual service report it was noted that females continued 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 x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. x 4) Not applicable ☐	present at these services at a higher rate than males at a rate of 2 to 1. During 2018/19 the gender recording rate was 96% of all presentations (Total Long presentations 2534). Of the 2434 patients of visitors to the SIS services recorded, 65% were females (1592) and 35% were male (842) a ratio of 2 to 1 demonstrating no improvement since last year.	
(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,**	The services are fully accessible in terms of location and layout. The service works with a diverse range of patients and visitors including carers and can tailor information provided to meet the needs of all. The service can access online BSL interpreting to support walk ins for Deaf visitors and are equipped with loop systems. Staff are aware of the compounding impact of other protected	Police Scotland training to be organised for all staff on handling disclosure and supporting reporting & re-visited annually

	harassment and victimisation x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. x 4) Not applicable ☐	characteristics and disability including the disproportionate impact of poverty and can engage directly around issues relating to income maximisation. Some service areas received training in Hate Crime reporting	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Identity** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** 1) Remove discrimination, harassment and victimisation x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics x 4) Not applicable ☐	**The service appreciates the risk of discrimination for trans people in their day to day lives and offers a safe place for trans people to engage with staff with any service queries they may have.** **Support and Information Services were key distribution points for Rainbow Lanyards for NHSGGC staff and will continue to play a vital role in making LGBT+ inclusion visible in NHSGGC.** **Some service areas received training in Hate Crime reporting**	**See Hate Crime Suggestion**

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable x**	**Not applicable**	
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected**	**The Support and Information Services are accessible for parents with young children and are supportive Breast Feeding areas. Staff are briefed to provide information on income**	

	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 x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. x 4) Not applicable ☐	maximisation and there is an awareness that poverty and child caring responsibilities are often linked. A focused Maternity prescriptions project allows the service to specifically target each hospital maternity clinic & departments across all NHSGGC hospitals offering staff awareness briefings to allow Pregnant women to be referred to the services.	
	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).	The service utilises telephone interpreting and where required face to face interpreting to support people who do not have English as a first language. The service makes literature available upon request in other languages and formats. Some service areas received training in Hate Crime reporting	Police Scotland training to be organised for all staff on handling disclosure and supporting reporting & re-visited annually

	1) Remove discrimination, harassment and victimisation **x** 2) Promote equality of opportunity **x** 3) Foster good relations between protected characteristics **x** 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 **x** 2) Promote equality of opportunity **x** 3) Foster good relations between protected characteristics. **x** 4) Not applicable ☐	**The service can liaise with hospital chaplaincy services wherever there is an expressed need for spiritual/religious care.** **Some service areas received training in Hate Crime reporting**	**Police Scotland training to be organised for all staff on handling disclosure and supporting reporting & re-visited annually**

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** **x** **2) Promote equality of opportunity** **x** **3) Foster good relations between protected characteristics.** **x** **4) Not applicable** ☐	**All services offer universal access.** **In terms of service uptake by sex, the most recent full years analyses of date (2018/2019), indicated that where gendered was recorded at presentation, the number of female presentation s when compared to makes was higher, 65% Female (1592) compared to 35% Male (842).** **Please note: Above stats calculated based on total number of people accessing services during 2018-19 being 7575 where the total recording of gender was in 2434 of cases (32%)** **Despite complete data not being available (only 32%), it may infer that more females are accessing the services than males, which correlates with other research relating to health service access.**	**Ensure team members are up-to-date & trained to handle disclosure of GBV. Training Session to be organised.** **Continue to monitor Sex trends in relation to gender access in 2019/20.**
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on**	**Support and Information Services were key distribution points for Rainbow Lanyards for NHSGGC staff and will continue to play a vital role in making**	**Police Scotland training to be scheduled for staff on handling disclosure and supporting**

	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 x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. x 4) Not applicable ☐	LGBT+ inclusion visible in NHSGGC. To this end staff have been trained not to make assumptions about the sexual orientation of visitors and will use inclusive language that avoids excluding LGB people from receiving equitable services. Some service areas received training in Hate Crime reporting	reporting.
	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 the people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in	Staff are trained to offer support and advice for people experiencing poverty and the health impacts of this. This includes briefing on programmes like Healthier Wealthier Children, DWP and other income maximisation opportunities. Staff can signpost visitors to the cashier's office to ensure any out of pocket expenses can be reimbursed where appropriate. In terms of Hosted services and SLA with	

