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:

NHS Greater Glasgow and Clyde Quality Strategy 2024/29

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.

Quality is our core business in NHS Greater Glasgow and Clyde. This Quality Strategy Quality Everyone Everywhere sets out a clear vision for how we will work together across all areas of service to ensure people experience high-quality individualised, person-centred care.

The strategy builds on our current strengths and recognises the improvements made over the period during and since the pandemic. It takes a collaborative and new approach to support person-centred care in an environment of financial and sustainability challenges.

This shared vision has been coproduced with both the people who use our services and those who work within them. Key areas of focus and deliverables have come directly from extensive and iterative co-design and co-creation using multiple formats, events, networks, surveys, and groups.

Our aims:

- NHSGGC is recognised as a world leading quality healthcare organisation
- People experience person-centred high-quality care in every place and every interaction
- The voices of our population, and people who use and work in our services are embedded in the decisions we make

The strategy will embrace innovation, and build on our strong foundations of person-centred care, patient safety, value-based health & care and other programmes of work which are well established.

To achieve our aims the strategy seeks to develop connectivity across both formal and informal networks at a system-wide level, in our teams, and at the point of care encouraging local ownership and accountability as part of the approach.

Through system-wide engagement five priorities for action were identified. Quality Everyone Everywhere consistently came through all discussions, debates, and feedback channels. This is an overarching priority and will run through the other four priority areas:

- Safe, Effective and Efficient
- Person Centred
- Co-production
- Learning and Improving

There will be a requirement for specific programmes and projects aligned to this strategy to follow the EQIA process.

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.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The strategy requires that an EQIA be conducted due to its wide-reaching scope, across all services, sites, settings and specialities and will bring benefits to people who use and work in our services and those who matter to them over the next five years. The strategy has been designed to support and deliver NHSGGC corporate aims, objectives and operational priorities.

Quality is integral to our purpose, values and aims, putting people at the centre of our organisational aspirations.

Quality Everyone Everywhere does not stand alone. It is aligned to and supports other key Board strategies and plans.

Other Board strategies which dovetail with Quality Everyone Everywhere include the Workforce Strategy, the Communication and Engagement Strategy, the Sustainability Strategy, the Digital Strategy and our Value Based Health and Care action plan.

Quality Everyone Everywhere links with the national 'Getting it Right For Everyone' (GIRFE) programme and builds on earlier work by the Scottish Government 'Getting it Right for Every Child' (GIRFEC).

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:	Date of Lead Reviewer Training:
Ann McLinton	2013

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):

Jennifer Rodgers, Deputy Nurse Director (Corporate and Community) Fiona MacKay, Quality Strategy Programme Lead Aimie Holland, Lead Clinical Improvement Coordinator Donna Hanlon, Lead Clinical Improvement Coordinator

	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 information below gives an indication of the scope and complexity of NHS Greater Glasgow and Clyde: • Serves a population of 1.3 million people • Employs around 41,000 staff • Contracts with around 232 GP Surgeries • Dental services in more than 279 locations • 187 Optician practices • 72 Health Centres and Clinics • 283 Pharmacies • 23 hospitals of different types • An annual budget of £4.4billion NHS Greater Glasgow and Clyde serves the people of: • East Dunbartonshire • East Renfrewshire • Glasgow City	The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in service change does not exacerbate experience of inequality across protected characteristic groups.

- Inverclyde
- Renfrewshire
- West Dunbartonshire

92.45% of the population in Greater Glasgow and Clyde are White, this is lower than the national average of 96.02%. Asians make up most of the remainder of the population (5.32%), followed by African (1.22%), Other (0.42%), mixed/multiple (0.39%) and Caribbean/black (0.19%).

The population across Glasgow and Clyde is expected to increase to 1,282,108 by 2031. From 2031 the population is expected to decrease to 1,268,321 by 2037, giving an overall cumulative increase of 5.9% from 2022.

When considering those who are 66+, those aged 66-80 will increase from 12% (n = 143,699) to 14.6% (n = 183,527). Additionally, the proportion of those 80+ will also increase from 3.9% (n = 47,042) to 5.4% (n = 67,930).

The population growth demographics for Glasgow and Clyde Health Board therefore illustrate an ageing population.

Given the Quality Strategy covers all services across NHS GGC, including Inpatients, Community Services, Primary care and Mental Health, a comprehensive range of information is collected from people using the services and this can be used to assess the impact of work aligned with the quality strategy on the population.

The Healthcare Quality Strategy for NHS Scotland suggests there are strong linkages between some of the key actions required and being taken forward to address health inequalities in Scotland, and proposed drivers of our quality strategy. The person-centred and clinical effective drivers (specifically through long-term conditions) have the potential to address the health

problems of many of those who carry a disproportionate burden of ill-health in our communities.

Within Trakcare a demographic section pre-exists where patient details are recorded This includes the following protected characteristic information:

• Age

• Gender (sex)

• Religion

• Ethnicity

• Interpreter requirements and language required

• Written communication format

• Marital status or civil partnership

Within the DCN Nursing Admission Assessment 1 document there is inquiry about disability.

Once demographic information is entered into Trakcare this is automatically retained on the system and visible to all healthcare and clerical staff.

		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 Minority Ethnic) people. Engagement*	In the development of Quality Everyone Everywhere, we have continually engaged with public partners and people with lived experience throughout all stages of the process. Our comprehensive approach has included ongoing communication, listening and collaboration to ensure that we understand what matters to people. We have taken an inclusive approach representative of our population, those requiring or providing	Understanding NHSGGC diverse population and potential barriers experienced when accessing services will assist sensitive and inclusive planning.

	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 ☐	*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)*	care and those with a stake in the planning and outcome of the strategy. The Scotland Census Data will help provide NHSGGC with a broad overview of demographic makeup and this will be supplemented/compared against data captured within NHSGGC moving forward, by captured protected characteristic. We will also work to ensure we are reaching those who may face additional barriers to engagement using data sources such as https://simd.scot/ Detailed demographic analysis of the NHSGGC population is available and will inform the design and implementation plan for the Quality Strategy to ensure engagement with all protected characteristics categories.	The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in service change and improvement does not exacerbate experience of inequality across protected characteristic groups.
		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 ☒	*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*	Part of the work that has been undertaken during the development of the Quality Strategy has included: • Benchmarking with other NHS Scotland Boards and other UK and International Healthcare • Establishment of an International Advisory Group The Quality Strategy is supported by the NHSGGC Moving Forward Together Strategy, the NHSGGC Digital Strategy and the NHSGGC Communication and Engagement Strategy all underpinned with bespoke EQIAs. EQIAs for current Quality Programmes of Work / Workstreams will continue to be monitored and adjusted where appropriate i.e. Person-Centred Visiting, Digital Clinical Notes, Infection Prevention and Control QI Network.	The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in service change and improvement does not exacerbate experience of inequality across protected characteristic groups.

	2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	*related questions to young people.* *(Due regard to removing discrimination, harassment and victimisation and fostering good relations).*		
		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 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).	*A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.* *(Due regard to promoting equality of opportunity)* ** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce*	On 23 November 2023, almost 200 people from across the Board took part in a process of inquiry called an Accelerated Design Event to begin defining the new strategy. Attendance at the event included health and social care professionals, local and national government partners, clinical and managerial leaders, students, voluntary sector partners and people with lived experience of healthcare. The event succeeded in its aims to: • Create a map of the transformational potential of quality improvement for the people of NHS Greater Glasgow and Clyde • Think about where we are now in our quality journey • Explore where we could be in a radically different future • Understand different perspectives about the future and map what needs to be done • Give a 'voice' to different experiences, thinking and opinions • Build our collective capability to create a different future by working together in a different way Following the Accelerated Design Event, a public survey was cascaded through the Involving People Network to capture wider	Engagement with protected characteristic groups will play a key role in the ongoing implementation and embedding of the Quality Strategy with inclusive involvement and communication a key component that will feature in the ongoing action plan. Further work will be undertaken to ensure a range of engagement methods are utilised, to include all protected characteristic groups and those with no or limited digital access to ensure they are able to shape the action plan to embed the key aims and objectives identified as part of the Quality Strategy. The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in service change and improvement

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☒

4) Not applicable ☐

poverty for children in households at risk of low incomes.

feedback on what matters to people about quality and what we can do differently to improve quality in the future.