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.	**external services offering support, the SIS & FSIS have a SLA's in place with LTC Mac Financial inclusion services & Money Matters who are hosted on site to ensure patients, cares, staff & members of the public can have immediate access to debt advice & income maximisation services.** **Various pathways for immediate support are offered within the services included access to the Emergency grant fund within Family Support at the RHC providing families with support to immediate money, clothes, travel support & food.** **Emergency food discharge projects are being piloted currently across SIS services, QEUH being the first to embed this model focused on raising the issue of food, fuel & money on point of discharge following referral from clinicians identifying need on wards.** **SIS & FSIS have various support mechanisms in place to offer access to emergency Fuel access & offer longer terms support relating to the impact of Fuel Poverty (See emended document)**		

		W Fuel Poverty Pathway of Support	
(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 SIS Services are designed to be inclusive of all marginalised groups. Service referral pathways relating to specific services offering support to marginalised groups have been developed & SIS staff receive annual training relating to these.** **Family Support Services have access to an emergency fund for family's experiences immediate hardship that can be used for asylum seekers & refugee families who have no immediate access to public funds.** **Following specific issues facing marginalised groups, the SIS services will develop protocols to support localised issues. For Example please see below the referral pathway/response to take when Staff were faced with an Asylum Seeker facing eviction from Serco (recent issue Dec 19):**	**Explore unmet need for Homelessness patients and their access to appropriate financial support at GRI via homeless liaison team & Financial Inclusion team**

| | | When a refugee/asylum seeker presents as a SIS client after receiving an eviction notice from Serco: SIS officers will make a referral to Positive Action in Housing (PAIH) and also provide the client with a PIAH resource pack (see attached) which gives information on what to do in the event of being issued with an eviction notice and also provides them with information on their rights. Clients will also be allowed to use SIS phones to speak to staff at PAIH. - Lifeline Service (Drop-ins Mon-Thurs 10am-12pm & 2pm-3pm)

SIS officers informs client that PIAH will provide ongoing support to refugees and asylum seekers who face eviction notices between the point of an eviction notice being served and Serco staff seeking repossession of a property. They also offer Emergency Advice, Casework, Signposting, Crisis Grants, Spare Rooms and Referrals to Housing/immigration lawyers.

Additionally they are informed that PIAH work with Govan Law Centre to provide legal advice to refugees and asylum seekers. SIS officers would assist the client with seeking legal advice and would | |

| | | allow the refugee/asylum seeker to use SIS phones to contact a client's lawyer or phone the lawyer on the client's before to seek urgent legal advice. Where the client does not have legal support we would assist the client in getting legal advice using either Govan Law Centre or the other legal firms within the PIAH resource pack.

Where a refugee/asylum seeker has been evicted and has no accommodation:

SIS staff will make a referral to organisations able to make a referral to the Glasgow Night Shelter (British Red Cross, the Scottish Refugee Council, Unity and Govan Community Project). The Night Shelter is able to provide a safe and secure place to sleep from 8pm and 8am and warm meal is also provided.

When refugee/asylum seeker requires additional information or general support: SIS staff will referral or signpost to the Scottish Refugee Council, Migrant Help and the Refugee Survival Trust's Destitute Asylum Seeker Service, where appropriate. Use of SIS telephones will be provided where a client wishes to speak to a service directly. | |

		If refugee/asylum seeker requires medical treatment: SIS client will be informed by SIS staff that they can continue to use the NHS for medical treatment. Where appropriate they will be directed to A&E or to other appropriate sources of medical treatment. Please note: Where a client's first language isn't English, SIS staff will use telephone translation to facilitate providing assistance.	
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** ☐	Not applicable	

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	3) Foster good relations between protected characteristics. ☐ **4) Not applicable x**		
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.**	**All team comply with annual completion of stat mandatory e-learning via NES. All members of team attend Raising the issue training & are offered sensory impairment training on annual basis.** **Data provided Annually.**	

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. Service offers patients and visitors a safe and private space to make enquiries.

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 planned engagement with service users will further strengthen the scope of the Support and Information Services to deliver services that meet the PANEL principles.

*

- **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:

☐   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.

Development of service Mental health outreach programme for the Stobhill, following the incorporation of mental health services to Stobhill campus following the closure of Parkhead Hospital. Services expanded remit to include Mental Health Patients at this site, due to localised site need & closure of hospital.

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)
Routine feedback (from all service users) to be built in	March 21	GH
Staff training re wider PC inclusion	March 21	GH
Database review	March 21	GH
Portable loops to be checked and monitor use of BSL Chromebooks	Immediately April 21	GH

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

Lead Reviewer:	Name	Gillian Harvey
EQIA Sign Off:	Job Title	Health Improvement Lead
	Signature	Gillian Harvey
	Date	March 2020

Quality Assurance Sign Off:

Name	**Alastair Low**
Job Title	**Planning and Development Manager**
Signature	**Alastair Low**
Date	**15th March 2020**

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:
The actions listed above should be reviewed on a 6-monthly basis by the Lead Reviewer and participants to ensure any commitments made to make adjustments have been completed.