The survey received 1,009 responses with 61% of people identifying themselves as either current patients or services users or members of the public. A breakdown of the main groups that responded can be highlighted as follows:

- Current Patients or Service Users: 264 (26%)
- Members of the Public: 352 (35%)
- Current NHS Greater Glasgow and Clyde staff: 370 (37%)

People were also asked to provide three words they would use to describe a high-quality health and care service. The word cloud below provides a summary of what people told us with the most used words including: 'efficient', 'timely', 'effective' as well as 'caring', 'compassionate', 'accessible' and 'safe'.

A Design and Development Group was established to firstly plan and deliver the Accelerated Design Event, review the key themes and subsequently co-design the strategy. Membership included a varied cross section of staff with expertise in quality improvement and leadership skills. Staff Partnership representation was included, and following the event lived experience volunteers who had attended were invited to join the group.

The International Advisory Group was established to help support our aim to be a world leading healthcare quality organisation. This was achieved by working with international leaders of healthcare quality who offered support and respectful challenge.

The International Advisory Group provided expert advice and guidance as the strategy developed. The group

does not exacerbate experience of inequality across protected characteristic groups.

			shared good practices and experiences from other health and care systems around the world. Ongoing communication included a regular easy to read, interactive digital newsletter. The newsletter kept all stakeholders informed of progress and invited their participation and involvement in key activities. On 20 May 2024, people who previously attended the Accelerated Design Event in November 2023 were invited to attend a virtual session where we shared progress on development of the strategy and next steps. Small breakout discussions were facilitated where attendees were invited to share their reflections and feedback on the priorities for action. Attendees were asked for their views on the strategic priorities, specifically "Does what you have heard align with your thinking following the previous Accelerated Design Event?" 92% of attendees responded 'yes', 0% 'no', with the remaining responding 'somewhat'.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been	*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.*	The NHSGGC Quality Strategy itself will be accessible via the NHSGGC Website, which uses the common website publishing technology: WordPress. WordPress supports access via a variety of digital device types (desktop, tablet or smart phone). The primary file format is a PDF (Portable Document Format) which supports a wide variety of operating system and accessibility software, including speech readers and the ability to change colours and screen contrast in addition to printing the strategy if desired. We will ensure translation of key sections of the strategy that will be of most interest to citizens.	The Strategy and aligned programmes of work will be subject to EQIA and appropriate adjustments made to ensure that investment in service change and improvement does not exacerbate experience of inequality across protected characteristic groups.

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 ☐

(Due regard to remove discrimination, harassment and victimisation).

We will also make available a black and white (greyscale) version of the PDF on the advice of our Staff Disability Forum.

In all aspects of the delivery of the NHSGGC Quality Strategy and aligned service developments, focus will be brought to ensure adjustments are made where proportionate to facilitate inclusion.

When arranging engagement events related to the quality strategy NHSGGC will adhere to the guidance produced by the Equalities and Human Rights Team: Patient Involvement - NHSGGC

NHSGGC will work to ensure that engagement and communications approaches (physical and digital) are accessible and engaging for all, adhering to the national community engagement standards and any emerging policies that can enhance our engagement and communications.

The strategy promotes equal access and opportunity across NHSGGC services and aims to:

- Promote equality of opportunity and engagement
- Ensure equality of access for people with protected characteristics and other marginalised groups
- Capture the data required to measure and improve equality
- Design, structure and store data to respect equality rights including gender sensitivity
- Continue to improve systems and online information to be accessible for everyone

In all aspects of the delivery of the Strategy and aligned service developments and improvements, focus will be brought to

ensure adjustments are made where proportionate to facilitate inclusion.

		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 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	*Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.* *Written materials were offered in other languages and formats.* *(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).* OBJ	A cornerstone of quality-led, fair and equitable care is compliance with equality legislation. This strategy sets out a commitment that all aligned programmes of work will satisfy the requirements of the Equality Act (2010) and aligned Public Sector Equality Duty and evidence our due regard for the need to: • Eliminate unlawful discrimination, harassment and victimisation • Advance equality of opportunity between groups of people with different protected characteristics Foster good relations between these different groups A person-centred approach to communication has been taken by adhering to the Clear to All policy. Ongoing communication included a regular easy to read, interactive digital newsletter. The newsletter kept all stakeholders informed of progress and invited their participation and involvement in key activities.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to protected characteristics is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

	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 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 ☐	The overarching principle of the Quality Strategy is Quality Everyone Everywhere, and the strategy applies to people of all ages across Greater Glasgow and Clyde. The strategy aligns with the principles of Realistic Medicine, including delivering care based on the individual rather than their age. It links with the national 'Getting it right for everyone' (GIRFE) programme, which is a proposed multi-agency approach of support and services from young adulthood to end of life care. GIRFE will help define the adult's journey through individualised support and services and will respect the role that everyone involved has in providing planning and support. The national GIRFE team has carried out significant engagement and reviewed over 180 patient journeys. The findings from this work have identified practical, societal and system themes, which resonate strongly with the findings from our own engagement. GIRFE builds on earlier work by the Scottish Government 'Getting it right for every child' (GIRFEC). GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. Quality Everyone Everywhere is aligned with GIRFEC principles to enable every child and young	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to age is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

		person to reach their full potential. All children and young people should live in an equal society that enables them to flourish, to be treated with kindness, dignity, and respect, and to have their rights upheld at all times. Quality Everyone Everywhere dove-tails with A Fairer Scotland for Older People Framework for Action.	
(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 ☐	Quality everyone everywhere links with A Fairer Scotland for Disabled People. NHSGGC recognises that we can only find effective solutions to the problems and barriers faced if we draw on the lived experience of disabled people, and work with them in all projects of work stemming from the Quality Strategy to ensure that all disabled people are supported to live and receive health care in a way they choose. Programmes of work associated with Quality Everyone Everywhere will include evaluation of the impact on people who use and work in our services, including those with disabilities. We know that by involving disabled people and drawing on their experience, insight and skills, policies and services can be more responsive and better able to meet people's needs.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to disability is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind. We will seek to engage disabled people with lived experience of health care in new programmes of work at both design and implementation level.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?	NHSGGC has undertaken research which has found that trans and non-binary people are more likely to report experiencing discrimination and the poorest health outcomes, one in four trans people have ADHD which compounds this and there are	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to

	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 ☐	also higher rates of mental ill-health, along with almost half of all trans men living with a limiting long-term condition. Quality Everyone Everywhere, through dialogue with LGBT+ people, will work to identify ways in which our public health systems could work better with LGBT+ people to bring about the changes most likely to make a positive difference.	gender reassignment is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.
	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 ☒	Not relevant	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to marriage and civil partnership is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

	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 ☐	Quality Everyone Everywhere will dovetail with other strategies and programmes of work relating to Pregnancy and Maternity, such as Best Start, and the Maternity and Neonatal Strategy. Wherever women and babies live in Scotland and whatever their circumstances, all women should have a positive experience of maternity and neonatal care which is focused on them and takes account of their individual needs and preferences which links with the Person-Centred priority for action within the quality strategy. This can help to reduce the impact of inequalities and deprivation which can have longer-term health consequences for families. Maternity and Neonatal services in NHSGGC have evolved over the last 5 years, during this time work has been on-going to implement key recommendations. Quality Everyone Everywhere will dove-tail with the Maternity and Neonatal strategy in NHSGGC, specifically within the key priority of co-production to bring families and staff together as equal partners, to design and further improve our services.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to pregnancy and maternity is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.
	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?	Quality Everyone Everywhere dovetails with A Fairer NHSGGC to work towards identifying and removing some of the barriers that some BME people need to negotiate to receive equitable care. As part of the case study repository to provide examples of what quality looks and feels like within NHSGGC, the interpreting services is included to highlight the importance of access to resources for those who don't have English as a first language.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to race is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver

	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 ☐		care while ensuring no-one is left behind.
(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 ☐	As part of Quality Everyone Everywhere, case studies show what quality looks and feels like within NHSGGC and a particular example of this is the Spiritual Care Service provided to people who use and work in our health board, and the vital role this can play in overall care. Programmes of work resulting from the Quality Strategy will continue to consider spiritual care and emotional well-being as key elements of person-centred care planning.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to religion and beliefs is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Quality Everyone Everywhere dovetails with The Women's Health Plan to ensure improvement in women's health inequalities, and the NHSGGC Gender Based Violence Guidelines, which detail NHSGGC's commitment to ensuring that patients' experiences of Gender Based Violence are identified and responded to effectively.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to sex is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.
(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 ☒	NHSGGC has undertaken research which has found that 57% of people reported to be discriminated against due to their sexual orientation. Quality Everyone Everywhere, through dialogue with LGBT+ people, will work to identify ways in which our public health systems could work better with LGBT+ people to bring about the changes most likely to make a positive difference.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to protected characteristics is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

3) Foster good relations between protected characteristics. ☒

4) Not applicable ☐

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 strategic 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	Our vision is that Quality Everyone Everywhere permeates throughout our organisation and is meaningful in every clinical and support service. This strategy will act as an enabler which will add value both directly and indirectly for people who use and work in our services and those who matter to them. Applying the quality strategy will help to reduce inequality of outcomes based on socio-economic disadvantage in line with the requirements of The Fairer Scotland Duty. As a system-wide strategy, which is underpinned by other programmes of work developing in NHSGGC, we will work to tackle socio-economic disadvantage. We will engage with service users from across the socio-economic landscape to work in partnership to ensure accessibility to the same quality care.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to socio-economic status and social class is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

	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 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 Quality Everyone Everywhere case study repository which showcases what quality looks and feels like within NHSGGC, provides an example of Palliative and Cancer Care within Prison Healthcare demonstrating the reach of the quality strategy to all parts of our health board. Other programmes of work aligned with the quality strategy including Board Patient Stories and What Matters To You Day will continue to show examples of quality care provision which has previously included homeless people and ex-service personnel.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to protected characteristics is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	Individual projects and programmes may deliver cost savings, for example through rationalisation of premises or improvements in utilisation or throughput. However, It is not anticipated that any of these would disproportionately impact on protected characteristic groups. All major programmes will follow a business case approach, and this will include an EQIA to determine any disproportionate impact on people with protected characteristics.	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to protected characteristics is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.
		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.	This strategy aims to build on our existing capability for improvement and develop a systematic approach to make sustainable improvements to care journeys. Our organisation has a track record of providing high-quality, safe, effective and person-centred care. Central to this is equipping staff at all levels with skills, knowledge and resources to continuously improve care. This includes reducing unwarranted variation and improving consistency across the system in safety and care experiences. Managing quality requires different systems and processes to be cohesive and co-ordinated. We have worked in partnership with Healthcare Improvement Scotland (HIS) to develop, refine and test an organisation-level evaluation tool to inform readiness for quality. This tool will be used consistently across the Board to help support implementation of the strategy. The Board has invested significantly in local and national Quality Improvement training for staff across the organisation. Over 3000 staff have completed these training programmes which include: 1. Induction level introduction to Quality Improvement 2. Practitioner level for staff to participate in Quality Improvement 3. Practitioner level for Leaders or Managers to lead teams to improve their service 4. Lead level for staff to be a Quality Improvement expert 5. Lead level for clinical staff to be a Quality Improvement expert The Board is committed to developing staff in Quality Improvement methods so that they have the knowledge and skills to improve their own practice and services. The next five years will see an ambitious programme of training, development and support for Quality Improvement. Staff will have access and	Individual programmes of work associated with implementation of the Quality Strategy will be subject to individual EQIA's and where disproportionate impact relating to protected characteristics is identified, reasonable adjustments will be put in place. In this way NHSGGC will ensure transformation in the way we deliver care while ensuring no-one is left behind.

support to use a range of improvement methodologies in order to develop confidence and apply learning.

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.

Through the development of the Quality Strategy, no risks were identified which could impact on the human rights of patients, service users or staff. Moving forward with the Implementation Plan for Quality Everyone Everywhere, potential and actual risks will be identified in relation to specific proposals for change and improvement, and the impact would be picked up via the EQIA process, Engagement process and Business Case development process.

The quality strategy key priorities of: Quality Everyone Everywhere; Safe, Efficient and Effective; Person-centred; Co-production and Learning and Improving will bring benefit to the people who use and work in our services while protecting their rights.

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 PANEL Principles have been applied through the design and development phases of creating the strategy and will continue to be assessed as the Implementation Plan is formulated.

The Quality Strategy was developed with extensive engagement and has been coproduced with both the people who use our services and those who work within them. Key areas of focus and deliverables have come directly from extensive and iterative co-design and co-creation using multiple formats, events, networks, surveys, and groups. This included the following:

- An Accelerated Design Event attended by almost 200 people from across the Board and included health and social care professionals, local and national government partners, clinical and managerial leaders, students, voluntary sector partners and people with lived experience of healthcare. On 20 May 2024, people who previously attended the ADE in November 2023 were invited to attend a virtual session where we shared progress on developing of the strategy and next steps.

- A public survey was cascaded through the Involving People Network to capture wider feedback on what matters to people about quality and what we can do differently to improve quality in the future. The survey received 1,009 responses with 61% of people identifying themselves as either current patients or services users or members of the public. A breakdown of the main groups that responded can be highlighted as follows:

    - Current Patients or Service Users: 264 (26%)
    - Members of the Public: 352 (35%)
    - Current NHS Greater Glasgow and Clyde staff: 370 (37%)

- A Design and Development Group was established to firstly plan and deliver the Accelerated Design Event, review the key themes and subsequently co-design the strategy. Membership included a varied cross-section of staff with expertise in quality improvement and leadership skills. Staff partnership representation was included and following the event lived experience volunteers who attended were invited to join the group.

- The International Advisory Group was established to help support our aim to be a world leading healthcare quality organisation. This was achieved by working with international leaders of healthcare quality who offered support and respectful challenge. Colleagues included Dr Peter Lachman, Associate Professor Kris Vanhaecht, Professor Paul Batalden and Professor Helen Bevan. The International Advisory Group provided expert advice and guidance as the strategy developed. The group shared good practices and experiences from other health and care systems around the world.

- Ongoing communication included a regular easy to rewad, interactive digital newsletter. The newsletter kept all stakeholders informed of progress and invited their participation and involvement in key activities.

The strategy will embrace innovation, and build on our strong foundations of person-centred care, patient safety, value-based health and care and other programmes of work which are well established.

To achieve our aims the strategy seeks to develop connectivity across both formal and informal networks at a system-wide level, in our teams, and at the point of care encouraging local ownership and accountability as part of the approach.

Formal governance for the Quality Everyone Everywhere is through the Clinical and Care Governance Committee to the Health Board.
At a corporate and executive level, the strategy will be monitored through the Corporate Management Team and Board Clinical Governance Forum. Quarterly progress reports will be reviewed by the Forum, and annual reports will be taken through formal governance structures.
A Quality Strategy Programme Board reporting to the Corporate Management Team will be set up with robust programme management arrangements to monitor and review the strategy. Terms of reference and membership to reflect the principles and scope of the strategy will be developed. This will include representation from people who use our services. The Programme Board will oversee the implementation plan aligned to the strategic priorities, inclusive of short (year 1), medium (year 3) and long term (year 5) goals. We would seek to use the annual objective setting process to support this by embedding quality strongly in the Board's annual operational priorities and cascading this priority though teams and individuals.

Quality Everyone Everywhere, sets out our approach and direction for the next five years. The implementation of this strategy will have a tangible impact on the quality of services for people who use and work in our services and those who matter to them.

Co-production does not stop with the development of the strategy, this is just the beginning of a journey of continued partnership. Quality Everyone Everywhere will be used throughout our organisation as a framework to embed quality in everything we do. This strategy is for everyone who works in NHS Greater Glasgow and Clyde and for everyone who experiences the services we provide. The priorities will challenge the usual way that we work, and this new approach puts us in a strong position to build on current understanding and achievements to make sustainable improvements to care.

Quality Everyone Everywhere is a commitment to work in partnership to achieve ambitious and lasting change.

Implementation of Quality Everyone Everywhere will dovetail with existing practice and the commitment to uphold human rights considerations, including the Human Rights Act, the UN Convention on Rights of the Child and the UN Convention on Rights of People with Disabilities.

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- [x] Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- [ ] Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- [ ] Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- [ ] Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

The Quality Strategy Quality Everyone Everywhere has been developed following guidance provided by the NHSGGC Equality Team and EQIA framework. The strategy includes a number of examples of engagement activities which have been undertaken throughout development with examples of feedback and case studies which reflect what matters to people who use and work in our services and those who matter to them. The engagement process was inclusive and designed to reflect the diverse needs of many groups. We will continue to record case studies on an ongoing basis to illustrate what quality looks and feels like in NHSGGC.

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)

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

Lead Reviewer:	Name	Ann McLinton
EQIA Sign Off:	Job Title	Programme Manager, Person-Centred Health and Care
	Signature	Ann McLinton
	Date	17/06/2024
Quality Assurance Sign Off:	Name	Alastair Low
(NHSGGC Assessments)	Job Title	Planning Manager
	Signature	A Low
	Date	17/06/24

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